

UNFPA Country Program Evaluation Report (Period covered 2016-2019)

TURKEY

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Disclaimer: This is a product of the independent evaluation team and the content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or Member States.

Figure 1: Turkey country map



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Abbreviations

3RP	Regional Refugee and Resilience Plan
AÇEV	Mother Child Education Foundation
AFAD	Disaster and Emergency Management Presidency
ANC	Ante-natal Care
ASAM	Association for Solidarity with Asylum Seekers and Migrants
AWP	Annual Work Plan
A&Y	Adolescence and Youth
BADV	Business against Domestic Violence
BEmONCs	Basic Emergency Obstetric Care
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEFM	Child, Early and Forced Marriage
CEmONCs	Comprehensive Emergency Obstetric Care
CIA	Central Intelligence Agency
CM	Child Marriage
CMR	Clinical Management of Rape Survivors
CO	Country Office
COAR	Country Office Annual Report
CP	County Programme
CPAP	Country Programme Action Plan
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
CSW	Commission on the Status of Women
DG ECHO	Directorate General of European Civil Protection and Humanitarian Aid Operations
DGMM	Directorate General of Migration Management
DRHC	Deputy Regional Humanitarian Coordinator
E-E	Entertainment-Education
EMOC	Emergency Obstetric Care
EQ	Evaluation Question
ERG	Evaluation Reference Group
EU	European Union
FACE	Funding Authorization and Certificate of Expenditure
FGD	Focus Group Discussion
FIP	Foreigners and International Protection
GBV	Gender-Based Violence
GBV AoR	Gender-based Violence Area of Responsibility
GDP	Gross Domestic Product
GDSW	General Directorate of the Status of Women
GE	Gender Equality
GEWE	Gender Equality and Women's Equality
GII	Gender Inequality Index
GPS	Global Programmings System
GoT	Government of Turkey
HA	Humanitarian Assistance
HACT	Harmonized Approach to Cash Transfers
HDI	Human Development Index
HIP	Humanitarian Implementation Plan
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HUIPS	Hacettepe University Institute of Population Studies
HUKSAM	Hacettepe University Women Center
IASC	Inter-Agency Standing Committee

IAWG	Inter-Agency Working Group
ICPD	International Conference on Population and Development
IDP	Internally-displaced person
IMPR	International Middle East Peace Research Center
IP	Implementing Partner
IPV	Intimate Partner Violence
KRG	Key Refugee Groups
LAPs	Local Action Plans
LEAP	Local Equality Action Plans
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MH	Maternal Health
MHC	Migrant Health Centre
MISP	Minimum Initial Service Package
MoD	Ministry of Development
MoFLSS	Ministry of Family, Labour and Social Services
MoH	Ministry of Health
MoI	Ministry of Interior
MoNE	Ministry of National Education
MoU	Memorandum of Understanding
MPAs	Minimum Preparedness Actions
MUDEM	Refugee Support Association
NGO	Non-governmental Organisation
ODA	Official Development Assistance
OECD-DAC	Development Assistance Committee of the Organisation for Economic Co-operation and Development
PCA	Programme Coordination and Assistance
PD	Population Dynamics
PHC	Primary Health Care
PNC	Post-natal Care
PLWHA	People living with HIV and AIDS
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support
RHR	Reproductive Health and Rights
RR	Reproductive Rights
RTÜK	Radio and Television Supreme Court
SDG	Sustainable Development Goal
SGBV	Sexual and Gender-Based Violence
SIS	Strategic Information System
SMAW	Seasonal Migrant Agricultural Workers
SoP	Standard Operating Procedures
SPR	Standard Progress Report
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SP	Strategic Plan
SSC	Social Service Centers
STIs	Sexually Transmitted Infections
SuTP	Syrians under Temporary Protection
SMAW	Seasonal Migrant Agricultural Workers
VPMC/ŞÖNİM	Violence Prevention and Monitoring Centre (Şiddet Önleme ve İzleme Merkezi)
TAF	Turkish Armed Forces
TAPV	Turkish Family Health and Planning Foundation (Türkiye Aile Sağlığı ve Planlaması Vakfı)
TDHS	Turkey Demographic and Health Survey
TFR	Total Fertility Rate

TIKA	Turkish Cooperation and Coordination Agency
TPR	Temporary Protection Regulation
TurkStat	The Turkish Statistical Institute
TÜSİAD	Turkish Industrialists' and Businessmen's Association
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDCS	United Nations Development Cooperation Strategy
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UPR	Universal Periodic Review
VAW	Violence Against Women
VCTs	Volunteer Counselling and Test Centers
YAHA	Youth Approaches Health Association (Saglikta Genc Yaklasimlar Derneđi)
YC	Youth Centers
CHE/YÖK	Council of Higher Education
WFC	Women Friendly Cities
WG	Working Group
WGSS	Women and Girls Safe Spaces
WHO	World Health Organization

Key facts	
ODA	US\$3,613.0m in 2016 0.40% of GNI (2016), OECD-DAC Aid at a Glance Chart
Income level	Upper middle-income country
Per capita GDP USD	10,499 (2017) The World Bank, 2018
Population	85,8m (2018) Directorate General of Migration Management, 2018
Young population (15-24)	15.88% (2018) CIA World Factbook, 2018
Elderly population aged 65 and above	7.79% (2018) CIA World Factbook, 2018
Urban population in % of total	75.1% (2018) CIA World Factbook, 2018
Annual population growth rate	1.5% (2017) The World Bank, Turkey Country Profile
Refugees	3.6m Syrian refugees (2018) UNHCR
% of seats held by women in national parliament	17.3% (2017) The Grand National Assembly of Turkey
Human Development Index (HDI)	0.791 (rank 64) (2018) UNDP, Human Development Index: 2018
Unemployment rate	15.0% (2019) Turkish Statistical Institute, 2019
Female/male unemployment	16.9% / 13.7% (2018) Turkish Statistical Institute, 2019
Youth unemployment rate (aged 15-24)	26.1% (2019) Turkish Statistical Institute 2019
Health expenditure (% of GDP)	4.5% (2017) Turkish Statistical Institute, 2018
Life expectancy at birth	76.0 years (2017) UNDESA, World Population Prospects: The 2017 Revision. New York. 2017a
Antenatal care coverage (at least 4 visits)	89% (2013) Turkish Demographic and Health Survey, 2013
Total fertility rate	1.99per woman (2018) Turkish Statistical Institute, 2019
Induced abortions	4.7% (2013), Turkey Demographic and Health Survey, 2013
Coverage of cervical cancer screening	35% (2017), Ministry of Health Cancer Department
% of people living with HIV, 15-49 years old	0.3% (both sexes) (2017), Ministry of Health
Comprehensive knowledge about HIV prevention among youth age 15-24	9.6% (2007) UNFPA Turkey
Gender Inequality Index (GII)	0.317 (rank 69) (2017) UNDP Human Development Report
Sex ratio at birth	105 males per 100 females (2017) The World Bank, 2018,
SDG Indicators	
3.1.1 Maternal mortality rate (deaths of women per 100,000 live births)	14.6 (2017) Ministry of Health, Health Statistics, 2017
Under-5 mortality (per 1,000 live births)	11.2 (2017) Turkish Statistical Institute, 2018
3.1.2 Births attended by skilled health personnel	97.4% (2016) The World Bank, 2018
3.7.1 Unmet need for family planning, women aged 15-49	6% (2019, UNFPA)
Proportion of demand for contraception satisfied	92% (2019, UNFPA)
Contraceptive prevalence rate women aged 15-49 (all methods)	75% (2019, UNFPA)
Contraceptive prevalence rate women aged 15-49 (modern methods)	51% (2019, UNFPA)
3.7.2 Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group	21.0 (2017) Turkish Statistical Institute, 2018
5.3.1 Early marriages before the age of 18	28% (2016); 15% (2017) Turkish Statistical Institute, 2017; UNICEF, State of the World's Children, 2016
% of ever-partnered women-years experiencing intimate partner physical and/or sexual violence at least once in their lifetime	38.0% (aged 15-59) (2015) UN Women, Global Database on Violence against Women - Turkey

Structure of the country programme evaluation report

The present report comprises an executive summary, five chapters and the annexes.

Chapter 1, the Introduction provides purpose, objective and methodology of the evaluation process including data collection, analysis, site and stakeholder sampling and limitations encountered.

Chapter 2 describes the country context of Turkey, with reference to the development challenges and national strategies including the role of external assistance and challenges faced in the UNFPA-mandated areas.

Chapter 3 outlines UNFPA's response to national challenges in sexual and reproductive health, gender equality and population dynamics, as well as in view of Turkey's high vulnerability to Syrian crisis.

Chapter 4 presents the findings of the evaluation for each of the evaluation questions, assumptions for assessment and indicators specified in the evaluation matrix.

Chapter 5 discusses conclusions at the strategic and programmatic level and elaborates recommendations, which would be materialized as inputs for the design of the 7th Country Programme.

Executive Summary

Purpose, Objectives and Scope of the Country Programme Evaluation

The UNFPA Turkey country office (CO) commissioned an external evaluation of its 6th Country Program (CP) assistance to the Government of Turkey (GoT). The CP evaluation is targeted to assess how UNFPA has contributed to improving sexual and reproductive health and rights (SRHR) and gender equality and women empowerment (GEWE) and how it addressed issues on population dynamics (PD) in Turkey. The evaluation also looks into the effectiveness of the UNFPA's humanitarian preparedness planning and response.

The purpose of the evaluation is threefold in support of UNFPA's drive to achieve results:

- Demonstrate accountability;
- Support evidence-based decision-making;
- Identify important lessons learned.

The objectives of this independent evaluation are to

- Provide an assessment of the relevance and compliance of the Country Program with relevant corporate, national and international frameworks;
- Present an assessment of progress towards expected outputs and outcomes set forth in the results and resources framework, and the efficiency and sustainability of UNFPA's efforts;
- Provide an assessment of UNFPA's strategic positioning within the UN country team and the development/humanitarian community;
- Draw key lessons and provide a set of clear, specific, strategic and action-oriented forward-looking recommendations for the next programming cycle - the 7th Country Program in light of the UNFPA's strategic goal.

This evaluation report covers the UNFPA Country Program for Turkey during the period 2016-2018, and to some extent activities/implementations between January and end-March 2019.

The UNFPA Turkey Country Programme 2016-2020

Turkey belongs to the pink country quadrant according to the UNFPA business model. In pink countries, UNFPA is expected to focus its interventions around capacity building; partnerships and coordination (including South-South and triangular cooperation); advocacy, policy dialogue and advice; and knowledge management. Due to the country's humanitarian status, the UNFPA also engages in service delivery. The 6th Country Program pursues the three outcomes for the programme components;

- Outcome 1: Sexual and reproductive health and rights
- Outcome 3: Gender equality and women's empowerment
- Outcome 4: Population dynamics

Outcome 1 has targeted (1) strengthened institutions and civil society organizations to ensure delivery of accessible and rights-based sexual and reproductive health and youth-friendly services to underserved and vulnerable groups; (2) strengthened national capacity to provide sexual and reproductive health and sexual and gender based violence response services in humanitarian settings. Outcome 3 has focused on strengthened institutional capacity of public and civil society organizations to promote gender equality, prevent gender-based violence and harmful practices, including in the private sector. Outcome 4 has targeted Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, sexual and reproductive health and their linkages to poverty eradication and sustainable development to promote the post-2015 development agenda.

UNFPA expended US\$ 32.9 millions between 2016 and 2018. Sexual and Reproductive Health and Rights (SRHR) and Gender Equality and Women Empowerment (GEWE) have spent most funds to date - i.e., each around US\$16m, including for Humanitarian Assistance (HA). Population Dynamics (PD) is far smaller with its US\$0.26m. UNFPA has worked with 25 Implementing Partners, of which 16 have (also) helped to provide HA in SRHR and/or Gender-Based Violence (GBV). Nine donors have contributed funding to UNFPA's programme in Turkey - specifically for SRHR and GEWE. Other resources, largely for HA, have been forthcoming from the EU, bilateral donors, other UN organisations and the private sector.

Methodology

The evaluation process was divided into preparatory, design, data collection, analysis and reporting phases, amounting to 65 working days. The Country Program evaluation was structured around two categories of evaluation criteria: (i) programmatic areas: relevance, effectiveness, sustainability and efficiency; and (ii) strategic positioning: United Nations Country Team (UNCT) coordination and UNFPA added value. Data collection methods included document review; financial data analysis; monitoring data analysis; semi-structured interviews with UNFPA staff, Implementing Partners (IPs), donors and UN agencies in Turkey; semi-structured interviews and group discussions with officials in four purposively selected provinces (Ankara, Istanbul, Izmir, Adana); and telephone interview with the relevant stakeholders in Bursa. The evaluation matrix was key for triangulating information and formulating evidence-based findings.

Main Findings

Relevance

The 6th Country Program objectives and strategies are strongly aligned with priorities set by both (1) the UNFPA Strategic Plan and (2) the UN Partnership Framework. The 6th CP has strongly focused 'leaving no one behind' and 'reaching the furthest behind' to reduce inequalities. The 6th CP outcomes and outputs are designed in accordance with the strategies of "leaving no one behind" and "reaching the furthest behind". Human rights principles and women's human rights have purposefully guided UNFPA's work in all three programme components. The CP applies gender-responsive approaches; however, the political environment has not been enabling to take fundamental actions on transforming gender norms and roles.

Close communication and cooperation through effective consultation has enabled the 6th CP to be well aligned with priorities of the relevant ministries and Government of Turkey while Turkey's socio-economic and political structure have marked the transition to the "new" regime accompanied with simultaneous processes of re-structuring of the public authorities as well as limited operational space for civil society during the state of emergency.

International Conference on Population and Development (ICPD), Sustainable Development Goals (SDGs), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and Istanbul Convention have guided the design of the 6th CP in order to support the fulfilment of government commitments and obligations. UNFPA contribution has addressed the needs and expectations of supported institutions and vulnerable population groups. The 6th CP is found to be highly relevant to the needs of the targeted vulnerable population groups. Consistency and responsiveness have been ensured by way of needs assessments, research and consultations.

Effectiveness- Sexual and Reproductive Health and Rights

The interventions supported by UNFPA has contributed to a stronger legal and policy framework for delivering quality integrated Sexual and Reproductive Health and Rights (SRHR) services/information for women and Adolescence and Youth (A&Y), with a focus on the Sexual and Reproductive Health (SRH) rights and needs of underserved and vulnerable groups, and including in humanitarian settings. UNFPA with its partners has successfully increased access rights-based quality SRH services/information to young people, but significant gaps remain

addressing crucial technical capacity gaps, the CP has supported comprehensive sexuality education to improve the status of SRHR of adolescent and young people, but progress towards integration of comprehensive sexuality education (CSE) in the national curriculum has been hindered by conservative tendencies. UNFPA interventions successfully serve the capacity building to the prevention of HIV/AIDS for at risk groups.

With UNFPA contribution, selected municipalities have started to provide community based anonymous Voluntary Counselling and Testing Services for the key population but significant gaps remain, particularly in rural areas. Feedback on collaboration to reach young people was positive. UNFPA has made visible efforts to promote SRH capacity development of its partners and effective in the results of its interventions through producing tools and instruments, resources, trainings and services in humanitarian settings. UNFPA has supported to increase the utilization of SRHR services/information for women and Adolescence and Youth (A&Y) particularly from underserved and vulnerable groups and key populations in humanitarian settings. UNFPA has supported to increase the utilization of SRHR services/information for A&Y.

UNFPA has fully supported the Government of Turkey's political commitment improving maternal health in order to promote to increase the birth rate in health care facilities in humanitarian settings and the access of refugee women to and their utilization of maternal health and family planning services.

Effectiveness- Gender Equality and Women Empowerment

As a result of UNFPA's continuous support to women's Non-governmental Organisations (NGO) and the Ministry of Family, Labour and Social Services (MoFLSS), the Government of Turkey is more able to adhere to Istanbul Convention with the development of the National Action Plan on Combating Violence Against Women. UNFPA has designed the interventions of the Gender Equality and Women Empowerment (GEWE) programmatic area, which is based on a participatory approach, incorporating the views and needs and rights of adolescents/young people in most vulnerable women to access integrated quality GEWE and Gender-Based Violence (GBV) services. UNFPA has successfully increased to access quality integrated GBV services/information through new tools and instruments for Adolescence and Youth and the most vulnerable women in line with the Istanbul Convention in the business sector. Strengthening the capacities of the private sector on gender equality and GBV which was launched in the 5th country program has climbed with a great acceleration within this programme cycle

UNFPA has been in close contact and cooperation with the Ministry of Interior (MoI)- Law Enforcement to promote Gender Equality (GE) and combat Gender-Based Violence (GBV). UNFPA has increased the capacity of the police and gendarmerie in the field of gender equality and the prevention of GBV by various interventions. Close cooperation with the Ministry of National Education (MoNE) enabled adolescents to increase awareness on GE in a number of private foundation schools.

UNFPA has improved the access to the quality integrated GBV services/information and provided expanding prevention services within Women and Girls Safe Spaces (WGSS) through new tools and instruments including in humanitarian settings. With UNFPA's support, 41 WGSS, 27 Social Service Centers (SSCs), 4 youth centres, 7 Key refugee group centres have been established and are delivered quality integrated Gender-Based Violence (GBV) services throughout the country. UNFPA's persistent advocacy and training interventions contributed to the use of GBV services for particularly Adolescence and Youth (A&Y) and the most vulnerable and marginalised women. UNFPA's interventions increased the use of GBV services for the most vulnerable and marginalised women in humanitarian settings.

In Turkey, still, 13 % of women aged 15-49 years old think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances. The Evaluation team was unable to determine the decrease in the rate.

UNFPA has been instrumental in the design of a UN joint programme on the prevention of child early forced marriages. Through UNFPA support the Government of Turkey is better able to adhere to its reporting commitments under international human rights treaties (particularly CEDAW and Istanbul Convention).

Effectiveness-Population Dynamics

The country office has paid high attention to mainstreaming awareness and capacities for generating and analysing disaggregated population data in country program design and implementation. Sustainable Development Goals (SDG's) commitments have taken an important place in UNFPA's work. Several studies were conducted on Population Dynamics (PD), Sexual and Reproductive health and rights (SRHR) and their linkages to poverty eradication and sustainable development to promote the post-2015 development agenda. UNFPA has strengthened the institutional capacities of the Government of Turkey for evidence-based policy-making, development and SDG's and availability and implementation of national policies and programmes that address PD and its interlinkages with SRHR.

Efficiency

UNFPA has provided timely and adequate distribution of financial resources to its partners for the interventions in the 6th country program. Delivery of the Annual Work Plan's was generally on a timely manner with slight delay due to external factors. UNFPA has efficiently fundraised an additional US\$ 30,851,992.98 for 2014-2018. The period 2014 to 2018 has witnessed with very high financial project implementation rates for all programme areas. The value of the outputs obtained is effectively distributed according to the level of financial resources used. The UNFPA country office structure and access to human/technical for regular and humanitarian programming are appropriate, but limited.

UNFPA has chosen the use of NEX and DEX modalities for regular programming and the humanitarian response in a very appropriate way. The UNFPA country office administrative procedures for regular programming and humanitarian response are appropriate. The monitoring system and instruments are found highly accountable and transparent, and provides data on quantitative terms, but limited in terms of qualitative analysis. 13 Action Plans are currently being implemented within the scope of the 6th country programs.

Sustainability

The sustainability of UNFPA supported activities and services secured by policy support, while young people's Sexual and Reproductive Health and Rights (SRHR) issues are not secured. UNFPA with their Implementing Partners has strengthened the efforts of institutionalization of interventions of the 6th country program, which were implemented through active ownership of stakeholders. Most of the interventions of UNFPA are highly dependent on the availability of the financial support. Only humanitarian programme can easily afford and sustain by the Government of Turkey (GoT).

Achievements shall only be maintained with the strong ownership of the programmes by the GoT. Basically women and girls and Adolescence and Youth (A&Y), particularly from vulnerable and marginalised groups, are likely to continue using/benefiting from UNFPA-supported information and services to only a certain extent, if the programmes are supported by the GoT.

United Nations Country Team Coordination

UNFPA's leadership and active participation in United Nations Country Team (UNCT) coordination mechanism in its priority areas were satisfactory, but challenging in designing development related joint programmes/initiatives (Child, Early and Forced Marriage - CEFM) considering the demanding scale and priorities of the humanitarian assistance. Membership to thematic / result groups were also satisfactory.

UNFPA Added Value

International and national counterparts perceived affirmative point of view on UNFPA's added value in its regular programming in all program components. The evidence further showed that UNFPA had a comparative advantage in functional multi-stakeholder coordination mechanisms for development cooperation. UNFPA has made good use of its comparative strengths in humanitarian response, thus bringing added value in the country context with a particular emphasis to the current needs accompanied with technical expertise. UNFPA has shown functional supporting mechanisms for humanitarian assistance, thanks to UNFPA's guidance and leadership.

Conclusions

The UNFPA 6th country program was designed to respond to the country needs in terms of Sexual and Reproductive Health and Rights (SRHR), Gender Equality and Women Empowerment (GEWE), Population Dynamics (PD), despite of (i) country's unstable and sensitive socio-political conjuncture; (ii) diminished enabling environment for the civil society; (iii) limited room for development of rights-based programmes. The 6th country program was well aligned and responded to the UNFPA priorities in both UNFPA Strategic Plans and UN Partnership Framework as well as pertinent to growing importance international commitments and debate of the development framework. Coherence of the 6th CP was ensured through an effective needs assessment and consultation process with a particular emphasis given to vulnerable groups.

Coherence of the 6th country program was ensured through an effective needs assessment and consultation process with a particular emphasis given to vulnerable groups. Needs assessment had been quite participatory, which has positively affected the relevance of the 6th CP and increased effectiveness of the interventions and implementations. The 6th CP was also found to be highly relevant to the needs of vulnerable groups. On the other hand, interventions under the UNFPA's response to the Syrian crisis have dominated Sexual and Reproductive Health and Rights and Gender Equality and Women Empowerment priorities, (although they have been well formulated and integrated with each other), since the main challenge mainly depending poverty, social and economic core reasons and dynamics are still same for the vulnerable groups in the Turkish society. Several stakeholders have conveyed their concerns that development agenda of country has been over-superseded by humanitarian interventions managed by multi-donor environment.

It is stated that lack of comprehensive data on certain issues and groups such as child marriages, underserved groups is a barrier to evidence-based programming¹. Continued difficulties in accessing official data related to Gender-Based Violence and Child, Early and Forced Marriage may cause a challenge for robust meta-analyses. There is a need and demand for new statistics on young people's sexual and reproductive health behaviour and knowledge in Turkey. The latest survey on Youth Sexual and Reproductive Health was conducted with the collaboration of the Population Association and UNFPA 13 years ago².

UNFPA has very extensive and functional monitoring tools and reporting mechanisms, on the other hand there were limitations on overall monitoring at the level of outcomes and results (limitations on qualitative assessments) which would be expected to feed the mid-term and final evaluations of the country program. Stakeholder interest and willingness to cooperate was evident however sustainability of interventions was dependent on UNFPA's support.

The triangular cooperation (among the public sector, private sector and civil society) was a key success factor for integrated programming and effective implementation, while the cooperation with public sector was limited in this Country Program (CP) implementation cycle. Advocacy, active participation and readiness to respond to challenges of the country were the significant value added factors of the current CP.

¹ Inception Report of the CEFM, 2018

² <https://turkey.unfpa.org/sites/default/files/pub-pdf/genclerdeciinselsaglik.pdf>

Advocacy, active participation and readiness to respond to challenges of the country were the significant value added factors of the current CP.

UNFPA demonstrated a significant added value to all of its partners and it was considered a main source of expertise with regard to Sexual and Reproductive Health and Rights (SRHR), Gender Equality and Women Empowerment (GEWE), Population Dynamics (PD).

Joint consideration of the role of the UN Agencies and the UNFPA's role is important for strong advocacy of the GEWE and SRHR along with dissemination and effective communication of the results of the joint programmes. Coordination is an absolute necessity at all levels; UN Agencies Level, other international financial institutions and donors Level, Public and Governmental Organisations Level, Non-governmental Organisations Level.

Absence of an overall communication strategy is considered as a weak point for various stakeholders who have expressed as insufficient and necessitate overall effort of coordination and technical guidance (identification of joint/thematic areas, language, provision of content for communication and awareness raising activities) that would have direct influence on the advocacy.

The UNFPA has collaborated and worked closely with Civil Society Organisations in order to respond to the rights and needs of the most vulnerable groups in the area of sexuality education, young people's SRHR, people at risk of HIV

Interventions within the overall framework of GEWE and rights-based legislation and policies in the current programming period remain limited, mainly focused on Gender-Based Violence and on the partnership with business sector which have been prominent leverages, but still need to be strengthened with involvement of different sectors/actors both at the national and local level.

Political conjuncture, which is hardly providing an enabling environment for rights-based policies, has seriously influenced effectiveness of the Gender Equality and Women Empowerment interventions and they have also hindered progress in accelerating gender equity in the country along with underlying factors.

Several studies have been conducted regarding vulnerable groups by UNFPA, since UNFPA has been mandated to always protect the interests of the most vulnerable groups that has been succeeded thanks to the country office's efforts particularly important for the NGOs, which were well equipped by the technical support by the UNFPA.

The 6th country program is particularly effective in addressing the capacity development needs in data collection and analysis on SDGs. The UNFPA has effectively built awareness and increased capacity for generating and analysing disaggregated population data, forecasting population dynamics and assessing demographic development linkages. Mainly the government officers were trained on SDGs-Development, SDGs-Health, and Migration

Strategic Recommendations

1. The next UNFPA Country Program should focus on reducing regional inequality and address the needs and priorities of the most vulnerable population. The UNFPA Country Office should conduct extensive needs assessment and initiate consultation with the key actors, with a particular emphasis to the changes in the Government of Turkey administrative structures and on-going public reforms/challenges³ and the Sustainable Development Goals (SDGs) and UNFPA's transformative goals and Strategic Plan principles.
2. UNFPA should consider targeted efforts to benefit and empower the vulnerable groups in case of humanitarian interventions, with a particular emphasis given to the Turkish public and the hosting community, as well.
3. Integrated efforts are necessary to bridge the data gap, also in view of achieving the SDGs. Data

³ This is well addressed by the UNFPA's SP (2018-2021), page: 4, "We will plan together.... In a significant step forward, these common results will now be underpinned by a mandatory common country assessment, from which theories of change can be drawn, and knowledge and expertise can be collaboratively used."

- collection and analysis, as well as investment cases to certain topics/groups should be included into projects/interventions as much as possible for relevancy, efficiency and advocacy purposes.
4. Adherence to the International Conventions, commitments should be strongly ensured through both advocacy support and interventions. National priorities and international commitments should be well balanced by the new country program. The compliance both with international conventions and national priorities would be an important basis for the successful programming.
 5. The UNFPA country office should further strengthen outcome and result-based monitoring as well as strengthening qualitative assessment.
 6. Factors promoting sustainability should be carefully designed in the framework of “*Sustainability and Exit Plan*” to include the followings, since UNFPA partners’ ownership and commitment are variable and follow-up mechanisms are necessary to sustain programme outcomes; (i) commitment to outcomes, (ii) capacity of stakeholders/IPs, (iii) strength of follow-up, and (iv) level of investment by partners.
 7. There would be a need to extend the coverage of institutional cooperation and partnerships in the area of Sexual and Reproductive Health and Rights and Gender Equality and Women Empowerment to strengthen the alignment and relevance of the next country program. Distance between universities and civil society and the private sector has been diminished along with very valuable examples (i.e. Business against Domestic Violence - BADV), and shall be disseminated.
 8. UNFPA should increase its advocacy effort in programmatic areas in a more integrated programming way and/or through the joint programmes with other UN agencies.

Programmatic level recommendations

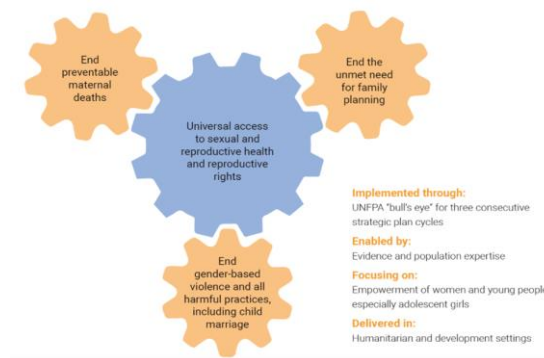
9. UNFPA should strike a balance between Turkey's Sexual and reproductive health and Rights (SRHR) priorities and global reproductive health strategies and priorities to promote reproductive rights of individuals, with sustainable partnerships to achieve effective health in general in all respective policies. Interventions should encompass adherence to SRHR policies and reforms, sensitization of the communities for most vulnerable groups to address and prevent SRHR needs of adolescent and young people.
10. UNFPA should support the development, reform, and enforcement of legislation and policies on gender equality and prevent Gender-Based Violence (GBV) in collaboration with the public institutions and NGOs;
 - 6th country program’s specific output on strengthening the legal infrastructure would also be a priority in the next CP, since gender inequalities and negative gender norms are root causes of GBV and Child, Early and Forced Marriage (CEFM).
 - UNFPA’s position shall be focused on promoting effective integration of international treaties’ not only into the national legislation, but also into the effective utilization of interventions both at central and local level accompanied with strong advocacy, communication and concrete capacity building measures.
 - It is also recommended to use Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and other relevant international commitments as guidance, normative framework and accountability tool for work on GBV.
 - UNFPA should promote the rights of all women and girls to live free of violence and abuse and furthering gender equality and women’s empowerment.
11. UNFPA should collaborate with government of Turkey for improvement of national statistics system, identify Sustainable Development Goals indicators data gap and provide appropriate support for proper measure of SDG targets.

CHAPTER 1: Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for ensuring the sexual and reproductive health (SRH) rights and choices of all. UNFPA's strategic goal is to achieve the following transformative and people-centred results (Figure 2): *by 2030, end unmet need for family planning, end maternal death, and end violence and harmful practices against women and girls.*

In pursuing this goal throughout the period of three consecutive strategic plans leading up to 2030, UNFPA is guided by the International Conference on Population and Development (ICPD) Programme of Action and the 2030 Agenda for Sustainable Development, including the latter's key principles: (a) protecting and promoting human rights; (b) prioritising leaving no one behind and reaching the furthest behind first; (c) ensuring gender-responsiveness; (d) strengthening cooperation and complementarity among development, humanitarian action and sustaining peace; (e) reducing risks and vulnerabilities and building resilience; and (f) improving accountability, transparency and efficiency.

Figure 2: Three transformative and people-centred results



Source: UNFPA Strategic Plan 2018-21

An independent evaluation of the 6th Country Programme (CP) of assistance to the Government of Turkey (GoT) was envisaged by the UNFPA evaluation plan approved by the UNFPA Executive Board.⁴

UNFPA has identified the cluster evaluation approach to conducting country programme evaluations in middle-income countries as an alternative to isolated country programme evaluations. In particular, the cluster evaluation approach should add value to the analysis of issues of particular strategic relevance within a cluster of UNFPA programme countries and generate economies of scale. For UNFPA, the Azerbaijan, Georgia and Turkey country offices form an *administrative cluster* within the Eastern Europe and Central Asia region. The present country programme evaluation is part of a cluster evaluation of the UNFPA Azerbaijan, Georgia and Turkey country programmes.

1.1. Purpose and objectives

The UNFPA Turkey CO commissioned an external evaluation of its 6th CP assistance to the GoT. The CP evaluation is targeted to assess how UNFPA has contributed to improving SRH and GEWE and how it addressed issues on PD in Turkey. The evaluation also looks into the effectiveness of the UNFPA's humanitarian preparedness planning and response.

The purpose of the evaluation is threefold in support of UNFPA's drive to achieve results⁵:

- Demonstrate accountability;

⁴ Source: Decision 2018/2 UNFPA quadrennial budgeted evaluation plan 2018-2021.

⁵ Source: Handbook How to Design and Conduct Country Programme Evaluation at UNFPA.

- Support evidence-based decision-making;
- Identify important lessons learned.

The primary intended users of this CP evaluation are decision-makers within UNFPA and UNFPA Executive Board members, the UNFPA EECARO as well as government counterparts, UNFPA donors and interested development/humanitarian partners.

The objectives of this independent evaluation are to

- Provide an assessment of the relevance and compliance of the CP with relevant corporate, national and international frameworks;
- Present an assessment of progress towards expected outputs and outcomes set forth in the results and resources framework, and the efficiency and sustainability of UNFPA's efforts;
- Provide an assessment of UNFPA's strategic positioning within the UN country team and the development/humanitarian community;
- Draw key lessons and provide a set of clear, specific, strategic and action-oriented forward-looking recommendations for the next programming cycle - the 7th CP in light of the UNFPA's strategic goal.

1.2 Scope

This evaluation report covers the UNFPA CP for Turkey during the period 2016-2018, and to some extent activities/implementations between January and end-March 2019.⁶ It covers all interventions implemented by UNFPA and its IPs (please see Annex I – List of IPs) at central and local level for the UNFPA's programmatic areas - i.e., SRH, GEWE and PD as well as youth development as a crosscutting issue - in development and humanitarian settings. Since UNFPA's humanitarian response to the Syria crisis was evaluated in 2018⁷, reference was made to that evaluation where relevant a limited number of interviews were additionally conducted within the framework of cross cutting issues (e.g. response to host community and refugees at the same time).

1.3 Methodology

1.3.1 Data collection and analysis

Evaluation components and questions

The evaluation of the 6th CP has two components;

- (i) UNFPA programmatic areas;
- (ii) UNFPA's strategic positioning.

The UNFPA CP Evaluation Handbook prescribes the set of evaluation criteria for each of these two components (Figure 3), as presented below.

Data collection and analysis of the programmatic areas was conducted along four standard OECD-DAC evaluation criteria: relevance, efficiency, effectiveness and sustainability.⁸ The scope of the assessment of UNFPA's effectiveness extends to higher-level development results achieved (or not achieved), including thanks to interventions during the previous CP.

The two criteria applied to data collection and the analysis of UNFPA's strategic positioning are coordination with the UN country team (UNCT) and the added value of UNFPA.

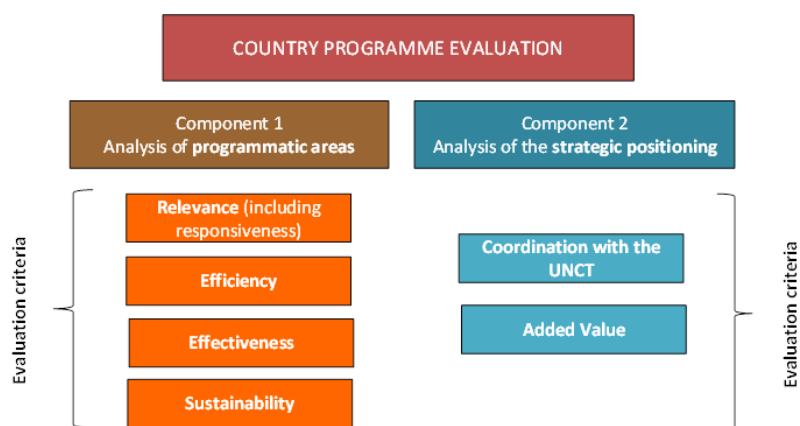
While evaluation criteria elaborate a wide range of aspects and features, evaluation questions (EQs) are used to focus the evaluation on specific aspects, enabling the evaluation team to focus on a limited number of key points. Establishing a set of EQs allows for more targeted data collection, a more concentrated and in-depth analysis and a more focused and useful evaluation report.

⁶ Although some factual information as per January- March 2019 was included during the reporting phase in accordance with the First Quarter of 2019 Monitoring Report of UNFPA, the evaluation was not able to assess the final (year-end) achievements.

⁷ Evaluation of the UNFPA Response to the Syria Crisis: Turkey Country Note, UNFPA Evaluation Office (2018)

⁸ UNFPA country programme evaluations do not require the assessment of the long-term societal effects (impact) of UNFPA support, but instead focus on the identification of the more immediate results of its assistance. Source: CPE Handbook, p224.

Figure 3: CPE evaluation criteria



Source: UNFPA Country Programme Evaluation Handbook

The evaluation questions in Table 2 were consulted with the UNFPA CO and were used for all three evaluations of the administrative cluster. To facilitate data collection and analysis, an evaluation matrix was prepared along with the core elements of the evaluation:

- (a) *What* will be evaluated (evaluation criteria, evaluation questions, assumptions to be assessed, and indicators for assessment);
- (b) *How* will be evaluated (information sources and data collection methods).

To the extent appropriate, especially as regards the assessment of UNFPA’s effectiveness, assumptions and indicators were adapted to the individual UNFPA country programmes.

Table 2: Evaluation questions

Component 1: Programmatic areas
Relevance
EQ1 [alignment]: To what extent is UNFPA support in SRH, GEWE and PD: (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and relevant UN Partnership Frameworks? (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of beneficiary institutions and intended final beneficiaries (in particular young people, vulnerable and marginalised groups)?
Effectiveness
EQ2 [SRH results]: To what extent has UNFPA strengthened institutions and CSOs that ensure delivery of accessible and rights-based SRH and youth-friendly services to underserved and vulnerable groups and strengthened national capacity to provide SRH services in humanitarian settings ⁹ ? To what extent has the availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access increased, including in humanitarian situations ¹⁰ ? What was UNFPA’s contribution? What were constraining and facilitating factors?
EQ3 [GEWE results]: To what extent has UNFPA strengthened institutional capacity of public and civil society organisations to promote GE, prevent GBV and harmful practices, including in the private sector ¹¹ , and strengthened national capacity to provide GBV prevention and response services in humanitarian settings ¹² ? To what extent have gender equality, women’s and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth increased ¹³ ? What was UNFPA’s contribution? What were constraining and facilitating factors?

⁹ CPD Turkey SRH output 1 and output 2.

¹⁰ CPD Turkey SRH outcome 1.

¹¹ CPD Turkey GEWE output 1.

¹² CPD Turkey SRH output 2.

¹³ CPD Turkey GEWE outcome 1.

EQ4 [PD results]: To what extent has UNFPA increased the availability of evidence through cutting-edge in-depth analysis on population dynamics, SRH and their linkages to poverty eradication and SD¹⁴? To what extent have national policies been strengthened¹⁵? What was UNFPA's contribution? What were constraining and facilitating factors?

Sustainability

EQ5 [sustainability of effects]: To what extent has UNFPA supported capacity building and the establishment of national mechanisms to ensure durability of effects? To what extent have partnerships established with representatives of partner governments promoted and safeguarded national ownership of supported interventions, programmes and policies?

Efficiency

EQ6 [use of resources]: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of country programme outputs and outcomes in SRH, GEWE and PD?

Component 2: Strategic positioning

UNCT coordination

EQ7 [UNCT coordination]: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA added value

EQ8 [UNFPA added value]: What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?

The following Table 3 presents the relationships between the EQs and evaluation criteria.

Table 3: Relationship between EQs and evaluation criteria

	Programmatic Areas				Strategic Positioning	
	Relevance	Effectiveness	Sustainability	Efficiency	Coordination	Added Value
EQ1	X					
EQ2		X				
EQ3		X				
EQ4		X				
EQ5			X			
EQ6				X		
EQ7					X	
EQ8						X

Data collection

Country-level fieldwork was undertaken over the period of mid-February to mid-April 2019. The country evaluation adopted a participatory approach, involving a broad range of partners and relevant stakeholders, using a multiple-method approach, including;

- Analysis of documents and websites; (Annex 2-List of Desk Review)
- Analysis of financial data;
- Analysis of CO monitoring information, work plans, 2016-2017-2018 Annual Reports and 2019 Q1 report;
- Briefing(s) from and discussions with UNFPA CO staff members;
- Semi-structured interviews with representatives of UNFPA IPs;
- Semi-structured interviews with representatives of selected other partners and stakeholders;
- Interviews and focus group discussions with beneficiaries at institutional and community levels;
- Phone interview with one of the private sector representatives;
- Direct observation of UNFPA-targeted institutions and areas.

¹⁴ CPD Turkey PD output 1.

¹⁵ CPD Turkey PD outcome 1.

The following issues guided the data collection phase;

- All meetings, interviews and focus groups meetings guidelines (Please see Annex 3 – Meeting Guidelines) were developed by the national evaluation team.
- The national evaluators kept interview protocols to record information gathered through interviews and focus groups.
- The evaluation team used the evaluation matrix to consolidate assembled information (Annex 4-Evaluation Matrix).
- All interviewees were assured of confidentiality.
- National evaluation team members closely adhered to the UNEG Ethical Guidelines for Evaluation¹⁶ and the UN Code of Conduct for Evaluations in the UN System.¹⁷

Data validation and analysis

Data analysis built on triangulating information obtained through different strands of data collection and captured in the evaluation matrix, which was the starting point for analysis, responding to the evaluation questions and arriving at evidence-based findings. Besides a systematic triangulation of data sources and data collection methods, the validation of data was sought through regular exchanges with concerned the UNFPA CO staff and a debriefing with the Evaluation Reference Group.

1.3.2 Site and stakeholder sampling

Stakeholder maps were developed for each programmatic area by the UNFPA country office. Stakeholders were differentiated as follows: UNFPA staff, UN staff, central- and local-level government counterparts, national NGOs, CSOs, universities, private sector representatives, service providers and end beneficiaries. The mapping formed the basis for sampling stakeholders and beneficiaries (Please see Annex 5 – List of Consulted Person) to be met and programme sites to be visited during the in-country data collection missions. According to the UNFPA Country Programme Evaluation Handbook, “*the evaluators should not aim at obtaining a statistically-representative sample, but rather an illustrative sample*”. In other words, sampling is purposive and non-random.

Taking into considering the country context and UNFPA interventions, the following five provinces of Turkey were chosen in close consultation with UNFPA CO for data collection: Ankara, Izmir, Istanbul, Adana and Bursa. The provinces were chosen on the basis of following criteria:

- Provinces with high number of development programmes covering GEWE and SRH programme at the same time were selected. The two major government partners were selected for interviews, as well as implementing partners with largest portfolio.
- Stakeholders in particular that were involved in the process of the stakeholder/output relationship were selected.¹⁸
- Ankara was selected as the capital city of Turkey, where government counterparts are based, as well as UNFPA CO; Istanbul was chosen as the place of accumulation of the private sector representatives and IPs and CSOs active in GEWE and SRH. Adana was chosen due to the large-scale on-going SRH trainings and Izmir was chosen to conduct FGD with trainers of Minimum Initial Service Package (MISP), another location where several trainings are conducted. Bursa was selected due to densely located private sector stakeholders.
- With the selection of these provinces, all of the regions in which UNFPA is operating, were covered by this evaluation.

¹⁶ <http://www.unevaluation.org/document/detail/102>.

¹⁷ <http://www.unevaluation.org/document/detail/100>.

¹⁸ Evaluation Handbook, guidance under “Selecting a sample of stakeholders”.

Table 4 indicates the number of people met along different types of stakeholders, UNFPA programme components and UNFPA humanitarian assistance in close consultation and guidance provided by the UNFPA CO.

Table 4: Number of stakeholders consulted (interviews and focus group discussions)

Particulars	SRH	GEWE	PD	Humanitarian	Total
Key Informants (number of interviewees)					
UNFPA Management Staff					1
UNFPA Programme Staff	1	1	1	1	4
Ministries and Lead Government Agencies	7	5	-	3	15
IPs	3	-	3		6
Other UN Agencies	1	2	2	2	7
GBV Trainers	-	7	-	-	7
Others (NGOs, Universities, Private Sector)	2	8			10
Total Key Informant	14	23	6	6	50
Focus Group Participants					
IPs	6				6
Health Care providers	7				7
GEWE Trainers & Trainees		15			15
Total Focus Group Participants	13	15			28
Grand Total					78

Three focus groups meetings were held to assess the training courses/sessions, which were supported by the UNFPA between 2016-2018.

1.3.3 Limitations

The evaluation team encountered some limitations, which were mitigated as best as possible.

Table 5: Limitations and mitigation measures

Potential Limitations	Mitigation Measures
<p><i>Sample of stakeholders are not representative</i></p> <p>Due to limited time and resources it was not feasible to collect representative samples. The evaluation is largely qualitative in nature due to the small, non-random sample sizes. There are possible biases in the selection of respondents due to the requirement to select locations on a purposive non-random basis.</p>	<p>To address the issue of a lack of representative samples, the interview data was supplemented with secondary data, such the CO Annual Reports (COARs), Annual Work Plans (AWPs) and other pertinent programme data, including national research studies and assessment documents. Through a process of triangulation, where multiple sources of data were assessed, it was possible to enhance the certainty that the data and information collected are valid. The results from different data collection methods (such as review of documents, interviews, group discussions and FGDs) were assessed for consistency to ensure validity of findings.</p>
<p><i>Time restrictions:</i> Since the evaluation mission was designed as part of the cluster evaluation of the three countries, the duration of the CP evaluation mission (55 days) with two experts has been challenging, creating a significant time-pressure for the evaluators.</p>	<p>UNFPA CO team supported the national evaluation team for the preparatory works. Additionally, to the extent possible, only direct partners/beneficiaries have been interviewed, and in order to get an informed opinion, experts and trainers have also been interviewed. The</p>

	Evaluators contracts were amended and only 5 additional days were allocated.
<i>Inclusion of the Humanitarian Programme into the 6th CP Evaluation</i>	It was mutually agreed between evaluators and the UNFPA CO to make analysis and reference to the Evaluation Report of the UNFPA Response to the Syria Crisis, dated 2018, which has necessitated additional inputs and assessments considering high number of indicators of the current CP evaluation.
<i>Identification of high number of indicators:</i> This evaluation was designed as part of the Cluster Evaluation of three countries and the number of mutually agreed indicators were 56 for Turkey, most of which will be jointly utilised in all countries. This excessive number of indicators was coincided with the data limitation problem, which had seriously affected time frame of the mission.	<i>Not possible to mitigate.</i> <i>It is strongly advised to evaluate the next CP with a set of smaller size of the indicators with a particular emphasis given to the time frame.</i>
<i>Stakeholders' unavailability:</i> Numerous stakeholders in Ankara were not available at a time convenient to them and the evaluation team, most importantly from the public sector.	Meetings were re-scheduled.
<i>Limitations on monitoring data of each intervention and programme:</i> UNFPA's existing monitoring data presents only quantitative progress at the level of output/outcome level indicators, which were evidenced by quite limited analysis. Progress/monitoring reporting provided limited analysis and findings, which made this evaluation study difficult for the evaluators and dependent on the interviews and focus groups discussions results.	This constraint was mitigated by review of complementary secondary data (reports, publications, project outputs national plans, regional strategy plans, websites, etc.); through key informant interviews with groups directly involved in the interventions; a comprehensive review of the documents to select the appropriate target groups; and, focus group discussions to gain a range of opinions.

1.3.4 Evaluation team and management

This country programme evaluation was an independent and external exercise, undertaken by two evaluators, a team leader - mandated for both overall technical guidance and GEWE component; and a national evaluator for the SRH and PD components.

It was directly managed by the UNFPA CO, represented by the Evaluation Manager (Assistant Representative].

An evaluation reference group was established, which comprised of the evaluation manager, representatives of the UNFPA country and regional office and key programme stakeholders.

1.4 Evaluation process

As outlined in the CPE Handbook and the CPE Turkey ToR, the evaluation process was divided into three phases: design, data collection and field phase; reporting and dissemination. Preparatory phase was also included as the complementary initial stage. Table 6 lists the associated activities

and outputs along with time period.

Table 6: Phases of the evaluation process

Preparatory Phase	
Scoping the Evaluation Mission - Desk Review	January 2019
Participation in the Evaluation Training Workshop in Istanbul	January 2019
Design Phase	
Drafting and Finalisation of Evaluation Matrix and Stakeholder List (Map)	February 2019
Drafting and Finalisation of Evaluation Guidance Questions	February 2019
Data Collection and Field Phase	
Organisation and Preparation of Meetings in Ankara and Field Visits	February-March 2019
In-country data collection: Conduct Interviews in Ankara, İstanbul, Adana, Izmir and Bursa	March 2019
Debriefing of the Facts, Findings and Pre-liminary Results of the Evaluation	Mid of April 2019
Reporting and Dissemination Phase (May 2019)	
1 st Draft Country Evaluation Report	Mid of May 2019
2 nd Draft Country Evaluation Report	End of May 2019
3 rd Draft Country Evaluation Report - Debriefing ERG	Mid of June 2019
Final Country Evaluation Report	End of June 2019

CHAPTER 2: Country context

2.1 Development challenges and national strategies

2.1.1 Political and socio-economic context

Turkey is in South-eastern Europe. A member of the OECD and of the Group of 20, **Turkey's economy ranks as the 16th-largest in the world** according to the World Bank.¹⁹ However, some of Turkey's much-lauded development achievements have been slowing down after a long period of success, exacerbated by the economic turbulence of mid-2018.²⁰ Turkey is an upper middle-income country. The per capita GDP is US\$26,900 (2017). In 2018, Turkey ranked 64th (0.791) in the Human Development Index.

Turkey has had a customs union relationship with the European Union (EU) since 1996 and joining the EU has been a longstanding ambition along with accession partnerships process in which many laws and regulations harmonized with the EU legislative framework and standards, and greatly improved quality and access to public services. However the EU negotiations have significantly slowed down in the past few years and has not advanced since 2018.

Turkey went through a two year long state of emergency between 2016-2017 after the attempted coup on 15 July 2016. This has led to slow down/halting of several projects during that period.

2.1.2 Vulnerability (humanitarian context and outlook)

Turkey hosts above 3.6m Syrians, one of the largest numbers of refugees in the world. Turkey has managed a serious response to the influx, which makes the country as an exemplary model to other countries hosting refugees. The Syrians registered under temporary protection, represents almost 4% of Turkey's population²¹. 96 % of the refugees live out of camps.

In Turkey, the response to the Syria crises and respective policies are incorporated within a variety of laws, regulations, policy documents and action plans in different policy fields and sectors. The GoT officially maintains an "open door policy" towards the Syrians, while Turkey's Syrian border is increasingly and strictly managed due to, inter alia, security concerns. In January 2016, the Government introduced a new policy, requiring the Syrians to obtain a visa before entering Turkey by air or sea. In that respect, the overall health response and the provision of health care to the Syrians is led by the GoT. Under the Temporary Protection regime, registered Syrians are eligible to receive the same health care as the Turkish nationals, with insurance premiums paid by the Disaster and Emergency Management Presidency (AFAD). However, based on amendments to the Temporary Protection Regulation (TPR) (March 16, 2018), the Directorate General for Migration Management (DGMM) became responsible for management of refugee issues, taking over this responsibility from AFAD.

The MoH also provides refugees residing in camps with free on-site health services. Non-registered Syrians have no official access to primary or referral health care, but are provided by emergency care free-of-charge, and then referred for registration. The TPR provides Syrians in Turkey with access to education, health care and the labour market. The Law on Foreigners and Refugees released in 2014 outlines the details regarding Syrian refugees' access to healthcare. Syrian refugees under Temporary Protection (TP) or the TPR can receive primary and emergency care for free in Migrant Health Centers, which are limited to primary care, state hospitals, and learning and research hospitals. Primary healthcare includes examinations, vaccinations, prenatal monitoring, postnatal care, and family planning methods. Syrians under TP may access secondary (state) and tertiary services (learning and research hospitals); however, the DGMM, which is responsible for covering

¹⁹ Source: THE WORLD BANK GROUP COUNTRY PARTNERSHIP STRATEGY FOR THE REPUBLIC OF TURKEY FOR THE PERIOD 2012-2015.

²⁰ Source: <http://www.worldbank.org/en/country/turkey/overview>.

²¹ UNHCR, <https://data2.unhcr.org/en/situations/syria/location/113>

the costs of medical care, only covers the costs of treatment and medication set out in the Health Law Budget.

The GoT leads the refugee response with UN providing direct service provision support in certain sectors, which are accompanied by capacity building and technical support to the Turkish authorities. The large number of Syrians and an estimated 300,000 refugees from other countries have put additional strain on the capacity of the GoT and non-state actors to ensure the necessary quality and coverage of fundamental services in host communities²² in which community tension is an important challenge in high populated provinces.

71 % of the Syrians in Turkey are women and children²³. A quarter of the Syrians in Turkey are women of reproductive age (15-49) over 825,000 women. Women and girls of reproductive age are vulnerable to gender-based violence including sexual violence, early and forced marriage, high risk and unwanted pregnancies, unsafe deliveries, newborn complications, unsafe abortions, traumatic fistula and sexually transmitted diseases and HIV. Refugee women have limited access to health and protection services due to language, cultural-social, financial barriers along with high fertility and limited access to family planning and safe abortion services, high risk of Sexually Transmitted Infections (STIs) and HIV as well as seriously challenged with child and forced marriages. Access to SRH and GBV response services is very limited due to poor reach and knowledge, cultural and language barriers, and unavailability of certain standards and guidelines pertaining to services for refugees. Among refugees, refugee women and girls, young refugees not in education nor in employment, rural refugees, key refugee groups, unaccompanied minors and seniors, as well as refugees with disabilities, are those that are most vulnerable - having limited access to services.

2.1.3 Sexual and Reproductive Health and Rights: achievements, government policies and challenges

Total health expenditure per capita increased from US\$983 in 2013 to US\$996 in 2015.²⁴ Turkey has achieved the Millennium Development Goal in reduction of maternal and infant mortality. There has been a **significant improvement in maternal mortality**, which decreased from 28.5 per 100,000 live births in 2005 to 16 per 100,000 live births in 2013²⁵ and further to 14.7 in 2017, including thanks to an increase in the proportion of births attended by skilled health personnel to 97.4% (2016). The total fertility rate is 2.26 per women (2017). The use of modern contraceptives stands at 47.4% (2013). **Induced abortion has decreased significantly**, from 23 out of 100 pregnancies in the 1990s to 10 in 2008²⁶ and 4.7% in 2013. As a result of the 2011 health structural reform, the delivery of SRH services has been transferred to family physicians; however, many of them lack the necessary skills. This has led to problems in providing SRH services, including provision of commodities, sexually transmitted infections (STI) management, volunteer counselling, and HIV testing.

HIV prevalence in 2011 was 0.3%. However HIV cases are rapidly increasing. Turkey lacks epidemiological data on key populations that are most at risk of HIV, which are critical for slowing down acceleration of the epidemic.²⁷

28.2% of youth aged 15-29 are neither in employment, education or training (NEET); of which 41.53% of female youth and 15.21% of male youth.²⁸ Absence of a multi-sectoral youth policy, lack of youth-friendly health services and comprehensive sexuality education (CSE) in school-based curricula are long-standing challenges.

²² CFM, Inception Report, Page: 30.

²³ DGMM, Temporary Protection, http://www.goc.gov.tr/icerik6/temporary-protection_915_1024_4748_icerik

²⁴ Source: THE WORLD BANK, CURRENT HEALTH EXPENDITURE PER CAPITA, PPP (current international \$).

²⁵ Source: INDEPENDENT COUNTRY PROGRAMME EVALUATION TURKEY 2011-2015.

²⁶ Source: INDEPENDENT COUNTRY PROGRAMME EVALUATION TURKEY 2011-2015.

²⁷ The UNAIDS Turkey Country Factsheet and UNAIDS Key Populations Atlas lacks information.

²⁸ Source: <https://data.oecd.org/youthinac/youth-not-in-employment-education-or-training-neet.htm>.

2.1.4 Population and development: achievements, government policies and challenges

Turkey's population reached 84.6m in 2018²⁹ - eight times the number of Azerbaijan and twenty times the number of Georgia. **75.1% live in urban areas.** The population growth rate was 1.5% in 2017. **Life expectancy at birth is 76 years (2017).** Young people aged 15-24 years represent nearly 16% of the population; the elderly 8%.

Turkey has achieved the Millennium Development Goal in poverty reduction. However, **Turkey is characterised by inequalities, including a high-income inequality** (Gini index 0.4). Challenges achieving the ICPD mandate remain due to disparities and inequalities faced by women, seasonal migrant workers, the Roma population, people at risk of HIV and people at risk of GBV. Geographical location also plays a role; rural areas generally have worse indicators. In addition, **Turkey hosts above 3.6m Syrian refugees**, which represents almost 4% of Turkey's population.³⁰ 71% of all refugees in Turkey are women and children. 96% live in camps in very poor conditions. Access to SRH and GBV response services is very limited due to poor reach and knowledge, cultural and language barriers, and unavailability of certain standards and guidelines pertaining to services for refugees.

2.1.5 Gender equality and women's empowerment: achievements, government policies and challenges

Gender inequality is high. Turkey ranked 69 among 189 countries in the Gender Inequality Index (GII) in 2017 (0.317), albeit an improvement compared to 2011 (0.374).³¹ Gender inequality is the main root cause of GBV: According to the UN Women Global Database on Violence against Women, **38% of women aged 15 to 59 had experienced sexual or physical violence from an intimate partner in 2015.** The sex ratio at birth is skewed - i.e., 105 boys per 100 girls. 15% of girls are married before the age of 18.³²

CEDAW

Turkey ratified the CEDAW in December 1985. It last submitted a periodic report in 2014, which was discussed in 2016.³³ In its concluding observations, the Committee on the Elimination of Discrimination against Women positively noted the adoption of Law No. 6284 on the Prevention of Violence against Women and the Protection of the Family, in 2012. It also welcomed efforts to improve the institutional and policy framework, including the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence in 2012. The Committee made the following recommendations:

- > ensure equal and full access to SRH information and services, including by women and girl refugees and asylum seekers; take measures to safeguard the legal right to abortion and contraception; and renew the national strategic action plan on HIV/AIDS
- > ensure the integration into the school curricula of mandatory, age-appropriate sexual and reproductive health education, paying special attention to the prevention of early pregnancies and sexually transmitted diseases, as well as violence
- > strengthen the national machinery for the advancement of women and approve and implement the national action plan on gender equality 2015-20
- > provide an enabling environment for women's organisations
- > eliminate patriarchal attitudes and stereotypes that discriminate against women

²⁹ Including Turkish citizens, migrants and refugees.

³⁰ Source: UNHCR, <https://data2.unhcr.org/en/situations/syria/location/113>.

³¹ Source: <http://hdr.undp.org/en/indicators/68606#>.

³² Source: UNICEF, State of the World's Children, 2016.

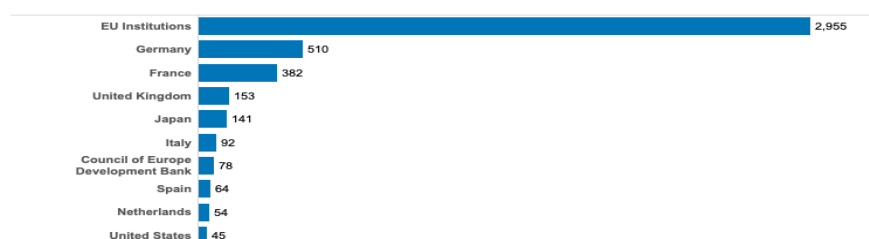
³³ Source: https://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Countries.aspx?CountryCode=TUR&Lang=EN. The next state party report is due in 2020.

- > implement the national action plan on combating violence against women 2016-19; adopt legislative amendments that criminalise domestic violence; encourage reporting of domestic violence; provide assistance to women who cannot safely return to their homes, including women and girl refugees and asylum seekers; establish a hotline; and protect *lesbian, bisexual and transgender women* against discrimination and violence
- > continue to take measures to eradicate polygamous and child marriages, especially in rural areas, and including such unregistered religious marriages; and ensure the civil registration of all marriages so as to guarantee the rights of all married women and their children

2.2 The role of external assistance

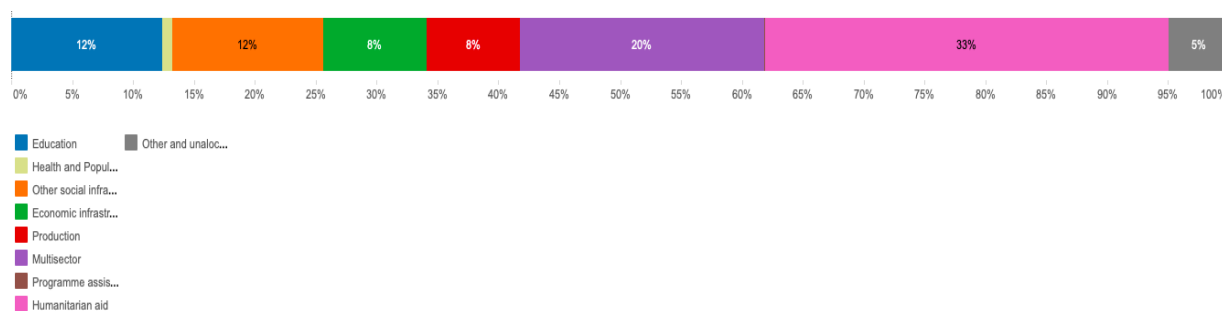
Between 2015-2017, net official development assistance (ODA) to Turkey fluctuated between US\$2,145.2m in 2015, US\$3,613.0m in 2016 and US\$3,141.6m in 2017. The ratio of ODA as a share of gross national income (GNI) was 0.3% in 2015, and 0.4% in 2016 and 2017. The largest donors in 2016-2017 were the EU institutions (US\$2,955m gross ODA), followed by Germany, France and the UK (Figure 1 below).³⁴

Figure 1: Top ten donors of gross ODA for Turkey, 2016-2017 average, USD million



Bilateral ODA was mainly directed to humanitarian aid (33%), “multisector”, Education and “Other social infrastructure and services” equally; **aid for health and population issues was too small to be reported separately** (less than 1%), as presented in the Figure 2.

Figure 2: Bilateral ODA by sector for Turkey, 2016-2017



Turkey is also a provider of ODA. Turkey’s development cooperation is provided in line with the Statutory Decree on the Organization and Duties of the Turkish Co-operation and Co-ordination Agency (TIKA), adopted in 2011. TIKA designs and coordinates Turkey’s bilateral development cooperation activities and implements projects in collaboration with other ministries, NGOs and the private sector. TIKA is an autonomous institution attached to the Prime Minister’s Office. Other public institutions, NGOs and the private sector also implement projects and programmes funded through Turkey’s ODA. In 2017, preliminary data show that Turkish ODA reached US\$9.30bn. Turkey's southern neighbor Syria, which has been locked in a vicious civil war since early 2011, was the top recipient of the Turkish official development assistance with \$7.24 billion in 2017. The increase in Turkey’s ODA mostly related to its response to the refugee crisis in Syria. The share of

³⁴ Source: OECD-DAC Aid at a Glance Chart Turkey.

Turkey's total ODA allocated to Syria increased to 70% in 2015, compared to 65% in 2014 and 52% in 2013.

The main sectors for Turkey's bilateral development cooperation were humanitarian aid and refugee support, governance and civil society, and education, health and population. Multilateral ODA accounted for 2% of Turkey's total ODA in 2015, provided through the UNs (accounting for 25% of its multilateral ODA), as well as through regional development banks (33%), the International Development Association (8%) and other multilateral organisations.³⁵

³⁵ <http://www.oecd.org/dac/dac-global-relations/turkeys-official-development-assistanceoda.htm>.

CHAPTER 3: UNFPA response

3.1 UN and UNFPA response

The 6th country programme for Turkey was formulated under the UNFPA Strategic Plan 2014-17. It intends to contribute to strategic plan outcomes 1 (SRH), 3 (GEWE) and 4 (PD). In 2016 and 2017, the country office reported progress against SP outputs 1 and 5 (SRH), 10 (GEWE) and 13 (PD).³⁶ The country programme was re-aligned to the UNFPA SP 2018-21: CPD SRH outputs 1 and 2 are meant to contribute to SP Outcome 1 Output 1; CPD GEWE output 1 contributes to SP Outcome 3 Output 11; and CPD PD output 1 contributes to SP Outcome 4 Output 14.

3.1.1 UNFPA contribution to country-level priorities

The country programme commits UNFPA to contribute to UNDCS³⁷ Outcome 1.2: all underserved population groups have more equitable and improved access to integrated, sustainable and gender-sensitive quality services; Outcome 3.2: improved legislation, policies, implementation and accountability mechanisms (on prevention and protection) to promote gender equality and reduce all forms of sexual and GBV; and Outcome 4.1: government institutions provide improved and sustainable multi-sectoral services to people under international protection based on the rights and entitlements as stipulated in the Law on Foreigners and International Protection and Temporary Protection Regulation.

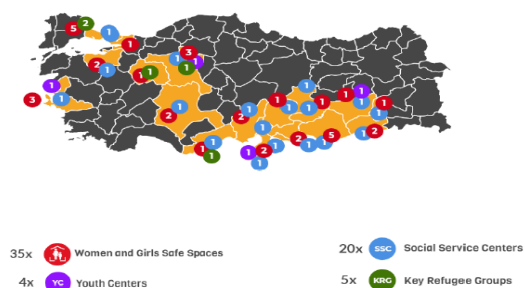
UNFPA outputs should contribute to the following *national priorities*: equitable improvement of people's health; improved disaster resilience; and eradication of all forms of GBV.

3.1.2 UNFPA programme response

Turkey belongs to the pink country quadrant according to the UNFPA business model. In pink countries, UNFPA is expected to focus its interventions around capacity building; partnerships and coordination (including South-South and triangular cooperation); advocacy, policy dialogue and advice; and knowledge management.

The stakeholder map in Annex 2 provides an overview of donors, partners, intended beneficiaries and other stakeholders. Under the current country programme, UNFPA and its implementing partners are implementing two Atlas projects in SRH (Atlas Project Code TUR06SRH and Atlas Project Code TUR06HUM) and one each in GEWE (Atlas Project Code TUR06GND) and PD (Atlas Project Code TUR06PD). Interventions related to young people cut across the country programme outputs/outcomes. Besides young people, the programme also puts particular emphasis on *other* vulnerable (refugees, key populations, rural women, seasonal migrant workers) and marginalised groups. The UNFPA country programme is implemented at the national level as well as in selected regions (see below).

UNFPA TURKEY PROGRAMME (Humanitarian and Development) COVERAGE



*Includes humanitarian service provision units as well as development programme pilots (Eskisehir, Izmir, Istanbul, Nevsehir)

Source: UNFPA Turkey country office

³⁶ Source: UNFPA Turkey COAR 2016 and COAR 2017.

³⁷ United Nations Development Cooperation Strategy Turkey 2016-20.

Sexual and reproductive health

According to the CPD 2016-20, UNFPA aims to strengthen institutions and CSOs to deliver accessible and rights-based SRH and youth-friendly services to underserved and vulnerable groups (SRH Output 1) and to strengthen national capacities to provide SRH and sexual and GBV response services in humanitarian settings (SRH Output 2) in order to contribute to increased availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity and access (SRH Outcome 1).

As explained above, the assessment of humanitarian assistance (SRH Output 2) relies on the Evaluation of the UNFPA Response to the Syria Crisis and in particular the Turkey Country Note and is not further analysed here.

Different Implementing Partners have been in charge of implementing the 5 Atlas projects³⁸ under the SRH regular country programme component (SRH Output 1). Targeted beneficiaries are: seasonal migrant families and women; people under risk of HIV; young people; and teachers and students. Other Resources for the present programme cycle have been forthcoming from the United States and the EU.³⁹

UNFPA and its partners have achieved a number of results in connection with strengthening institutions and CSOs to deliver accessible and rights-based SRH and youth-friendly services to underserved and vulnerable groups (SRH output 1). Annex 5 lists key results achieved during 2016-18. Results achieved contribute to achieving SRH Output 1. The CPD defines a selected number of indicators and targets to account for UNFPA's performance (see Box 1).

Box 1:

SRH Output 1: Strengthened institutions and strengthened CSOs to ensure delivery of accessible and rights-based SRH and youth-friendly services to underserved and vulnerable groups, as evidenced by:

- Number of legislation and policies on SRH services for vulnerable groups and youth
- Number of institutionalised pre- and in-service training programmes covering services for vulnerable groups
- Number of SOPs on SRH services for vulnerable groups
- Re-establishment of LMIS for FP commodities

Expected country programme outcomes

The cluster evaluation requires the evaluators to assess higher-level results (outcomes) and UNFPA's contribution to these outcomes, including thanks to interventions during the previous programme cycle. The *CPD 2016-20* expects UNFPA to contribute to increased availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity and access (SRH Outcome 1). Outcome-level performance indicators selected by the country office are:

- > modern contraceptive prevalence rate
- > proportion of births in health-care institutions
- > national budget for FP commodities

The country office identified a range of *risks and assumptions*. Assumptions are conditions that facilitate change and progress towards CPD outputs and outcomes, and which UNFPA should support through advocacy, coordination and partnerships to the extent possible. Risks are conditions

³⁸ 1.UNFPA/Harran University, 2. UNFPA/Red Umbrella, 3. Youth Health Association, 4. Turkish Family Health and Planning Foundation, 5.Community Volunteers Foundation

³⁹ Source: UNFPA Turkey stakeholder map 2016-20.

that, if they were to occur, would constrain the achievement of outcomes, and which UNFPA should attempt to mitigate. Identified risks are: (i) Volatile economy; (ii) EU accession slow; (iii) Violation of democracy and human rights; (iv) Spill over of conflict in the region and political instability and civil unrest due to Kurdish issue; (v) Massive influx of refugees; (vi) Structural changes; (vii) Conservatism; (viii) Pro-natalism without rights perspective. Assumptions are: (i) Political and economic stability; (ii) Progress in EU accession; (iii) Slowdown of Syrian and Iraqi crises/stabilization in the region; (iv) Commitment to international conventions and principles continued.

Gender equality and women's empowerment

According to the *CPD 2016-20*, UNFPA aims to strengthen the capacity of public and CSOs to promote GE, prevent GBV and harmful practices, including in the private sector (GEWE Output 1) in order to contribute to advanced GE, women's and girls' empowerment and RR, including for the most vulnerable and marginalised women, adolescents and youth (GEWE Outcome 1).

Interventions

Different Implementing Partners have been in charge of implementing the 7 Atlas projects⁴⁰ under the GEWE country programme component. Other Resources for GEWE have been forthcoming from Sabancı Uni and Sweden/SIDA. Targeted beneficiaries are: military personnel; the management of Religious Affairs; private sector employees; young girls and women NGOs.⁴¹

UNFPA has achieved a number of results in connection with strengthen the capacity of public and CSOs to promote GE, prevent GBV and harmful practices, including in the private sector (GEWE Output 1). Annex 5 list key results achieved during 2016-18. Results achieved contribute to achieving GEWE Output 1. The CPD defines a selected number of indicators and targets to account for UNFPA's performance (see Box 2).

Box 2:

GEWE Output 1: Strengthened institutional capacity of public and CSOs to promote GE, prevent GBV and harmful practices, including in the private sector, as evidenced by:

- Number of legislation and policies in line with Istanbul Convention
- Number of SOPs in line with Istanbul Convention
- Number of institutionalised in-service training programmes on SGBV prevention and protection services for women and girls
- Number of companies signing/reporting on UN Global Compact Women Empowerment Principles in Turkey
- Number of schools that include SRH and GE in extracurricular activities

Expected country programme outcomes

The cluster evaluation requires the evaluators to assess higher-level results (outcomes) and UNFPA's contribution to these outcomes, including thanks to interventions during the previous programme cycle. The *CPD 2016-20* expects UNFPA to contribute to advanced GE, women's and girls' empowerment and RR, including for the most vulnerable and marginalised women, adolescents and youth (GEWE Outcome 1). The country office selected three outcome-level performance indicators:

- > GE and GBV national action plans that integrate RR with specific targets and national public budget allocations⁴²

⁴⁰ UNFPA, Sabancı University/UNFPA, ACEV/UNFPA, Baskent Uni Research Centre, , CEDAW committee Turkey

⁴¹ Source: UNFPA Turkey stakeholder map 2016-20.

⁴² The evaluation team suggests that indicator (i) is situated at the output level.

- > proportion of actions taken on CEDAW recommendations on women's rights from the previous reporting cycle
- > percentage of women aged 15-49 who think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances

The country office identified a range of *risks and assumptions*. Assumptions are conditions that facilitate change and progress towards CPD outputs and outcomes, and which UNFPA should support through advocacy, coordination and partnerships to the extent possible. Risks are conditions that, if they were to occur, would constrain the achievement of outcomes, and which UNFPA should attempt to mitigate. Identified risks are: (i) Volatile economy; (ii) EU accession slow; (iii) Violation of democracy and human rights; (iv) Spill over of conflict in the region and political instability and civil unrest due to Kurdish issue; (v) Massive influx of refugees; (vi) Structural changes; (vii) Conservatism; (viii) Pro-natalism without rights perspective. Assumptions are: (i) Political and economic stability; (ii) Progress in EU accession; (iii) Slowdown of Syrian and Iraqi crises/stabilization in the region; (iv) Commitment to international conventions and principles continued.

Population dynamics

According to the *CPD 2016-20*, UNFPA aims to increase the availability of evidence through cutting-edge in-depth analysis on PD, SRH and their linkages to poverty eradication and SD to promote the post-2015 development agenda (PD output 1), in order to contribute to strengthened national policies (PD outcome 1).

Interventions

UNFPA and Hacettepe University Population Studies have been in charge of implementing the 2 Atlas projects⁴³ under the PD country programme component, for which no Other Resources have been provided. Target beneficiaries are: Ministry of Development personnel and NGOs.⁴⁴

UNFPA has achieved a number of results in connection with increasing the availability of evidence through cutting-edge in-depth analysis on PD, SRH and their linkages to poverty eradication and SD to promote the post-2015 development agenda (PD Output 1). Annex 5 lists key results achieved during 2016-18. Results achieved contribute to achieving PD Output 1. The CPD defines a selected number of indicators and targets to account for UNFPA's performance (see Box 3).

Box 3:

PD Output 1: Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, SRH and their linkages to poverty eradication and SD to promote post-2015 agenda, as evidenced by:

- Number of reports on population dynamics and their links to SD, SRH and RR and gender
- Establishment of institutionalised PD and evidence-based policymaking training programmes for public institutions

Expected country programme outcomes

The cluster evaluation requires the evaluators to assess higher-level results (outcomes) and UNFPA's contribution to these outcomes, including thanks to interventions during the previous programme cycle. The *CPD 2016-20* expects UNFPA to contribute to strengthened national policies (PD Outcome 1). The country office selected a single outcome-level performance indicator:

⁴³ UNFPA, Hacettepe University Population Studies

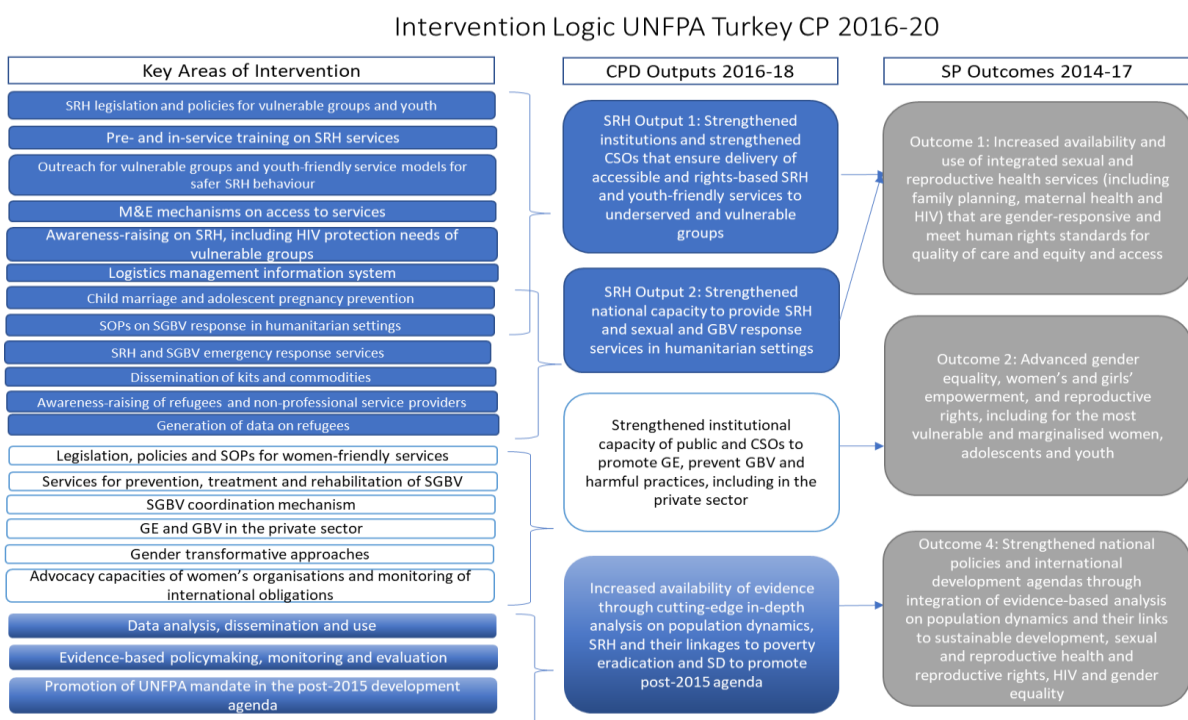
⁴⁴ Source: UNFPA Turkey 2016-20 stakeholder map.

- > the new national development plan addresses PD by accounting for population trends and projections in setting development targets

The country office identified a range of *risks and assumptions*. Assumptions are conditions that facilitate change and progress towards CPD outputs and outcomes, and which UNFPA should support through advocacy, coordination and partnerships to the extent possible. Risks are conditions that, if they were to occur, would constrain the achievement of outcomes, and which UNFPA should attempt to mitigate. Identified risks are: (i) Volatile economy; (ii) EU accession slow; (iii) Violation of democracy and human rights; (iv) Spill over of conflict in the region and political instability and civil unrest due to Kurdish issue; (v) Massive influx of refugees; (vi) Structural changes; (vii) Conservatism; (viii) Pro-natalism without rights perspective. Assumptions are: (i) Political and economic stability; (ii) Progress in EU accession; (iii) Slowdown of Syrian and Iraqi crises/stabilization in the region; (iv) Commitment to international conventions and principles continued.

Theory of Change

The following Figure 3 provides a visualisation of the UNFPA country programme theory of change as developed by the country office.⁴⁵ In this logic, CPD outputs are measured by way of different products delivered and awareness and capacities built by UNFPA together with its partners. Outcomes are measured by way of changes in the behaviour of the state and non-state institutions (duty bearers) and people (rights holders) that UNFPA serves and the resulting effects. At the level of outcomes, it is important to realise that the UNFPA country programme contributes to, but will not achieve change on its own, but that other stakeholders who work in the same area also play a role.



3.1.3 Country programme financial structure

The indicative commitment of UNFPA as per the country programme document (see Table 1) is \$10.25m: \$3.25m from regular resources and approximately double the amount - i.e., \$7.0m - to be mobilised as other resources. This amount was to be divided as follows: approximately 50% for

⁴⁵ Source: UNFPA CPD 2016-20; UNFPA country office Theory of Change.

SRH (\$5.5m); followed by gender equality and women's empowerment \$3.75m and \$0.5m for population dynamics.

Table 1: Indicative Commitments by Programmatic Area 2016-20 (in millions USD)⁴⁶

Programmatic Area	RR	OR	Total	%
Sexual and reproductive health	1.50	4.00	5.50	53.6
Gender equality and women's empowerment	1.00	2.75	3.75	36.6
Population dynamics	0.25	0.25	0.50	4.9
Programme Coordination and Assistance (PCA)	0.50	-	0.50	4.9
Total	3.25	7.00	10.25	100.0

Tables 19 and 20 show the annual budgets and expenditures for UNFPA Regular Resources and Other Resources for the years 2016-18.⁴⁷ Overall, the resources at the disposal of the Turkey country office have significantly increased from US\$12.9m in 2016 to US\$38.5m in 2018, which amounts to more than treble the indicative assistance. Regular Resources for UNFPA Turkey have fluctuated at a low level. In 2016 and 2017 they did not reach the average indicative US\$0.65m according to the CPD. Other Resources, including for UNFPA's humanitarian response for the Syrian crisis, have downright dwarfed Regular Resources. In 2016-17, the country office also received ERF. Annual funds utilisation was high in 2017 and less (76.98%) in 2016. Expenditures in 2018 also appear to be behind schedule (58.66%).

Table 2: Annual ceilings (RR) and Mobilised OR 2016-18 (in US\$)

	2016	%	2017	%	2018	%	Total	%
RR	520,000	4	582,551	2	775,000	2	1,877,551	2
ERF⁴⁸	291,305	2	-		321,000	1	612,305	1
OR	12,068,011	94	23,335,485	98	37,396,573	97	72,800,069	97
Total	12,879,316	100	23,918,036	100	38,492,573	100	75,289,925	100

Table 3: Annual Utilization RR/OR 2016-18 (in US\$)

	2016	%	2017	%	2018	%	Total	%
RR	517,852	5	577,628	3	721,267	3	1,816,747	3
ERF	290,919	3	0.00	0	284,070	1	574,989	1
OR	9,105,998	92	21,718,687	97	21,574,971	96	52,399,656	96
Total	9,914,769	100	22,296,316	100	22,580,308	100	54,791,393	100

According to Table 21, 9 donors have contributed funding to UNFPA's programme in Turkey - for SRH and GEWE. Funding has been forthcoming from the EU, bilateral donors, other UN organisations and the private sector. No Other Resources have been mobilised for PD. ECHO, which has provided around two-thirds of total Other Resources, was the single-most important donor. UNFPA has also received contraceptives in the amount of US\$8.2m0.

Table 4: OR Mobilisation by Programmatic Area and Origin (Donor) 2016-18 (in US\$)

Donor	SRH	%	GEWE	%	PD	Total	%
ECHO	10,240,407	67	10,240,407	66	-	20,480,814	66
BPRM	2,867,259	19	2,840,259	18	-	5,707,518	6
SIDA	992,109	6	992,109	6	-	1,984,219	6
IPA (UNHCR)	665,917	4	665,917	4	-	1,331,834	4

⁴⁶ Source: CPD 2016-2020

⁴⁷ Source: UNFPA Atlas, Cognos Report 2018 as of December 17th 2018. 2018 figures are provisional and as of November 2018 only. The amounts do not include commodities received in kind over the years.

⁴⁸ ERF funds are internally restricted funds which are part of RR but used for emergency purposes.

Donor	SRH	%	GEWE	%	PD	Total	%
JAPAN	387,770	3	386,551	2	-	774,321	3
DENMARK	200,784	1	200,784	1	-	401,567	1
SIDA (UNICEF)	-		97,179	0.6	-	97,179	0.3
UK	-		61,392	0.4	-	61,392	0.2
SABANCI	-		13,149	0.08	-	13,149	0.04
Total	15,354,246	100	15,497,747	100	-	30,851,993	100

Table 5: Annual CSB Funding for Contraceptive Assistance by year(in US\$)

	2016	2017	2018	Total
Contraceptives	2,513,223	3,629,039	2,039,663	8,181,924
Total CSB	2,513,223	3,629,039	2,039,663	8,181,924

Table 6 indicates expenditures per programmatic area, including for humanitarian assistance, for the current country programme cycle 2016-20. SRH and GEWE have spent most funds to date - i.e., each around US\$16m. PD is far smaller with its US\$0.2.6m.

Table 6: Expenditures by Programmatic Area RR/OR 2016-18 (in US\$)

	SRH	%	GEWE	%	PD	%	PCA	%	Total	%
RR	618,561	4	606,142	4	250,237	96	174,348	100	1,649,288	5
OR	15,396,875	96	15,540,203	96	11,055	4	-		30,948,133	95
Total	16,015,436	100	16,146,346	100	261,292	100	174,348	100	32,597,421	100

According to Tables 7-8, around two-thirds of annual expenditures (US\$21.1m) were made through the NEX implementation modality, covering all three programme components. UNFPA has worked with 20 Implementing Partners, of which 16 have helped to provide humanitarian assistance in SRH and/or GBV. Implementing Partners with a budget of over US\$1m since 2016 are ASAM, Kamer Foundation, Harran University, Community Volunteers Foundation, IMPR and Hacettepe Uni Women Centre. Two IPs implemented parts of the GEWE regular programme: Sabanci University and Baskent Uni Research Centre; one partnered with UNFPA in PD: Hacettepe Uni Inst. Pop.

Table 7: Annual Expenditures by Fund Utilisation Modality 2016-18 (in US\$)

	2016	%	2017	%	2018	%	Total	%
NEX	2,314,074	46	9,449,235	65	9,371,612	73	21,134,922	65
DEX	2,754,432	54	5,195,613	35	3,512,454	27	11,462,499	35
Total	5,068,506	100	14,644,849	100	12,884,066	100	32,597,421	100

Table 8: Expenditures by Fund Utilization Modality and Programmatic Area 2016-18 (in US\$)

	SRH	%	GEWE	%	PD	%	PCA	%	Total	%
NEX	10,602,006	66	10,466,943	65	65,972	25	-		21,134,922	65
DEX	5,413,429	34	5,679,402	35	195,320	75	174,348	100	11,462,499	35
Total	16,015,436	100	16,146,346	100	261,292	100	174,348	100	32,597,421	100

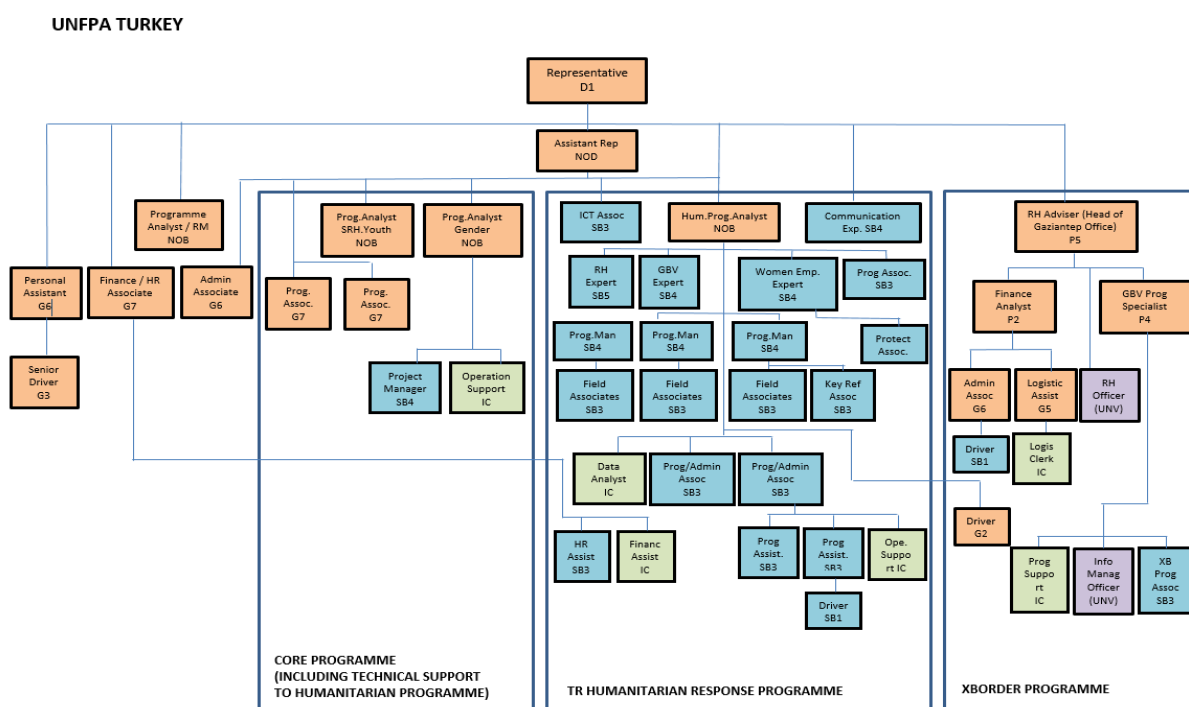
Table 9: NEX Utilisation by UNFPA Implementing Partner 2016-18 (in US\$)

Implementing Partner	2016	2017	2018	Total	Prog. Area
PN6486-ASAM	216,258	3,350,973	3,010,143	6,577,374	HA
PN6573-Kamer Foundation	218,468	1,783,372	1,577,668	3,579,507	HA

PGTR02-Harran University	125,060	851,721	1,105,604	2,082,385	SRH, HA
PN4560-Community Volunteers Foundation	218,381	872,898	687,028	1,778,307	SRH, HA
PN6451-IMPR	847,107	859,428	-	1,706,535	HA
PGTR04-Hacettepe Uni Women Center	210,498	801,221	638,050	1,649,769	HA
PN6833 - Multeci Destek Dernegi	-	-	822,132	822,132	HA
PN6685 - Bilgi University	-	85,563	386,943	572,506	HA
PGTR05 - Eskisehir Osmangazi University	-	256,521	196,746	453,267	HA
PN6693 - Kırmızı Semsiyе Derneđi	-	78,586	346,978	425,564	SRH, HA
PN6487 - Bulasıcı Hastalıklar Derneđi	155,494	151,080	-	306,575	HA
PN6716 - Sağlıkta Genç Yaklaşımlar	-	162,132	120,876	283,009	SRH, HA
PN6821 - Positive Living Association	-	-	184,345	184,345	HA
PN6545-International Medical Corps TR	171,740	414	-	172,153	HA
PN6694 - TAPV	-	34,950	113,921	148,871	SRH
PN6424 - RET INTERNATIONAL	136,069	306	-	136,375	HA
PN6678 - Sosyal Pol. Cinsiyet Kimliği Derneđi	-	-	112,091	112,091	HA
PGTR03 - Hacettepe Uni. Inst. Pop.	15,000.00	24,979	25,993	65,972	PD
PN6653 - Sabancı University	-	35,090	29,947	65,037	GEWE
PN6990 - Baskent Uni Research Center	-	-	13,149	13,149	GEWE
TOTAL	2,314,074	9,449,235	9,371,612	21,134,922	

3.1.4 Country office structure and human resources

As the following Chart depicts, the UNFPA Turkey country office is located in Ankara and managed by a UNFPA Representative (D-1) and Assistant Representative. A sub-office in Gaziantep is headed by a RH Advisor (P-5).



Source: UNFPA Turkey, 2018

CHAPTER 4: Findings

4.1. Relevance

EQ1: To what extent is UNFPA support in SRH, GEWE and PD: (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and relevant UN Partnership Frameworks; (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of beneficiary institutions and intended final beneficiaries (in particular young people, vulnerable and marginalised groups)?

Summary:

The Turkey Country Programme objectives and strategies are strongly aligned with priorities set by both (1) the UNFPA Strategic Plans and (2) the UN Partnership Frameworks. The programme has strongly focused ‘leaving no one behind’ and ‘reaching the furthest behind’ to reduce inequalities. Human rights principles and women’s human rights have purposefully guided UNFPA’s work in all three-programme components. Also, the programme applies gender-responsive approaches; however, the political environment has not been enabling to take fundamental actions on transforming gender norms and roles.

Close communication and cooperation through effective consultation has enabled the Turkey Country Programme to be well aligned with priorities of the relevant ministries and Government of Turkey, while Turkey’s socio-economic and political structure have marked the transition to the “new” regime accompanied with simultaneous processes of re-structuring of the public authorities as well as diminished enabling environment for the civil society. ICPD, SDGs, CEDAW, and Istanbul Convention have guided the design of the programme in order to support the fulfilment of government commitments and obligations.

UNFPA contribution has addressed the needs and expectations of supported institutions and vulnerable population groups. Moreover, the programme is found to be highly relevant to the needs of the targeted vulnerable population groups. Consistency and responsiveness have been ensured by way of needs assessments, research and consultations.

4.1.1 Consistency of country programme components with priorities put forward in the UNFPA Strategic Plans and UN Partnership Framework

Finding 1⁴⁹⁵⁰: The 6th CP objectives and strategies are strongly aligned with priorities set by both (1) the UNFPA Strategic Plans and (2) the UN Partnership Frameworks.

Alignment of UNFPA SP (2014-2017);

- UNFPA Turkey’s 6th CP was given particular reference to “*reducing disparities in the access to sexual and reproductive health and rights and gender equality, particularly for most vulnerable*”..
- UNFPA Turkey’s 6th CP was developed through a **participatory approach in consultation with civil society and relevant stakeholders**, in line with the analysis of the current situation as well as the national and international agenda. The 6th CP also targeted to work on a **transformative development agenda that is universal, inclusive, human rights-based, integrated and anchored in the principles of equality**. Programming strategies are advocacy,

⁴⁹ IND 1.1.1 The country programme is an appropriate reflection of the UNFPA Strategic Plan development results and modes of engagement

⁵⁰ IND 1.1.5 The country programme is in sync with the UN Partnership Framework(s)

policy dialogue/advice and generating evidence for policy.

- The 6th CP was given special emphasize to strengthen institutions and NGOs to ensure delivery of accessible and rights-based sexual and reproductive health and GBV response services youth-friendly services to underserved and vulnerable groups including humanitarian settings.

Alignment of UNFPA SP (2018-2021)

- The CP was aligned to the UNFPA SP 2018-21: CPD SRH outputs 1 and 2 are meant to contribute to SP outcome 1 output 1; CPD GEWE output 1 contributes to SP outcome 3 output 11, and CPD PD output 1 contributes to SP outcome 4 output 14. This alignment was done by the CO through and internal exercise and documented. Corporate alignment to the new strategic plan was done through the Global Programmings System (GPS-UNFPA corporate platform for programme and operations). The CO linked its outputs to the new Strategic Plan Outcomes as per the alignment exercise.
- UNFPA 6th CP was targeted to be guided by SDGs along with Outcome 4 - Output 1; Output 1: Increased availability of evidence through cutting- edge in- depth analysis on population dynamics, sexual and reproductive health, and their linkages to poverty eradication and sustainable development to promote the post- 2015 development agenda.
- The 6th CP are well designed for increasing capacities of government officials on SDGs
- Interventions of UNFPA 6th CP contributed to SP 2018-2021, outcome 3, output 12 “strengthened response to eliminate harmful practices, including child, early and forced marriage”.

As a general assessment,

- The principles of ‘leaving no one behind’ and ‘reaching the furthest behind’ are the main principles of the UNFPA’s SPs and are well integrated into the 6th CP
- Compliance to the MDGs in former SP to the SDGs in the latter, are well integrated by the 6th CP in a way that UNDCS outcome is formulated as “by 2020, integrated gender-sensitive and sustainable quality social services are more accessible and more equitable for all underserved populations.” Additionally, alignment with 2030 SDG has been ensured through joint SDG indicators in the outcomes and outputs in SPs (ICPD and SDGs).

According to UNFPA CP Document for Turkey⁵¹, the 6th CP aligns well with the United Nations Development Cooperation Strategy (UNDCS) Turkey (2016-2020)⁵². Since Outcome 1.2 (*By 2020, all underserved population groups have more equitable and improved access to integrated, sustainable and gender-sensitive quality services* (e.g. health, education, decent employment, and social protection systems) of the UNDCS is included in Outcome 1 of the CP, the country program reaches the same target as the UNDCS outputs. Furthermore the national priority of the 6th CP, eradicating all forms of gender-based violence emphasises Outcome 2.1 (*Democratic governance and human rights*), Outcome 3.2 (*Gender equality and women’s empowerment*).

Finding 2⁵³: The 6th CP has strongly focused ‘leaving no one behind’ and ‘reaching the furthest behind’ to reduce inequalities. The 6th CP outcomes and outputs are designed in accordance with the strategies of “leaving no one behind” and “reaching the furthest behind”.

The 6th CP states the following as target groups: women in rural areas, seasonal migrant workers, the Roma population, people at risk of HIV, individuals and groups based on their sexual orientation and victims of gender based violence, refugees, youth not in education nor in employment. All of the 4 CP outputs focus on interventions dedicated to the above (vulnerable/underserved/at risk) groups. Since programme design, new vulnerable groups to SRH-related risks have appeared.

⁵¹DP/FPA/CPD/TUR/6, UNFPA Country Programme Document for Turkey

⁵² United Nations Development Cooperation Strategy Turkey (2016-2020)

⁵³ IND 1.1.2 The country programme prioritises leaving no one behind and reaching the furthest behind first

. Although the 6th CP was developed before the new strategic plan, priority has been given to goals in the new strategic plan as the advancement of gender equality, the empowerment of women and adolescent girls, SRHR services for all vulnerable groups including refugee, and zero tolerance for HIV/AIDS. All of the four components of the CP aim to reduce disparities and empower those left behind.

UNFPA interventions under the GEWE programmatic area of the 6th CP, which focus mainly on developing improved responses to combating GBV and promoting gender equality, are appropriately designed taking into consideration the major problems of gender equality and women's rights in Turkey, and they provide good examples of interventions aimed at empowering disadvantaged women.

Finding 3⁵⁴: Human rights principles and women's human rights have purposefully guided UNFPA's work in all three-programme components.

Human rights include women's rights and sexual and reproductive health and rights. This was affirmed internationally in the World Conference on Human Rights in Vienna, 1993⁵⁵ and the ICPD in Cairo in 1994. In the 6th CP UNFPA aims to improve access of women, young people and other vulnerable groups to rights and sexual and reproductive health services, as clearly stated in the outcomes and outputs.

Furthermore human and women's rights are the basic principles underlying UNFPA's CP that follows global framework and international and regional agreements to keep the 6th CP relevant and in compliant with protection and promotion of human rights. The human rights-based approach focuses on those who are most marginalized, excluded or discriminated against. This often requires an analysis of gender norms, different forms of discrimination and power imbalances to ensure that interventions reach the most marginalized segments of the population⁵⁶. The 6th CP takes towards to promote human rights and women's rights by identifying UNFPA's goal to achieve universal access to SRH, secure RR, and reduce maternal mortality to accelerate progress on the ICPD agenda. In this programme cycle, UNFPA focused on improving the rights of the marginalized and excluded groups by targeting people at risk of HIV, SMAW and refugees. Furthermore, UNFPA continued to advocate for human and women's rights in SRH programming alongside national mechanisms for protecting reproductive rights, promoting GE and non-discrimination, combatting GBV. In this program, people were recognized as key actors in their own rights, rather than passive goods and service buyers. During the development of the country program, target groups participated actively in multi-sector consultation meetings and their contribution well received by UNFPA, as confirmed by the CSOs, relevant IPs. Consequently, variety of stakeholders locally owned the CP development process. Also strategic partnerships are developed and sustained by UNFPA team.

The 6th CP has dealt with related fields of interventions in order to further develop institutional capacity and advance the interventions measures. This process has included strengthening monitoring of implementation of international human rights recommendations and further accelerating compliance of constitutional/legislative/policy reforms and practices with international human rights standards.

The CO works to empower particularly the most vulnerable population to ensure they enjoy their rights including young people, people at risk of HIV, and refugees to claim their rights through various strategies and national and international instruments. The 6th CP is aligned with the UNDCS results that cover a multidimensional, multi-component interventions reflecting the

⁵⁴ IND 1.1.3 The country programme protects and promotes human rights

⁵⁶ ICPD and human rights, 20 years of advancing reproductive rights through UN treaty bodies and legal reform, UNFPA

country outcomes. It is observed that each outcome pillar circles each other on the issues of reproductive health, gender equality and decent access to health services.

Integration of different sectors is being placed at the center of the program that aims to follow CEDAW recommendations on women's rights and protection of productive rights and women's and girls' empowerment.

Turkey's cooperation in the development and promotion of human rights policies and legislation and protection is one of the most basic elements of the CP. The programmes of SRH and of GEWE have intended to equip individuals and communities, CSOs including service providers with tools and resources to strengthen their role in promoting and protecting human and reproductive rights. The UNFPA also works in accordance with the key elements of ICPD and the other human rights agreements, that can be seen in the relevant intervention of the CP including but not limited to the humanitarian programme.

The 6th CP is coherent with the principles of international human rights documents such as;

- The Committee on the Elimination of Discrimination against Women (CEDAW)⁵⁷,
- International Conference on Population and Development (ICPD)⁵⁸,
- Sustainable Development Goals (SDGs)⁵⁹.

The CP intends to contribute to accelerating progress on the ICPD agenda and Goal 5 of SDGs in order to achieve gender equality and empower all women and girls driven by country needs and tailored to the country context.

To sum up, the 6th CP relevance to the global legislative and basic human rights instruments is well evidenced. It has been evidently confirmed that human rights principles and women's human rights have purposefully guided the UNFPA's work in all three-programme components.

Finding 4⁶⁰: The CP applies gender-responsive approaches; however, the political environment has not been enabling to take fundamental actions on transforming gender norms and roles.

The CP has a specific gender equality and women's empowerment programme area (one of three core areas) aiming to strengthen institutional capacity of public and civil society organizations to promote gender equality, prevent gender based violence and harmful practices, including in the private sector.

The 6th CP UNFPA includes interventions to increase the number of new legislation and policies, SoP's in line with Istanbul Convention (Council of Europe Convention on preventing and combating violence against women and domestic violence); increase the number of new institutionalized in service training programmes on sexual and gender based violence prevention and protection services for women and girls; increase the number of companies signing/reporting on United Nations Global Compact Women Empowerment Principles in Turkey Baseline; increase the number of schools that include sexual and reproductive health and gender equality.

UNFPA aims to incorporate the gender equality perspective in all working areas with the inclusion of government institutes. Interventions of the program are aimed at developing institutional and individual capacities in particular by increasing the capacities of the public institutions by focusing on gender equality. Interviewed institutions and individuals also confirm that the country's team has been working hard to close gender gaps, end gender inequality and ensure that institutions respond to the needs of the most vulnerable. On the other hand, the political environment has not been enabling to take serious actions on gender-responsive approach in Turkey.

⁵⁷ Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979

⁵⁸ Report of the ICPD (94/10/18)

⁵⁹ Commission Report on Monitoring SDG Goals

⁶⁰ IND 1.1.4 The country programme applies gender-responsive approaches.

4.1.2 Consistency with government priorities and international commitments

Finding 5⁶¹: Close communication and cooperation through effective consultation has enabled the 6th CP to be well aligned with priorities of the relevant ministries and GoT, while Turkey’s socio-economic and political structure have marked the transition to the “new” regime accompanied with simultaneous processes of re-structuring of the public authorities as well as diminished enabling environment for the civil society.

The 6th CP was developed drawing on lessons learned from evaluation of the 5th CP and a series of national and district level consultation workshops⁶². For this reason, during the development stage, all of the different actors including vulnerable groups, young people, women and refugees with a wide range of ministries provided inputs to the CP to enhance sustainability, accountability. The close communication and cooperation through effective consultation has enabled the 6th CP to be well aligned with government priorities. Interviewed public officials have confirmed that UNFPA's close cooperation with stakeholders during the CP development process has ensured consistency with government priorities.

More specifically, critical concerns and potential intervention areas (listed below), which were extensively discussed during the previous consultation meetings of the 6th CP, are still major concerns, in the country, as confirmed by the interviews during the CP evaluation,

The Tenth Development Plan of Turkey was adopted by the General Assembly of Parliament on 2 July 2013 and covering the period between 2014 and 2018⁶³. UNFPA experts attended the working groups on Family and Women, Health, Youth and Children, Population dynamics.

The GoT commitment to SRH, as it was also commented by the evaluation of the 5th CP, has been still quite weak; SRH has been well elaborated neither in the 10th Development Plan nor in the national youth policy.

As highlighted in the 10th and preliminary draft Report of 11th Development Plan, the prime focus of the plan in the SRH area is targeted to increase population and fertility.

The UNFPA is responsive to the policy frameworks of the two main public authorities, the MoH and the Ministry of Family, Labour and Social Services (MoFLSS).

All strategic goals in the MoH’s Strategic Plan (2013-2017)⁶⁴ are aligned in the 6th CP.

The main weakness of the MoH Strategic Plan is absence of the promotion of SRHR services including young people as well as gender issues.

The 6th CP objectives and strategies are aligned with the priorities of the following MoFLSS three main policy documents, as confirmed by the interviewed stakeholders;

1. Women Empowerment Strategy Document and Action Plan (2018-2023)
2. Combating Domestic Violence against Women National Action Plan (2016-2020)
3. Early and Forced Marriage (Draft)

As a summary, UNFPA has aimed to strengthen the capacity of public and CSOs to promote GE, prevent GBV, including in the private sector in order to contribute to advanced GE, women’s and girls’ empowerment, including for the most vulnerable and marginalized women, adolescents and youth. On the other hand, gender equality has never been the focal point for GoT. The priority of the government has always been to prevent GBV instead of to achieve gender equality. Hence,

⁶¹ IND 1.2.1 UNFPA is responsive to the national legislative and policy framework, including national development plans, and aligned with sub-national priorities *where applicable*

⁶² Minutes of UNFPA Consultation meetings for the 6th CP preparation process

⁶³ 10th National Development Plan

⁶⁴ MoH Strategic Plan (2013-2017)

Gender Equality and Women Empowerment program is partially aligned with the priorities of the GoT.

One of the main principles of the 10th Development Plan of GoT is sustainable development and the Plan is based on a “human-centered development” approach. The content of the 10th Development Plan is placed in the context of sustainable development⁶⁵. Turkey is currently in the stage of preparing the 11th Development Plan. Turkey intends to take SDGs as one of the main inputs of the vision that 11th Development Plan will be based on. The UNFPA PD component also supported interventions in the field of population and development that were highly contributed to increased analysis of data and information on population dynamics, both at central and local level. UNFPA supported interventions have contributed to the capacity building of government officers to address issues related to the SDGs. This evaluation indicates that there is a high consistency between the 10th Development Plan, and government policies, strategies and guidelines and PD component of the 6th CP.

On-going and escalating crisis in Syria has had a profound effect across the region since 2011 and Turkey hosts the largest number of registered Syrians, currently 3.640.000⁶⁶. Therefore, the UNFPA Country team has channelled the interventions and service provision more focus and well respond to the Syrian influx into Turkey. Refugee response of CP was designed to support to the fulfilment of the 3RP, as a major response to the humanitarian support including service delivery, supplies, capacity building and empowerment.

In the area of Humanitarian Assistance programme, since 2011 UNFPA has been responding to the escalating crisis with the close collaboration of the GoT⁶⁷. It can be concluded that the Humanitarian Assistance Programme is in line with government policies under the close support and supervision of the GoT.

Finding 6⁶⁸: ICPD, SDGs, CEDAW, and Istanbul Convention have guided the design of the 6th CP in order to support the fulfilment of government commitments and obligations.

Interventions of the UNFPA CP aim to prevent gender inequalities, improve women’s empowerment, which is strongly recommended in the EU accession process and mainly highlighted by the EU Country progress reports⁶⁹.

There is a clear logical link between intended outputs and outcomes of the UNFPA 6th CP within ICPD. The key informant interviews confirmed that UNFPA has appropriately designed some advocacy actions to support monitoring of the ICPD indicators through ICPD+20 Platform.

Alignment with 2030 SDG has been ensured through joint SDG indicators in the outcomes and outputs in SPs (ICPD and SDGs). The 6th CP has a detailed plan, which frames an understanding that unifies integration between outcomes. In particular, SRH is targeting a baseline that matches as a component of PD where reproductive health, reproductive rights and bridging PD with sustainable development are at the core.

Alignment with Turkey Regional Refugee and Resilience Plans (2016-2017 and 2018-2019)

Output 2 “Strengthened national capacity to provide sexual and reproductive health and sexual and gender-based violence response services in humanitarian settings” is aligned with the Turkey Regional Refugee and Resilience Plans (2016-2017 and 2018-2019). UNFPA Turkey has dedicated outputs on SRH and GBV under the Regional Refugee and Resilience Plan (3RP) action plans in line with the CPD Output 2.

⁶⁵ Report on Turkey’s initial steps towards the implementation of the 2030 Agenda for Sustainable Development

⁶⁶ <https://data2.unhcr.org/en/situations/syria/location/113>

⁶⁷ Evaluation of the UNFPA response to the Syria Crisis, Turkey Country Note

⁶⁸ IND 1.2.2 The country programme is designed to support the fulfilment of government commitments and obligations at the regional/international level

⁶⁹ EU Commission Staff Working Document, Turkey 2018 Report, available at <https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20180417-turkey-report.pdf>

For the GEWE programmes, objectives and strategies are consistent with international commitments, ICPD, SDGs, CEDAW and Istanbul Convention. The country program is also designed to remind the public authorities of the obligations of the CEDAW and Istanbul Convention. The UNFPA has not limited its GBV interventions to the protection of victims, but also to promote prevention and awareness. However, due to the political environment, UNFPA provided capacity building support on gender equality at the ministerial level to a certain extent below the required by international agreements. As a new strategy to reach new critical actors, significant efforts were put in place to strengthen the private sector on GBV prevention and response.

The Turkish Statistical Institute (TurkStat) is the central role for the monitoring part of the Agenda based on global SDG indicators. TurkStat has contributed to the whole global process that was started in 2014 for adopting global sustainable development indicator list. Apart from the international consultation process on SDGs, TurkStat has also been involved in the regional initiatives and consultation processes mainly conducted by the UN Economic Commission for Europe. In addition, TurkStat signed the “Declaration on the role of national statistical offices in measuring and monitoring the Sustainable Development Goals” that was adopted at the 63rd plenary session of the Conference of European Statisticians. Through this declaration, signatory countries declared the national statistical offices’ commitment to contribute their expertise to measure SDGs in a professional, independent and impartial way⁷⁰. The 6th CP aims to contribute to the enhancement of the capacity of Turkstat, the MoD and other ministries to SDGs, decisively depending on the design of interventions for the effective implementation of the 2030 Sustainable Development Agenda. This has been done by the HUIPS trainings.

UNFPA has been successful in developing effective partnerships with partner government officers and in aligning their programs with national development goals, plans and priorities of the countries through UNFPA's extensive expertise and know-how transfer.

4.1.3 Consistency with and responsiveness to the needs of supported institutions and vulnerable population groups

Finding 7⁷¹: UNFPA contribution has addressed the needs and expectations of supported institutions and vulnerable population groups.

The 6th CP is found to be highly relevant to the needs of supported institutions, the MoH, the MoFLSS, the MoNE, the MoI, Police Department and Gendarmerie. Memorandum of Understandings (MoUs) have been signed with the government counterparts as per their needs. Programmes have been implemented accordingly. Based on needs assessments in place, work plans have been designed in partnership with NGO and university partners working on vulnerable groups.

There are many examples verified from FGDs and In-depth interviews that UNFPA contributions have addressed the needs and expectations of supported institutes like the MoFLSS, Police Department, Gendarmerie, NGO partners working on young people, people at risk of HIV, refugees.

Turkey’s high vulnerability to the Syrian influx has been well complemented by the refugee response programme including UNFPA direct programming and for UNFPA coordination responsibilities across SRH and GBV.

One of the key sources of information highlighting UNFPA's contribution underlined the fact that many mothers and children could survive if they had a chance to take the MISP training given by UNFPA before the Syrian refugee crisis.

⁷⁰ Report on Turkey’s Initial Steps towards the implementation of the 2030 Agenda for Sustainable Development, Ministry of Development, 2016

⁷¹ IND 1.3.1 Country programme interventions respond to institutional needs and requests in order for supported institutions to fulfil their duties

Finding 8⁷²: The 6th CP is found to be highly relevant to the needs of the targeted vulnerable population groups. Consistency and responsiveness have been ensured by way of needs assessments, research and consultations.

The 6th CP targets some of the most vulnerable and disadvantaged groups, however, according to the findings from service providers of the MoH, there is potential to include more of the sexual and reproductive health and gender-based violence high-risk populations. Some programmes (such as TAF training, religious leaders training, pomegranate arils project final activities) are a continuation of successful partnerships and interventions from the 5th CP while others reflect global or regional initiatives, such as WEPs and male involvement (fatherhood in private sector).

Reportedly mentioned by PD studies, particular focus on rural women, youth not in education and employment, refugees etc. has been quite important as these groups has challenged with multiple vulnerabilities, and they require customized and specialized outreach programmes starting from data collection and analysis ending with monitoring and evaluation.

The 6th CP interventions have been elaborated on needs assessments, research and consultation to focus on the following vulnerable groups:

Seasonal Migrant Agricultural Workers (SMAW)

This population was selected through a “*Needs Assessment Study on Seasonal Agricultural Workers and their Families*” which was conducted by Harran University, in 2012. According to results of the latest study the maternal mortality rate as 153 per 100,000 live births for seasonal agricultural migrant workers and their families, significantly higher than the national average stated (15.4/100,000). According to the last CP evaluation, UNFPA has been effective in improving access to maternal health services by seasonal migrant workers in the previous programme cycle. During this programme cycle, the program model was handed over to the MoH and supports its sustainability and advocacy. The most recent program is the mobile services which have just started this year through which is an evidence, which was confirmed by service providers, that the CP interventions respond to the rights and needs of SMAW. A rural refugees programme including Turkish migrant agricultural workers who live and work in the same environment was designed and initiated based on the experience of SMAW.

Customized peer education programming has been well achieved according to current needs and expectations of the vulnerable groups. In addition, youth friendly-service models have also been delivered for the young refugees not in employment nor in education. However, FGDs with peer educators revealed that UNFPA under its development programme mostly targeted university students; it did not reflect the needs of one out of four young people who took part in neither education nor employment.

The interventions in the 6th CP build on the achievements of the previous CP, and taken into consideration the main challenges faced in the implementation process. Overall, the results of the evaluation of the previous CP, as well as qualitative and quantitative data and analysis were significantly taken into account. After a wide range of consultation needs-assessments, alignment with national policy documents and action plans have been well integrated in the planning process. These key factors have ensured that interventions to well identify and appropriately respond to the needs of women, particularly vulnerable women, who experience serious problems in terms of gender equality. In general, the interventions of the SRH programmatic area are based on a participatory approach, incorporating the views and needs of relevant stakeholders and beneficiaries.

⁷² IND 1.3.2 Country programme interventions respond to the rights and needs of targeted vulnerable population groups

4.2. Effectiveness- Sexual and Reproductive Health and Rights

EQ2: To what extent has UNFPA strengthened institutions and CSOs that ensure delivery of accessible and rights-based SRH and youth-friendly services to underserved and vulnerable groups and strengthened national capacity to provide SRH services in humanitarian settings⁷³? To what extent has the availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access increased, including in humanitarian situations⁷⁴? What was UNFPA's contribution? What were constraining and facilitating factors?

Summary of Findings:

The interventions supported by UNFPA has contributed to a stronger legal and policy framework for delivering quality integrated Sexual Reproductive Health and Rights services/information for women and adolescents and youth, with a focus on the SRH rights and needs of underserved and vulnerable groups, and including in humanitarian settings. UNFPA with its partners has successfully increased to access rights-based quality SRH services/information to young people, but significant gaps remain. Addressing crucial technical capacity gaps, the CP has supported comprehensive sexuality education to improve the status of SRHR of adolescent and young people, but progress towards integration of Comprehensive Sexuality Education in the national curriculum has been hindered by conservative tendencies.

UNFPA interventions successfully serve the capacity building to the prevention of HIV / AIDS for at risk groups. With UNFPA contribution, selected municipalities have started to provide community based anonymous Voluntary Counselling and Testing services for the key population, but significant gaps remain, particularly in rural areas. Feedback on collaboration to reach young people was positive.

UNFPA has made visible efforts to promote SRH capacity development of its partners and effective in the results of its interventions through producing tools and instruments, resources, trainings and services in humanitarian settings. The programme has supported to increase the utilization of SRHR services/information for women and adolescents and youth in humanitarian settings. Also, it has supported to increase the utilization of SRHR services/information for adolescents and youth.

UNFPA has fully supported the Government of Turkey political commitment improving maternal health in order to promote to increase the birth rate in health care facilities in humanitarian settings and the access of refugee women and their utilization of maternal health and family planning services.

Table 10: Overview progress towards SRH Targets (assessment of Achievement as of 2019 Q1)

CPD Outcome 1: Sexual and reproductive health	
Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access	
Outcome indicator: Contraceptive Prevalence Rate (Modern method) <i>Baseline: 47.4%. Target: 51%</i>	Target achieved CPR modern method :51%
Outcome indicator: Proportion of births in health-care institutions <i>Baseline: 91.7%. Target: 95%</i>	Not available (DHS to be officially announced in September 2019. The government collects these data however they are not published on a regular basis.

⁷³ CPD Turkey SRH output 1 and output 2.

⁷⁴ CPD Turkey SRH outcome 1.

Outcome indicator: National budget for family planning commodities <i>Baseline: 3.7 million Turkish Lira. Target: 7.5 million Turkish Lira</i>	<u>Exceeded target.</u> 20 million Turkish Lira in 2018
Output 1: Strengthened institutions and civil society organizations to ensure delivery of accessible and rights-based sexual and reproductive health and youth-friendly services to underserved and vulnerable groups	
Number of new legislation and policies on sexual and reproductive health services for vulnerable groups and youth developed and adopted by ministries (during 2016- 2020) <i>Baseline: 0. Target: 4</i>	<u>Likely to be achieved.</u> 1-The legislation on social services including mobile services for the seasonal migrant agricultural workers and their families (SMAW) 2-The legislation on health service provision for the migrants including SRH -The policy and legislation on VCTs on HIV developed within collaboration with the MoH
Number of new standard operating procedures on sexual and reproductive health services for vulnerable groups developed and adopted by ministries (during 2016-2020) <i>Baseline: 0. Target: 3</i>	<u>Target achieved.</u> The SoP on the services for the seasonal migrant agricultural workers and their families (SMAW) in the primary health care system developed and started to be implemented 2-The SoP on WGSS and Woman SRH Counselling Centers finalized and introduced to the MoH 3-The SoP on VCTs on HIV developed within collaboration with MoH
Number of new institutionalized pre- and in-service training programmes covering services for vulnerable groups <i>Baseline: 0. Target: 3</i>	<u>Exceeded targets.</u> - National training guidelines in the context SMAW for the MD, Nurses/Midwives, and religious staff finalized and integrated into in-service training programmes) - The training curricula for peer education programme updated - The training curricula for SWs training finalized) - The MISP training curricula for the pre-service training including medicine faculties developed and implemented. - The in-service training curriculum for the counsellor teachers finalized and started to be implemented province directorates of the MoNE
Logistics management information system for family planning commodities in Ministry of Health re-established <i>Baseline: No. Target: Yes</i>	<u>Likely to be achieved.</u> The technical studies regarding re establishment of FP commodities is on-going.
Output 2: Strengthened national capacity to provide sexual and reproductive health and sexual and gender-based violence response services in humanitarian settings	
Number of new guidelines, protocols and standards on sexual and gender-based violence response in emergencies developed (during 2016-2020) <i>Baseline: 0. Target: 3</i>	<u>Achieved.</u> WGSS SoP KRG SoP GBV case management training guideline
National mechanism to implement Minimal Initial Service Package at the onset of a crisis in place <i>Baseline: No. Target: Yes</i>	Yes
Number of service delivery points (supported by UNFPA) providing sexual and reproductive health and sexual and gender-based violence services in humanitarian settings <i>Baseline: 5. Target: 20</i>	<u>Target achieved.</u> 39

4.2.1. Legal and policy framework for delivering quality integrated SRHR services/information for women and A&Y, with a focus on the SRH rights and needs of underserved and vulnerable groups, and including in humanitarian settings

Finding 9⁷⁵: The interventions supported by UNFPA has contributed to a stronger legal and policy framework for delivering quality integrated SRHR services/information for women

⁷⁵ IND2.1. 1 National legislation and policies on SRH services developed, adopted and in use, with UNFPA support

and A&Y, with a focus on the SRH rights and needs of underserved and vulnerable groups, and including in humanitarian settings.

The following national legislation and policies on SRH services were developed with the support of UNFPA, adopted and in use in the period between 2016–2019:

- The legislation on and social services including mobile services for the SMAW and their families;⁷⁶
- The legislation on health service provision for the migrants including SRH;⁷⁷
- The Policy and Manual on Health Service Provision for Sex Workers;⁷⁸
- The MoH Policy and Legislation on VCTs on HIV⁷⁹.

UNFPA has contributed to a stronger legal and policy framework by promoting legislation regarding SRH rights; piloting of sexuality education/information at provincial level; preventing and responding to sexual violence by addressing gender inequality and cultural norms from a rights-based perspective.

Additionally as part of policy efforts, the CO conducted several round-table meetings at regional and local level with the participation of representatives from the ministries, public institutions, academicians and NGO representatives and as a result local action plans were developed to strengthen access to SRH services and rights. In addition, UNFPA CO supported the SRHR trainings conducted for the Bar Associations. Following the training and policy advocacy activities, the relevant Bar Associations established technical working commissions regarding vulnerable and key population.

Furthermore the CO and the Red Umbrella, Human Rights and Sexual Health Association disseminated “*Global Guidelines on Health and Sex Work*” The CO and the Red Umbrella also distributed the handbook on sex work to well inform and equip the MoH officials to better respond the needs in Turkey within the framework of policy development and provision of services. The Evaluation team was informed by CO and confirmed by interviews that the new regulations and legislations will decrease the barriers to access SRH services for SMAW and people at risk of HIV as well as young people and refugees. Furthermore, as expressed by interviewees, through the new laws and regulations, especially the Syrian migrants will have increased access to the services. In addition, IPs who work closely with underserved groups also stated that the most vulnerable population can easily reach the SRH services especially VCTs which is utmost important for them.

Furthermore, based on documentary analysis, the Evaluation Team noted that as the refugee situation becomes more protracted, support to national and local systems, with a strong focus on supporting women, children and youth, remains critical to strengthen resilience, and to address the increase and change in demand for services⁸⁰.

All interviewees expressing an opinion confirmed that legal and policy framework for delivering quality integrated SRH services/information for women and A&Y have strongly contributed by efforts provided by UNFPA.

⁷⁶ <http://www.resmigazete.gov.tr/eskiler/2017/04/20170419-8.pdf> The legislation on and social services including mobile services for the seasonal migrant agricultural workers and their families, 2017/6

⁷⁷ MoH, The legislation on health service provision, 2018

⁷⁸ UNFPA, Red Umbrella, MoH, The Policy and Manual on Health Service Provision for Sex Workers, 2017

⁷⁹ MoH, The MoH Policy and Legislation on Volunteer Counselling and Test Centers (VCTs) on HIV 2018, <https://e-belge.saglik.gov.tr/b79542da-2c63-4dbc-a542-9c2ce844aa78>

⁸⁰ 3RP (Regional Refugee Resilience Plan), 2017-2018 Turkey

4.2.2 Delivery of accessible and rights-based quality integrated SRH and youth-friendly services/information to underserved and vulnerable groups, including in humanitarian settings

Finding 10⁸¹,⁸²: UNFPA with its partners has successfully increased to access rights-based quality SRH services/information to young people, but significant gaps remain. Addressing crucial technical capacity gaps, the CP has supported comprehensive sexuality education to improve the status of SRHR of adolescent and young people, but progress towards integration of CSE in the national curriculum has been hindered by conservative tendencies.

UNFPA Turkey is working in developing the skills and leadership of young people, their organizations, and organizations that support them, in order to ensure that diverse adolescents and youth have effective voices not only in UNFPA programming, but also in advocacy for national policies and programs. Although UNFPA Turkey has been working on many issues surrounding youth Sexual Reproductive Health and Rights (SRHR) such as improving knowledge of young people on SRHR through innovative peer education programmes, advocating for youth friendly health services and access to SRH education in schools, yet there are many things to be accomplished. UNFPA extends the youth peer education network and awareness raising efforts to create effective models for reaching more young people among others, and especially adolescent youth and girls.

For young people, UNFPA CO in the scope of CP is working on development, implementation and scaling-up of gender-sensitive, rights-based legislation and policies on SRH for vulnerable groups and youth; institutionalizing pre-and in-service training on sexual and reproductive health services, including family planning and HIV and youth peer-education programming, customized for vulnerable groups; designing outreach activities for vulnerable groups and youth-friendly service models for safer sexual and reproductive behaviour; combating child marriage and adolescent pregnancy through prevention programmes.

UNFPA extends the youth peer education network and awareness raising efforts to create effective models for reaching more young people among others, and especially adolescent youth and girls, (i) use of a variety of tools such as theatre based trainings and decentralization of peer training programmes.; (ii) strengthening outreach activities collaboration with more NGOs with previous experience in working with those groups.

The education-entertainment (E-E)⁸³, or 'edutainment', can bring issues around SRH, sexuality and HIV alive for a young audience, and how this can contribute to them making informed decisions in this critical area, helping them better protect themselves against the virus and reducing their vulnerability. Empowering young people to protect themselves from HIV is one of the ten priority areas.

UNFPA Turkey CO is working with Turkish Family Health and Planning Foundation to provide workshops, advocacy activities, trainings and ToTs with the focus on adolescent health, adolescent consultation and sexual health education for school counsellor teachers in order to raise awareness on safe behaviours/gender/rights/SDG and to increase information level on reproductive health, sexually transmitted infections; particularly HIV.

Youth SRH training model as part of national SRH peer education programme was updated by UNFPA and YAHA in 2016. Besides Youth Peer educators' handbook finalised. Within the youth empowerment programme 925 young people acquired skills and knowledge on SRH issues in 2017

⁸¹ IND2.2.1 Introduction of tools and instruments for delivering quality integrated SRHR services

⁸² IND2.2.2 Improved institutional capacities for delivering quality integrated SRHR services/information

⁸³ Entertainment-education (E-E), also referred to as "edutainment", is a communication approach that has been used in various ways around the world to engage people by inspiring dialogue, raising awareness, shaping attitudes, and generating change. This issue of the Drum Beat focuses on how this method has been drawn upon to address health issues that impact the lives of young people, in particular, such as HIV/AIDS and reproductive health. It highlights just a few communication tools that have been used to make this strategy work in engaging and addressing this population, to foster better health in a variety of settings around the world.

through peer education and box game activities. In addition to that 275 Turkish and 2073 Syrian young people were trained on youth SRH through peer education activities. Four youth friendly health services training were conducted for service providers in Izmir, Gaziantep and Ankara. In total 94 service providers participated in the training activities. In 2018, the following awareness raising activities were delivered: 1720 young people acquired skills and knowledge on SRH issues through peer education and box game activities; as part of the World Aids Day (WAD) activities in partnership with 10 NGOs covering 22 provinces 900 young people were reached; within the theatre based training activities on HIV and SRH rights a ToT programme and 6 dissemination sessions were conducted ⁸⁴.

Interviewed participants were grateful for having been given the opportunity for using new approaches like theatre based knowledge change, and there are indications that the new method has been effective in the universities. The method was perceived to be a cost-efficient methodology in terms of financial terms and time saving since it facilitates reaching a large number of young people in a short period of time. Despite such UNFPA and its partner's effort, the evaluation team noted that regarding youth-friendly health service policies often do not reflect the needs of young people in the universal standards. Additionally, as expressed by interviewees, there are significant gaps in accessing health services among young people, key young population and other most vulnerable groups.

There are some barriers regarding collecting data about CSE regarding young population. Researches on CSE are not allowed or almost impossible to do in schools. One of the reasons behind this barrier is that the belief about sexuality education may lead early sexual practices. Actually this belief is not an issue only in Turkey; many countries are struggling with this belief as well.

UNFPA CO prioritized to empower school counsellor teachers on adolescent health counselling for the students in schools in Turkey in cooperation with the MoNE and to build capacity and raise awareness on sexual and reproductive rights of children and adolescents for public school teachers, and to raise awareness of children's needs and expectations during their stages of adolescent development.

UNFPA CO continued to support the project, which basically targets to prepare a supporting training program for secondary school and high school counsellors. These programs basically focus to fulfil the group of the counsellor teachers.

UNFPA Turkey CO is working with the Turkish Family Health and Planning Foundation to provide workshops, advocacy activities, trainings and ToTs with the focus on adolescent health, adolescent consultation and sexual health education for school counsellor teachers in order to raise awareness on safe behaviours/gender/rights/SDG and to increase information level on reproductive health, sexually transmitted infections; particularly HIV.

The training model for provincial counselling research centers regarding adolescent health was developed and piloted in Antalya within the collaboration of the Provincial Directorate of the MoNE. In total 175 teachers were trained with in collaboration with the Turkish Family Health and Planning Foundation in 3 provinces on CSE and adolescent health in partnership with the CO. 3 schools in Izmir conducted training workshops for the inclusion of GE and SRH in their extracurricular activities special for the students, parents and teachers. One extra workshop was held for psychological counselling and guidance teachers of 5 schools in Izmir. Another workshop was held in Istanbul with the participation of 57 vocational school teachers from 9 provinces to discuss about the GE and SRH inclusion the extracurricular activities.

The "International Technical Guidance on Sexuality Education" developed by UNFPA, WHO and UNESCO globally, was translated into Turkish to be used as an advocacy tool for integration of the adolescent health to official training curricula. As part of policy efforts, the UNFPA conducted 2

⁸⁴ The Strategic Information System Report (SIS) 2018

one-day round-table meetings with the participation of ministries, governmental institutions, academicians, NGO representatives, and key populations.

Provincial Advisory Guidance and Research Center training model was developed and piloted in Antalya. In-service training curriculum for the counsellor teachers finalized and started to be implemented provincial directorates of the MoNE. Guidance counsellors at school are trained with a three-day practical workshop. Through these workshops teachers and counsellors are informed about students' sexual development process and environments, where sexuality can be discussed and fostered. A symposium and a multi sectoral workshop on CSE and adolescent health were conducted in Ankara, Izmir and Istanbul. Turkish adaptation of UNESCO Global Review Report on CSE was completed by UNFPA's technical assistance. The "*Global Review Report on Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education*" was disseminated as an advocacy tool for integration of the adolescent health to official training curricula.

Interviewers have observed that, in particular, implementation/efficiency of the guidelines/training programmes was limited. For example, comprehensive workshops were held on HIV and adolescent health, they have participated and assisted in the reporting however, nothing was changed in the adolescent life. Another example: they determined that sexuality education must be provided in the school's curricula however the MoNE still did not integrate sexuality education into its curricula. While some interviewees pointed out that UNFPA should give more importance to CSE, UNFPA has initiated important steps to integrate CSE into the curriculum. According to the literature, and confirmed by interviewees, advocacy of sexual health education integration in education has been conducted as UNFPA priorities have grown closer to the GoT political implications. Public enterprises are also affected by the nation's conservative disposition.

With the effective network and advocacy strategies of UNFPA, 243 members, especially from the MoNE officers, attended the last workshop held in December 2018. Opening speech made at the event by the Private Education and Research General Director resulted for active contribution and participation of representatives of the MoNE. As a consequence, the MoNE contributions were taken into account and implemented, the working group was further strengthened by the active participation of the MoNE.

Finding 11⁸⁵: UNFPA interventions successfully serve the capacity building to the prevention of HIV / AIDS for at risk groups.

Interviewees confirmed that UNFPA's technical and financial support for legal assistance to lawyers increased vulnerable groups' access to services. 250 lawyers were trained on the rights of vulnerable groups and problems faced in access to services. The CO also conducted the Training of Trainers (ToT) workshop with the Red Umbrella to train 40 peer educators. The trained peer educators conducted dissemination training activities in their working environment and in total 250 sex workers were reached and trained on SRH in selected 10 provinces.

Three multi-stakeholder consultation meetings held on the health policies for key populations in Ankara, Izmir and Istanbul. 70 Public officials, representatives of the NGOs, bar-associations, municipalities and the academics participated in these meetings to discuss the relevant manual of the MoH and SWIT, TRANSIT, MSMIT and global guidelines regarding HIV.

Red Umbrella reached 50 provincial health directorates through delivering SWIT in Turkish. 3 ToT conducted on HIV/STIs in 6 provinces⁸⁶. The aim of the training was to increase their capacity on related issues for their future activities. 350 Advocacy information materials developed, published and delivered for the Syrian sex workers through the meetings, workshops and visits. These materials were also provided to the target groups⁸⁷.

⁸⁵ IND2.2.2 Improved institutional capacities for delivering quality integrated SRHR services/information

⁸⁶ Key Informant interviews, Ankara

⁸⁷ UNFPA Monitoring Report, 2018

In addition, through organisation of the workshops, the relevant stakeholders jointly developed local action plans for the 3 provinces to be implemented by the end of 2019.

UNFPA used peer education method to access these groups, which has contributed in knowledge and experience sharing which are evident in increased knowledge, changed attitudes and implemented practices. A total of 114 lawyers were also trained with the support of the UNFPA on Legislation and Practices Training, which was delivered by the Red Umbrella⁸⁸.

Besides, refugee Sex Work Situation Report and implementation tools finalised and disseminated by the CO. As part of its efforts to strengthen prevention of sexually transmitted infections in Turkey, UNFPA, together with Red Umbrella developed and published IEC materials for key populations. Under the UNFPA-supported refugee program, a hotline for HIV-positive persons was established and psychosocial support was provided to those seeking help. The hotline is working 24 hours for 7 days with the support of Positive Life Association.

The SRH component of the 6th CP produced extensive analyses and integrated assessment of vulnerable groups and well-presented conditions regarding reproductive health, covered by the following reports:

- Health Service Management and Provision for Sex Workers Manual for the MoH (2017);
- Sexual and Reproductive Health of Sex workers in Turkey; Needs and Recommendations (2018);
- Provision and Improvement of Administrative Services for Sex Workers Manual for the MoI (2018);
- Guidelines on sex work and, STIs and HIV and Men Having Sex with Men Implementation Tool (MSMIT) -global guidelines on health and sex work to Turkey (adapted in Turkish, 2018)
- Implementing Comprehensive HIV/STI Programmes With Sex Workers – Practical Approaches From Collaborative Interventions (WHO 2013 publication, translated in 2018);
- Implementation of comprehensive HIV and STI programs with transgender individuals: implementation guide for cooperative interventions (UNDP 2018, Translated in 2018).

Finding 12⁸⁹⁹⁰: With UNFPA contribution, selected municipalities have started to provide community based anonymous Voluntary Counselling and Testing services for the key population, but significant gaps remain, particularly in rural areas. Feedback on collaboration to reach young people was positive.

UNFPA has effectively incorporated diagnose of HIV/AIDS into its agendas in the municipalities and UNFPA has contributed to the centers by condom supplies. Within collaboration with the MoH, NGOs, 6 municipalities in Ankara, Istanbul, Izmir, Bursa, Mersin, it has been started to provide anonymous VCTs services in the sub-provinces of these municipalities. Through VCTs, UNFPA has contributed to demand for counselling and testing for HIV/AIDS among key population, particularly in urban areas. As mentioned in 2.1.3 HIV cases are rapidly increasing, the UNFPA has considered HIV/AIDS as an emerging health problem in Turkey, and VCTs are highly promoted in the 6th UNFPA CP. While the HIV/AIDS interventions have increasingly addressed more of the key population in the urban areas, based on key informant interviews further efforts are required to reach the groups in the rural areas, including all the other municipalities in the next programme. As part of advocacy and policy efforts, the UNFPA CO together with the MoH and WHO jointly organized a national symposium and workshop on HIV and VCTs in the context of World AIDS Day in 2018. In 2017, 500 young people were reached through activities organized jointly with YAHA. The evaluation team received positive feedback from involved civil servants and young people on the effectiveness and importance of their collaboration with UNFPA on the awareness

⁸⁸ Strategic Information System (SIS) 2018

⁸⁹ IND2.2.1 Introduction of tools and instruments for delivering quality integrated SRHR services

⁹⁰ IND2.2.2 Improved institutional capacities for delivering quality integrated SRHR services/information

raising of HIV. However, as expressed by interviewees, there are significant gaps in close collaboration with the MoH to address the HIV epidemics among key populations in Turkey. Correspondingly the MoH decided to increase the numbers of the anonymous VCTs through the provincial health directorates. With this design, the MoH sent an official letter to the Directorates to encourage and to support the municipalities for the establishment of new VCTs.

Finding 13⁹¹⁹²: UNFPA has made visible efforts to promote SRH capacity development of its partners and effective in the results of its interventions through producing tools and instruments, resources, trainings and services in humanitarian settings.

Serious disparities exist between geographical regions in Turkey as well as the provinces within the same region in the areas of gender, reproductive health, maternal health and child health. UNFPA CO aims to meet the needs of SMAW as prioritizing the mobility, poverty and exclusion of this group with a special focus on women and girls. The main objectives are to strengthen individual capacity of SMAWs; to develop implementation models so as to improve the group's health and social level. It is considered that this can help in ensuring more effective and continuous utilization of social services offered in the field of reproductive health and violence against women, for members of this group.

The following regulatory tools and instruments for delivering quality integrated SRHR services were developed within the programme cycle:

- The SoP on the services for the SMAW and their families in the primary health care system developed and started to be implemented;
- National training guidelines in the context SMAW for health service providers, mukhtars, religious staff, media, employment and social security specialists developed;
- National training guidelines in the context SMAW for the governors finalized and integrated into in-service training programmes
- The SoP on WGSS and Woman SRH Counselling Centers⁹³ finalized and introduced to the MoH.
- The MISP training curricula for the pre-service training including medicine faculties was developed and implemented.

Refugee women experience a higher risk of unintended pregnancies, pregnancy complications, STIs, as well as sexual and domestic violence in Turkey. Thus, managers in the MoH and the UNFPA have given high priority to the SRHR of refugee women and girls. There were many barriers (availability and accessibility of the services, language, financial and legal barriers) in access to the SRH services for migrants and refugee that are complex and multifaceted in the beginning of high Syrians influx. Language, cultural norms and socio-economic status create also serious barriers for Syrians in seeking health care, especially for preventative services, access to medications, medical devices, and specialized services (e.g. SRH services, and counselling). However, UNFPA has taken important steps to remove barriers to access to high-quality services that Syrians needs. One of the main findings of the evaluation was that the trust, reputation, and outcome of the UNFPA programme, has led the health service providers to request support especially in the area of dealing with the young people' SRH and rights services, HIV and family planning (FP). The distribution of hygiene or dignity kits well responds to the need for reinforcing SRH services including family planning in the health facilities that were identified for their high attendance of the Syrians in health facilities. The UNFPA has also focused on the Primary Health Care Centers (PHC), which contributed to reach the most vulnerable groups, as these centers do not differentiate between insured and uninsured patients regarding nominal fees.

Based on documentary analysis and interviews, the MoH promoted equitable access by the Syrians to quality health and disease prevention services. With the UNFPA support, the MoH improved

⁹¹ IND2.2.4 Introduction of tools and instruments for delivering quality integrated SRHR services in humanitarian settings

⁹² IND2.2.5 Existence of functional national mechanism to implement Minimal Initial Service Package at the onset of a crisis

⁹³ The SoP on WGSS and Woman SRH Counselling Centers, UNFPA 2018

access to interpreters and ensure that culturally appropriate services are provided in a way that supports Syrians' participation in their own health care decisions and wellbeing. The MoH has developed procedures to qualify the Syrian doctors and nurses to work in the new Migrant Health Clinic (MHC) system; providing family medicine services focused on migrant health. UNFPA supports these health service providers with the reproductive health counselling trainings.

UNFPA, through the MoU (2016-2020) with MoH, is conducting MISP, Emergency Obstetric Care (EMOC), CMR, FP trainings to Turkish and Syrian service providers in multiple provinces. The provision of MISP training and reproductive health dignity, and hygiene kits contributed to increasing the quality of the services provided by government service providers – by for SRH and for GBV.

UNFPA established cooperation with the MoH for capacity building for service providers on the MISP, and with the MoFLSS for capacity building of camp managers on GBV issues. According to Evaluation of the UNFPA response to the Syria Crisis, Turkey Country Note, the MISP and GBV training in the early days of the camp-based response were slow to be accepted and embedded within the government structures⁹⁴. However confirmed by interviewees in 2018 the MISP has been one of the most effective ways to address the needs of the refugee women.

UNFPA has contributed to the expansion of SRH services to encompass adolescents and population groups with specific needs, and SRH integrated into public health strategies and programmes for humanitarian settings. UNFPA has also contributed effectively to the increased availability of maternal and sexual and reproductive health care for the refugees. The UNFPA has built a strong collaboration with the MoH such as in-service and MISP training that has influenced the quality of care for the Syrians. In-service trainings were conducted on RH for Syrian medical personnel in collaboration with the MoH. Accordingly, the MoH certified around 1100 Syrian medical workers on reproductive health counselling. A technical committee has been established to prepare curriculum for integrating MISP for SRH services in emergencies into universities' pre-service curricula (medical and health sciences faculties). The pre-service curriculum has been practiced in 17 universities. In addition, National SRH Working Group, chaired by the MoH and supported by the UNFPA, has continued its work to institutionalize in-service MISP trainings and develop a three-year action plan⁹⁵. Most of the Syrian service providers were asked to provide Intrauterine Device (IUD) training. Since the Syrian service providers are not currently capable to receive the training, the MoH decided to plan IUD training for the future.

The UNFPA started with supporting five WGSS in 2015 (previous to this work support had been provided to the GoT – within camps) and this number rose to 41 centres by the end of 2017 – 38 WGSS and 3 youth centres.⁹⁶ In 2019, UNFPA has been supporting SRH services in 35 WGSS, 4 Youth Centers (YC), 7 KRG and through a hotline for key populations.

Based on field visits, the current evaluation found a consistent identification of the priorities and needs of vulnerable groups and the role of the health service providers and provided a clear link to the design and content of the SRH and the humanitarian programme. Particularly implementation of the MISP trainings, it has been evidently proofed that the content of the intervention was also valid. In addition, these key informants identified where the MISP should expand, especially in gynaecologists and midwives, the practical ways of assisting the MoH with the Syrian's needs. Continuous assessment of the effectiveness of capacity building during MISP training was conducted by UNFPA.

⁹⁴ Evaluation of the UNFPA response to the Syria Crisis, Turkey Country Note, 2018

⁹⁵ The Strategic Information System Report (SIS) 2018

⁹⁶ Evaluation of the UNFPA response to the Syria Crisis, Turkey Country Note, 2018

4.2.3. Uptake of UNFPA-supported SRHR services/information by women and A&Y, particularly from underserved and vulnerable groups and in humanitarian settings

Finding 14⁹⁷: UNFPA has supported to increase the utilization of SRHR services/information for women and A&Y in humanitarian settings.

As of December 2017, the 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). Dignity kits, hygiene kits, and maternity kits have continued to be provided through WGSS as a tangible attraction to encourage the 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. Dignity and hygiene kits are assembled locally through a contract with a private supplier.⁹⁸

As reportedly mentioned, the UNFPA provided support for the provision of the SRH and the SGBV services to refugee through 41 WGSS and 4 YCs in 2017. The services included antenatal care, postnatal care, family planning counselling and commodities, SRH and SGBV awareness raising, psychosocial support, GBV case management, counselling, women empowerment activities and referrals. In addition, the UNFPA responded the urgent needs of refugee community in Turkey through distributing hygiene, dignity and maternity kits. Service providers in WGSS and in the MoH have gained knowledge and skills to be able to provide quality SRH and SGBV services to refugees through in-service and pre-service trainings on MISP, emergency obstetric care, gender, GBV, empowerment, psychosocial support, pre-natal, post-natal and new-born care and family planning. WGSS SoP was also developed and rolled out to personnel of 35 WGSS.

Women of reproductive age constitute more than 25 % of the Syrian population (4 % are pregnant childbearing) and face economic, social and cultural deterrents (e.g. lack of female medical providers) to seeking care in official clinics. The health knowledge and social needs of adolescents and youth also requires increased attention. UNFPA supported the rolling out of the MISP for Sexual and Reproductive Health in Crises for refugees. Interviewees and focus group discussions from the MoH have confirmed that both the service providers and the users found the most effective training, which was supported by UNFPA. They also confirmed MISP training value in addressing the challenges. A high number of pregnancies among Syrians, most of them are below 18, were reported by the service providers working in Humanitarian settings. The main problem is that Syrians have had a limited demand for FP⁹⁹.

1159 Syrian service providers received reproductive health training; 111 academician received MISP training and 317-service providers received in-service training from the MoFLSS.

Finding 15:¹⁰⁰ UNFPA has supported to increase the utilization of SRHR services/information for A&Y.

The 6th CP is also effective in increasing coverage of reproductive health services and information attaining to many young Turkish and Syrian groups including Syrians and in 2017, 275 Turkish and 2073 Syrian young people and in 2018, 1720 young people were trained on youth SRH through peer education activities all over Turkey and especially in the under-served regions of the country¹⁰¹.

The youth-targeted interventions form one of the core focus areas of the RHR programmatic area of the CP in which the UNFPA in collaboration with YAHA and under the 6th programme cycle

⁹⁷ IND2.3.1 Evidence of SRHR services/information being used by intended beneficiaries, and particularly women and A&Y from underserved and vulnerable groups and key populations, including in humanitarian settings

⁹⁸ UNFPA Regional Situation Report for the Syria Crisis, August 2018

⁹⁹ FGDs with service providers, field visit

¹⁰⁰ IND2.3.1 Evidence of SRHR services/information being used by intended beneficiaries, and particularly women and A&Y from underserved and vulnerable groups and key populations, including in humanitarian settings

¹⁰¹ SIS 2017-2018

has made considerable efforts to the youth through various means, targeting adolescents through schools, use of the Y-PEER network, and through collaboration with the MoH Child and Adolescent Health Development for accessible reproductive health services. In the past, the MoH had been actively promoting RHR services for young people as establishing 42 “Youth Friendly Counselling and Health Services”, however during the health transition programme almost all the youth service centers were closed due to lack of qualified staff and poor political commitment.

The absence of reproductive health in the national youth policy and inadequate information on sexual and reproductive health and reproductive rights in school-based curricula and conservative pronatalist environment are long-standing problems. One of the most effective ways to reach young people is to use peer education models with the NGOs that have been used by UNFPA for years. The Peer Education Model was well addressed to effectively respond to the needs of the Syrian young people in this programme cycle. UNFPA also paid attention to increasing access to SRH services for refugee young people.

The UNFPA, through the project “Support for Young Refugees Project” closely cooperated with the Community Volunteers Foundation (TOG) to support and empower young refugees from Syria between the ages 15-30 during their integration process. Located in Ankara, Diyarbakır, Hatay and Izmir by creating social impact in civil spaces based in youth and humanitarian work. The goal of the project was to strengthen the bond the Syrians (ages 15-30), to enable them access to healthcare, and inform on their resource availabilities regarding SRH and gender based violence. In this project in collaboration with the MoH, advocacy materials were produced to increase the availability of information and enhance awareness of youth about reproductive and sexual health. These materials were also translated into Arabic language. YAHA is another actor in this project and delivered SRH 6-day training to the volunteer youth regarding SRH and gender-based violence for Syrians. The UNFPA, in collaboration with YAHA provided access to comprehensive youth-friendly service packages, decreasing high-risk behaviours, preventing and protecting from gender-based violence, STIs including HIV/AIDS. Topics discussed during peer education interventions were initially defined by the YAHA approach, supported by UNFPA and mainly focused on HIV/AIDS related messages. These training sessions are based on the needs of the Syrian youth and are aided by a translator¹⁰². One of the members of the focus group discussion expressed her satisfaction about being able to get proper information on sexual health that was unavailable elsewhere. One of the concerns is the UNFPA’s current target groups is the visible youth which is defined as those in school, however, they have faced with difficulties to attain young people who are not in school/ are working. It was also suggested that the UNFPA should focus efforts on youth groups of out of school. Furthermore, they should use more innovative methods like previously tried, and considered as an effective methodology (theatre based sketches) to reach and to provide technical information on SRH and STD’s. They were able to reach 198 students in one training and 4 theatre performance.

In 2016, 1275 young people acquired skills and knowledge on SRH issues through peer education activities, in 2017, 925 young people were provided skills and knowledge on SRH issues through peer education and box game activities. In addition, 275 Turkish and 2073 Syrian young people were trained on youth SRH through peer education activities. 6606 of young refugees received SRH services through 4 centers (in Ankara, Hatay, Izmir and Diyarbakır) they were able to organize awareness raising sessions and outreach activities regularly, which resulted in increase of beneficiaries in the first quarter of 2018. On the other hand, 1132 of Syrians received SRH services in the same service points in the second quarter of 2018 The awareness raising sessions on SRH were on track, and the health mediators effectively worked to attract young Syrian population to the center in order to receive SRH services¹⁰³.

¹⁰² FGD with peer educators, Istanbul

¹⁰³ UNFPA Monitoring Report 2018

Finding 16¹⁰⁴: UNFPA has fully supported the GoT's political commitment improving maternal health in order to promote to increase the birth rate in health care facilities in humanitarian settings and the access of refugee women to and their utilization of maternal health and family planning services.

According to the interviewer from the field, 99.9% of pregnant women deliver in a health care setting (mostly in hospital). The main contraceptive used is the “withdrawal” method, and the rate in which modern contraceptives are used is the same as Turkey (51%)¹⁰⁵. Fertility rates are very high. Infant mortality rates were 9.9¹⁰⁶ in 2016, 9.2 in 2017. The rates of the Syrian infants mortality in these statistics are particularly high. Pregnancies occur in unpleasant situations, nutritional and hygienic conditions are desperate. Infants are not breastfed. The prematurity rate is over than %10¹⁰⁷.

Via establishing several women and girls safe spaces providing SRH services to reproductive age refugee women, about 500.000 women annually, UNFPA has contributed to maternal health of Syrian women.

4.3. Effectiveness- Gender Equality and Women’s Empowerment

EQ3: To what extent has UNFPA strengthened institutional capacity of public and civil society organisations to promote GE, prevent GBV and harmful practices, including in the private sector, and strengthened national capacity to provide GBV prevention and response services in humanitarian settings? To what extent have gender equality, women’s and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth increased? What was UNFPA’s contribution? What were constraining and facilitating factors?

Summary of Findings:

As a result of UNFPA's continuous support to women's NGO and the Ministry of Family, Labour and Social Services, the Government of Turkey is more able to adhere to Istanbul Convention with the development of the National Action Plan on Combating Violence Against Women.

UNFPA has designed the interventions of the Gender Equality and Women’s Empowerment programmatic area, which is based on a participatory approach, incorporating the views, needs and rights of adolescents/young people and most vulnerable women to access integrated quality GEWE and GBV services through new tools and instruments in line with the Istanbul Convention in the business sector¹⁰⁸

Strengthening the capacities of the private sector on GE and GBV which was launched in the previous Country program has climbed with a great acceleration within this programme cycle. UNFPA has been in close contact and cooperation with the MoI Law Enforcement to promote GE and combat GBV. UNFPA has increased the capacity of the police and gendarmerie in the field of gender equality and the prevention of GBV by various interventions. Also, close cooperation with the Ministry of National Education enabled adolescents to increase awareness on Gender Equality in a number of private foundation schools.

UNFPA has improved the access to quality integrated GBV services/information and provided expanding prevention services within WGSS through new tools and instruments including in humanitarian settings. With its support, 41 WGSS, 27 SSCs, 4 youth centres, 7 Key refugee group centres have been established and are delivered quality integrated GBV services throughout the

¹⁰⁴ IND2.3.3 Increase of proportion of births in healthcare institutions

¹⁰⁵ <https://www.unfpa.org/data/world-population/TR>

¹⁰⁶ <https://www.tuseb.gov.tr/enstitu/tacese/infant-mortality>

¹⁰⁷ Key Informant interviews, Adana

¹⁰⁸ IND3.2.1 Introduction of tools and instruments for delivering quality integrated GBV services/information, including in the private sector, and including in humanitarian settings

country.

UNFPA's persistent advocacy and training interventions contributed to the use of GBV services for particularly adolescents and youth and the most vulnerable and marginalised women.

In Turkey, still, 13 % of women aged 15-49 years old think that a husband/partner is justified in hitting/beatng his wife/partner under certain circumstances. The Evaluation team was unable to determine the decrease in the rate. However, through UNFPA support, the Government of Turkey is better able to adhere to its reporting commitments under international human rights treaties (particularly CEDAW and Istanbul Convention).

UNFPA has been instrumental in the design of a UN joint programme on the prevention of child early forced marriages.

Table 11: Overview progress towards GEWE targets (assessment of achievement)

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	
Outcome indicator 1: GE and GBV national action plans that integrate RR with specific targets and national public budget allocations <i>Baseline: No. Target: Yes</i>	<u>Not achieved yet</u>
Outcome indicator 2: Proportion of actions taken on CEDAW recommendations on women's rights from the previous reporting cycle <i>Baseline: 0. Target: 50%</i>	<u>Not available</u>
Outcome indicator 3: Percentage of women aged 15-49 years who think that a husband/partner is justified in hitting/beatng his wife/partner under certain circumstances <i>Baseline: 13%. Target: 10%</i>	<u>Not available:</u> DHS 2018 will be announced in 2019 September.
Output 1: Strengthened institutional capacity of public and civil society organizations to promote gender equality, prevent gender-based violence and harmful practices, including in the private sector	
Number of new national legislation and policies in line with Istanbul Convention developed and adopted by ministries <i>Baseline: 0. Target: 3</i>	<u>Target likely to be achieved.</u> National Action Plan on GBV and GE Draft National Action Plan on Child Marriages
Number of new standard operating procedures in line with Istanbul Convention adopted by ministries <i>Baseline: 0. Target: 3</i>	<u>Achieved.</u> (1 WEPs guideline, 1 BADV Guideline, 1 Fatherhood in Private sector guideline)
Number of institutionalized in-service training programmes on sexual and GBV prevention and protection services for women and girls <i>Baseline: 0. Target: 3</i>	<u>Achieved.</u> BADV training, 1 WEPs training Security forces training)
Number of companies signing/reporting on United Nations Global Compact Women Empowerment Principles in Turkey <i>Baseline: 27. Target: 60</i>	<u>Exceeded target.</u> 299
Number of schools that include SRH and GE in extracurricular activities. <i>Baseline: 0. Target 20</i>	<u>Not fully achieved yet.</u> <u>5</u>

4.3.1 Evidence-based policies to advance GE and RR, including GBV and harmful practices, including in humanitarian settings, and with a particular focus on the rights and needs of A&Y and the most vulnerable and marginalised women

Finding 17¹⁰⁹: As a result of UNFPA's continuous support to women's NGO and the MoFLSS, the GoT is more able to adhere to Istanbul Convention with the development of the National Action Plan on Combating Violence Against Women.

The National Action Plan on Combating Violence against Women (2016-2020) was prepared in pursuance of all international conventions, including mainly the Istanbul Convention, the provisions of national legislation and all policy documents, with the contribution and involvement of relevant public institutions, NGOs, and universities' women studies research centres under the

¹⁰⁹ IND3.1.1 Legislation, policies and action plans are developed in line with Istanbul Convention, adopted by ministries and in use

coordination of the MoFLSS as well as with the technical contribution of the UNFPA CO. But no structured follow-up has taken place yet. As a result of this National Action Plan, legal framework aligned with Istanbul Convention and secondary legislations finalized. Accordingly "the Implementing Regulation of the Law Nr.6284 on the Protection of Family and Prevention of Violence against Women" and "the Regulation on Opening and Operation of Women's Shelters" enacted¹¹⁰.

The third National Action Plan, which was prepared with UNFPA's strong contribution, has the targets in the following main fields:

- Legislative Arrangements,
- Raising Awareness and Mental Transformation,
- Strengthening Protective and Preventive Services and Empowerment of the Victims of Violence,
- Regulation and Delivery of Healthcare Services;
- Improving Cooperation and Policy Development.

The preparation of a 'National Strategy Document and Action Plan' for the period 2018-2023 process is still on-going with the close collaboration UNFPA CO.

Furthermore, a Law on Protection of Family and Prevention of Violence against Women (law no 6284) was set up and Violence Prevention and Monitoring Centers were established.

Besides, UNFPA team also has promoted partnership among the government, CSOs and private sector for GEWE. Some of the interviewees verified that UNFPA has accelerated to move the issue to the media's agenda. Turkey has still not adapted its legislation but adopted an action plan for 2016-2020 and started to raise awareness on this topic. Domestic violence, which led to the death of 282 women in 2017,¹¹¹ has not been sufficiently followed-up to cases of domestic violence, with no referral to social services. Violence Prevention and Monitoring Centres (VPMC/SONIM) are in service in 68 provinces as of January 2018. There are 137 shelters for victims of domestic violence but some were closed down in the south-east.¹¹²

UNFPA, in the previous two CP's has had programmes regarding the strengthening the law enforcement and judiciary and at the end of the capacity strengthening initiatives, mainly trainings and several meetings with the MoJ. It was also proposed changes in the legislation. All these meetings that UNFPA has also attended and gave reports have led to the change in the legislation.

Despite the development of new national action plan, however, the evaluation team noted that, further efforts are required to implement the existing law and the national action plan for the protection of family and prevention of violence against women and girls. More specifically, four out of ten women in Turkey have suffered domestic violence from their spouse or partner¹¹³ and 9 per cent of women reported having been subjected to sexual abuse before the age of fifteen¹¹⁴.

Under the above mentioned circumstances, the UNFPA's support has been effective, but limited in the framework of "number of new legislation and policies in line with Istanbul Convention developed and adopted by ministries (during 2016-2020), (*baseline:0; Target: 3*), in 2016, with a particular reference to the followings;

- There are two National Action Plans to Combat Violence against Women in Turkey: (i) The National Action Plan on Combating Violence against Women (2012-2015) and (ii) the National Action Plan on Combating Violence against Women (2016-2020). Two national action plans

¹¹⁰ <http://www.judiciaryofturkey.gov.tr/Sayfalar/Law-on-Protection-of-Family-and-Prevention-of-Violence-Against-Women>

¹¹¹ Highlights on Civil Society in European Union's 2018 Turkey Report <https://www.tusev.org.tr/en/civil-society-law-reform/other/highlights-on-civil-society-in-european-commission-2018-turkey-report>

¹¹² EU Country Progress Report, 2018

¹¹³ TurkStat, Women in Statistics, 2015, <http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=21519> (accessed 26 March 2018).

¹¹⁴ Ministry of Family and Social Policies and Hacettepe University Institute of Population Studies (2014), *Domestic Violence against Women in Turkey: Summary report*, p.17.

on gender equality and combatting gender-based violence exists, but monitoring and evaluation components are still being finalized; they have not yet been presented to the Parliament for adoption.

- The National Action Plan on Combating Violence against Women (2016 – 2020) approved in December 2016, provides an opportunity to increase political commitment on the elimination of Child, Early and Forced Marriage (CEFM)¹¹⁵. The Action Plan is considered important also because of the specific goal on combatting CEFM, and related national and local activities aimed at preventing CEFM, which cover both refugee and host communities. In addition, the GoT is developing a ‘National Strategy Document and Action Plan’ for the period 2018-2023 which has not been endorsed yet and accompanying local action plans in selected provinces.
- The Women Friendly Cities I and II, which were implemented during the previous CP cycle, Local Action Plans (LAPs) have been planned under the third phase, but not implemented yet. In line with the Istanbul Convention, LAPs have been foreseen to be implemented in 8 provinces under the UN Joint Programme “*the Prevention of Child, Early and Forced Marriage in Turkey*” which is quite promising area to have building blocks on the previous interventions within the framework of the Women Friendly Cities.

Finding 18¹¹⁶: UNFPA has designed the interventions of the GEWE programmatic area, which is based on a participatory approach, incorporating the views and needs and rights of adolescents/young people in most vulnerable women to access integrated quality GEWE and GBV services.

The UNFPA has a long history of addressing human and women's rights and much progress has been made in protecting and promoting their rights. During the programme implementation period, there has been a significant increase in violence on human rights in Turkey. Some vulnerable groups including individuals and groups based on their sexual orientation, young women, and single women face additional and challenging forms of violence and discrimination and also strongly require quality GEWE and GBV services.

Political will and government support are indispensable parts of any intervention for GBV and CEFM in Turkey. Within the Sustainable Development Goals (SDGs) framework, the GoT is already committed to invest in adolescent girls. The MoFLSS has started developing a strategy document for the elimination of early and forced marriages with. If, however, lack of political will and de-prioritization of the issue is experienced, the involvement and support of government institutions are likely to be lower than planned. This might have a considerable negative effect on the intended development of local policy and action plans.

According to the documentary analysis, and confirmed by interviewees, GE as well as prevention of GBV issues started to the integration in school curricula in order to address A&Y needs and rights, by UNFPA. UNFPA organised workshop series to facilitate national and local dialogue, which was aimed at improving the gender equality among adolescents.

It is also worth mentioning that the UNFPA’s overall efforts in GEWE with a particular focus on the private sector have been quite valuable. On the other hand, the level of effectiveness is limited and hindered by particularly considering difficulties in conservative society with traditional social norms and the most importantly fact that women and girls are still exposed to violence, being abused, trafficked, their access to education and political participation is limited.

¹¹⁵ There are direct references to combatting CEFM under Goal 2 (*Raising awareness in public of, increasing sentiment with respect to, and ensuring attitudinal change on gender equality and domestic violence against women in order to eradicate attitudes and behaviours that generate and reinforce domestic violence*).

¹¹⁶ IND 3.1.2. Reflection of needs and rights of A&Y in most vulnerable women to access integrated quality GEWE and GBV services in UNFPA-supported legal and policy framework

Moreover, UNFPA interventions also have played a part in to improve responses to GE and GBV in order to integrate reproductive health with specific targets. UNFPA has promoted gender equality and has worked for preventing GBV through its humanitarian programme. As per its mandate, UNFPA has been providing refugees with reproductive health and GBV services through 35 WGSS which act as primary level health care centres with certain clinical and psychosocial services on reproductive health and GBV and also empowerment activities for women and girls. The interventions of UNFPA in GEWE programmatic area have been effective in terms of addressing the needs of the target groups.

4.3.2 Delivery of quality GBV prevention and response services/information by UNFPA-supported institutions, particularly for A&Y and the most vulnerable and marginalised women, including in humanitarian settings.

Finding 19¹¹⁷: UNFPA has successfully increased to access quality integrated GBV services/information through new tools and instruments for A&Y and the most vulnerable women in line with the Istanbul Convention in the business sector¹¹⁸

Regular programme

In 2016-2018, the following tools and instruments were delivered for quality integrated GBV services/information;

Three new standard operating procedures were developed by UNFPA with partners (WEPs guideline, BADV Guideline and Fatherhood in Private sector guideline) in line with Istanbul Convention. The CPD target of 3 SoPs adopted has thus already been achieved. Istanbul Convention is the first obligatory convention stressing that violence against women is violation of human rights. After the ratification of Istanbul Convention, the GoT is obliged to prevent violence, protect women, and prosecute criminal offenders. One of the legal responsibilities of the government is developing integrated policies to prevent violence against women¹¹⁹. Since, with the Istanbul Convention, women gained a strong legal tool to protect themselves. Thanks to the 3 new mechanisms created with the active participation and support of UNFPA, the quality of services offered to victims of gender-based and domestic violence as envisaged in the Istanbul Convention are increased. The ministries have adopted new standard operating procedures in line with Istanbul Convention.

The BADV paved the way for relevant discussions and awareness on gender inequality in the private sector. The project effectively provided additional evidence for prioritizing and planning interventions and the CP evolved, producing an important tool, publication of “Guidebook on Women Empowerment Principles” along with signature of 299 companies in partnership with UN Global Compact.

Development of the guidebook on mainstreaming BADV, a handbook for executives on how to deal with violence victims and a good practices ToT for private sector companies under BADV project, have created an enabling environment for better understanding of the subject. In that process, nearly all participant companies developed company policies and established internal mechanisms for combating domestic violence. 63 companies joined the BADV initiative. 130.000 employees received training on GBV prevention and protection.

Finding 20¹²⁰: Strengthening the capacities of the private sector on GE and GBV which was launched in the 5th CP has climbed with a great acceleration within this programme cycle.

¹¹⁷ IND3.2.1 Introduction of tools and instruments for delivering quality integrated GBV services/information, including in the private sector, and including in humanitarian settings

¹¹⁸ IND3.2.1 Introduction of tools and instruments for delivering quality integrated GBV services/information, including in the private sector, and including in humanitarian settings

¹¹⁹ Istanbul Convention, European Council Agreement on prevention and fight against domestic violence against women passed by the parliament on the date of 25th November 2011.

¹²⁰ IND3.2.2 Evidence of improved capacities for delivering quality GBV services/information, including in the private sector

It is also worth to mention that the UNFPA has also contributed in sustainable capacity development by heightening advocacy and visibility on domestic violence, building the capacity of institutions dealing with prevention of GBV, and broadening the audience who receive information.

In general, the interventions of the GEWE programmatic area are based on a participatory approach, incorporating the views and needs of relevant stakeholders and beneficiaries, and promoting collaboration and cooperation between them. The stakeholders are consulted and interventions are tailored and adapted to their specific needs. For example in the BADV project, many different stakeholders work on the same purpose with the UNFPA technical guidance. The interventions are undertaken in partnership with the private sector mainly focused on gender trainings, which were determined from the results of surveys conducted for needs assessment¹²¹. In spite of much interference, the magnitude of intimate partner violence in Turkey is alarming. Domestic Violence against white-collar women in Turkey survey conducted by Sabanci University Corporate Governance Forum indicates a high prevalence (75 %) of white-collar women with experience of violence (sexual, psychological, economic or physical) at least one in their lifetime and the absence of response mechanisms within the private sector.

In this programming period, the UNFPA has continued its support to the capacity development not only at the central level, but also extended its services to the local levels, as well as its advocacy efforts. The capacity building efforts of the UNFPA targeting to enable the Business Sector to contribute to the GBV prevention policies and referral systems largely comprised the training programmes and respective activities outlined below.

In 2016, the following activities were implemented for improving capacities for delivering quality integrated GBV services/information;

- 3rd master training on promoting GE and combating GBV for the Turkish Armed Forces (TAF) conducted and training materials and programme handed over;
- Evaluation of religious leaders' training on GE and GBV;
- In-service trainings in private sector (i.e. KOC Holding) on media and gender;

In 2017, the following activities were implemented for improving capacities for delivering quality integrated GBV services/information;

- BADV training for 14 large-scale companies conducted, year-end conference organised, and revised guidebook, handbook for executives and good practices brochure disseminated;
- Training materials and materials for ToT were prepared on SGBV within the police force.
- Module for parenthood training prepared and pilot training conducted with 37 private sector companies, following which 7 large-scale companies adopted fatherhood programmes;
- Module for GBV training prepared and pilot training conducted, after which two schools in Izmir started extracurricular GE-RH initiative.

In 2018, the following activities were implemented for improving capacities for delivering quality integrated GBV services/information;

- 6 trainings /12 sessions were delivered for 20 new companies, including two industrial zones and one free zone organised in İzmir and İstanbul on BADV.
- Technical support and mentoring were provided to 20 companies.
- A side event was organised with the participation of the Sabanci University, ACEV, TUSIAD and UNFPA CO&HQ.
- Newly developed WEPs training material tested with the pilot training.
- GBV and GE training were completed with 16 groups 378 participants.
- Two preparation meetings were organised for introducing fatherhood programme.

¹²¹ Key informant interview

To sum up all these above-mentioned activities, it is evidently proved that the UNFPA has significantly strengthened the capacity of GBV through various activities and capacity building interventions, which were implemented through active involvement of properly selected stakeholders;

- Five new institutionalized in-service training programmes on GBV prevention and protection services for women and girls completed (1 TAF training, 5 BADV Training, 1 WEPS training and 16 security forces training).
- 299 companies signed on the United Nations Global Compact WEPS in Turkey, with UNFPA's technical support and advocacy resulting by the CPD target of 60 signatories. Strengthened institutional capacity of private sector to promote gender equality, prevent GBV is considered an effective approach.
- BADV as an effort to mobilise companies to combat intimate partner violence (IPV) in Turkey in a collaborative partnership with the UNFPA and business organizations.
- 7 schools included comprehensive sexuality education and GE in extracurricular activities. Until now UNFPA has not reached their target 20 schools, still supporting teachers to include CSE teacher training in its regular in-service training programme. Under this political and conservative environment, target has not been achieved yet.

Finding 21¹²²: UNFPA has been in close contact and cooperation with the MoI Law Enforcement to promote GE and combat GBV. UNFPA has increased the capacity of the police and gendarmerie in the field of gender equality and the prevention of GBV by various interventions.

The UNFPA contributed to strengthen capacities of the police enforcement as well as gendarmerie to make sustainable outcomes in coordination of VAW and gender issues. A MoU was signed with MoI to conduct GBV trainings for Police and Gendarmerie and to revise the GBV data collection forms. However due to a procedural oversight of the MoI, the training was rescheduled to January 2018.

The capacity building efforts of the UNFPA targeting to enable the police department as well as gendarmerie to contribute to the GBV prevention policies and referral systems largely comprised the training programmes and respective activities outlined below.

- Training materials and materials for ToT were prepared on SGBV within the Police Academy and the Police Force in 2018;
- 3rd master training on promoting GE and combating GBV for the Turkish Armed Forces (TAF) conducted and training materials and programme handed over in 2016.

Interviewed institutions, FGDs with police also confirm that UNFPA has been working hard to close the gender gap by achieving GE and ending GBV. The evaluation team recognized that they were surprised to hear that one of the General Directorates of the Police Department used the term gender equality correctly. The evaluation team was informed by UNFPA CO that recently, the term GE is banned in the government documents by a regulation and women's empowerment is used instead of gender equality in many public institutions. According to UNFPA records attacks and stigmatization by the radical Islamic media to gender terminology, international legislations such as Istanbul Convention, National legislation such as Family Protection and Combating VAW Law, gender projects led by international organizations densified in 2018¹²³.

Finding 22¹²⁴: Close cooperation with the MoNE enabled adolescents to increase awareness on GE in a number of private foundation schools.

¹²² IND3.2.2 Evidence of improved capacities for delivering quality GBV services/information, including in the private sector

¹²³ UNFPA SIS 2018

¹²⁴ IND3.3.1 Evidence that UNFPA-supported tools, instruments, capacity building and awareness-raising have contributed to the use of GBV services, particularly by A&Y and the most vulnerable and marginalised women

74 teachers were trained in 3 provinces on gender equality with close collaboration of UNFPA. Provincial advisory Guidance and Research Center training model was developed and piloted in Antalya. In-service training curriculum for the counsellor teachers finalized and started to be implemented province directorates of the MoNE. Guidance counsellors at school are trained with a three-day practical workshop. Jointly with the SRH portfolio, three schools in İzmir conducted training workshops for the inclusion of gender equality and SRH in their extracurricular activities special for the students, parents and teachers. One extra workshop was held for psychological counselling and guidance teachers of five schools in İzmir. Another workshop was held in İstanbul with the participation of 57 vocational school teachers from 9 provinces to discuss about the gender equality and SRH inclusion the extracurricular activities. Interviewers have observed that most of the teachers appreciated to discuss gender equality as well as the main route causes of GBV with a highly professional person. Evaluation team highlighted that the implementation of the interventions without participating counsellor teachers, makes it difficult to achieve the sustainable effect of those.

In summary, the capacity of teachers has been increased by including comprehensive sexuality training and GE in extra-curricular activities in 7 private schools. Until now UNFPA has not reached their target 20 schools, still supporting teachers to include CSE as well as gender equality teacher training in its regular in-service training programme.

Humanitarian assistance

Finding 23¹²⁵: UNFPA has improved the access to quality integrated GBV services/information and provided expanding prevention services within WGSS through new tools and instruments including in humanitarian settings.

UNFPA established cooperation with the MoFLSS for capacity building of camp managers on Sexual and Gender based Violence (SGBV) issues.

In addition, reportedly mentioned ¹²⁶that

- UNFPA adapted the Clinical Management of Rape Guidelines into Turkish and pilot training on CMR for MoH service providers and managers was conducted CMR training has also been conducted within implementing partners and the CMR protocol adapted for Syria and translated into Arabic.
- GBV case management training guideline has been completed for WGSS in Turkish and in Arabic.
- Humanitarian Community is accountable for GBV mainstreamed across the overall humanitarian response. More specifically, GBV and SRH are considered as life-saving interventions and GBV Guidelines training has increased awareness on the wide acceptance across the humanitarian community of GBV as a life-saving priority.

Besides interventions discussed above, interviewees highlighted the effectiveness of the quality integrated GBV services/information.

Finding 24¹²⁷: With UNFPA's support, 41 WGSS, 27 SSCs, 4 youth centres, 7 Key refugee group centres have been established and are delivered quality integrated GBV services throughout the country.

WGSS have emerged as a key strategy for the SRH, protection and empowerment of women and girls affected by the Syria Crisis. UNFPA Turkey has adapted this model to the Turkey context. Since 2015, 41 WGSS have been established in 17 provinces of Turkey. The centers are managed in partnership with NGOs and universities, in close collaboration with the MoH. Documentary analysis, as well as key informant interviews, demonstrate that the WGSS models filled the gap and

¹²⁵ IND3.2.3 Introduction of tools and instruments for delivering quality integrated GBV services in humanitarian settings

¹²⁶ Evaluation of the UNFPA Response to the Syria Crisis, 2018

¹²⁷ IND3.2.4 # of service delivery points (supported by UNFPA) providing GBV services in humanitarian settings

delivered quality GBV services for refugees, but an integration of WGSS's in the MoH service provision must be completed.

The UNFPA Turkey delivered services through 41 WGSS, 27 SSCs, 4 youth centers, 7 centers targeting key refugee populations, a hotline for key populations and 27 SSCs of the MoFLSS were established by UNFPA.

The SSCs function as protection and information facilities, similar to the MHCs, to provide the Syrians an access to social protection options at the same level and quality as the Turkish citizens can access.

4.3.3 Uptake of UNFPA-supported GBV services/information, particularly by A&Y and the most vulnerable and marginalised women, and in humanitarian settings.

Finding 25¹²⁸: UNFPA's persistent advocacy and training interventions contributed to the use of GBV services for particularly A&Y and the most vulnerable and marginalised women.

The following advocacy and capacity building activities have been undertaken to introduce prevention mechanism and services for GBV;

- Civil society awareness raising on GE and GBV;
- Module for the GBV training prepared and pilot training conducted, after which two schools in Izmir started extracurricular GE-RH initiative;
- 16 Days of Activism against Gender Violence campaigns and interventions targeting males in the fatherhood program;
- UNFPA in Turkey is providing youth friendly health and protection services to most vulnerable young refugees via 4 youth centers. As of May 2019, UNFPA Turkey has provided SRH services to 33,431 beneficiaries, and SGBV services to 25,389 young refugees since the opening of the youth centers in 2016 through four youth centers.

Finding 26¹²⁹: UNFPA's interventions increased the use of GBV services for the most vulnerable and marginalised women in humanitarian settings.

GBV continues to be one of the most egregious manifestations of violence in the scope of the conflict, disproportionately afflicting women and girls. UNFPA Turkey continues to provide GBV services to refugee communities in 20 provinces of Turkey having highest number of refugee population through WGSS and SSCs addressing assistance gaps and organizing far-reaching programs that serve to protect vulnerable part of the community. GBV case management training guideline has been completed for the WGSS in Turkish and in Arabic. In 2017, UNFPA reported 242,330 refugee women accessing GBV services. In addition, 41,537 beneficiaries reached with GBV programming and services, 81 beneficiaries provided with GBV case management. 8,514 beneficiaries reached with GBV awareness-raising messages. 164,821 beneficiaries received GBV prevention and response services provided in 2018. As of March 2019, 72,139 beneficiaries reached with GBV programming and services and 20,748 beneficiaries reached with GBV awareness-raising messages.¹³⁰

Narrowing of the operational space and closing of some of the implementing partners (IPs) were the main challenges of the CO. Change in institutional structure of the MoH and the MoFLSS also affected the processes. Tensions between the host community and refugees or among refugee groups from different nationalities cause difficulties in humanitarian assistance during kit distribution and service provision. Security threats occurred caused by conservative groups.

¹²⁸ IND3.3.1 Evidence that UNFPA-supported tools, instruments, capacity building and awareness-raising have contributed to the use of GBV services, particularly by A&Y and the most vulnerable and marginalised women

¹²⁹ IND3.3.1 Evidence that UNFPA-supported tools, instruments, capacity building and awareness-raising have contributed to the use of GBV services, particularly by A&Y and the most vulnerable and marginalised women.

¹³⁰ Regional Situation Report for Syria Crisis Issue No. 79 - March 2019, <https://reliefweb.int/report/syrian-arab-republic/regional-situation-report-syria-crisis-issue-no-79-march-2019>

Finding 27¹³¹: In Turkey, still, 13 % of women aged 15-49 years old think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances. The Evaluation team was unable to determine the decrease in the rate.

According to the Turkey Demographic and Health Survey 2013, 13% of women aged 15-49 years who think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances.¹³²

Moreover, in the 2014 domestic violence survey, 1 out of 3 Turkish ever-married women declare that a husband is justified in beating his wife if she is being unfaithful to him, and only 58% of Turkish ever married women do not accept domestic violence under any circumstances.

The last nationwide research on the domestic violence against women was conducted in 2014, While, there has not been any recent nationwide research on VAW, the evaluation team was not able to assess the rate of women aged 15-49 years who think that a husband/partner is justified in hitting/beating his wife/partner. The new DHS has been conducted to be published in September 2019. The CO will monitor progress through this report.

4.3.4 Prevention of child/early/forced marriages

Output 2: Strengthened national capacity to provide sexual and reproductive health and sexual and gender-based violence response services in humanitarian settings.

The Evaluation of the UNFPA Response to the Syria Crisis noted that UNFPA has improved access to quality services for women and girls and provided expanding prevention services within WGSS, and with additional components such as child marriage (CM) panels, the CEFM joint programme¹³³, the youth centres and the new key refugee programme. GBV and SRH have been successfully promoted as critically life-saving at the GoT level¹³⁴.

Finding 28¹³⁵¹³⁶¹³⁷: UNFPA has been instrumental in the design of a UN joint programme on the prevention of child early forced marriages.

The UNFPA also works in accordance with the key elements of cultural sensitivity and gender-responsiveness. GBV is an extensive abuse of human rights that also affects the enjoyment of reproductive rights. It undermines women's sexual and reproductive autonomy and put at risk their physical and mental health. In line with the ICPD, the CP combats all kinds of harmful practices like GBV and child marriages.

The National Action Plan on Combating Violence against Women (2016–2020) provides an opportunity to increase political commitment on the elimination of CEFM. The Action Plan is considered important also because of the specific goal on combatting CEFM, and related national and local activities aimed at preventing CEFM, which cover both refugee and host communities. Therefore, the interventions of UNFPA on the prevention of CEFM, which based on the strong policy document, are easily accepted from the Turkish and Syrian community.

The UNFPA CO has committed to work on child, early and forced marriage within its 6th CP. The Fund's previous work included awareness raising, focusing mainly on health consequences, development of visual materials and a country factsheet on child marriage since 2003 on child

¹³¹ IND3.3.2 Percentage of women aged 15-49 years who think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances

¹³² Turkey Demographic and Health Survey, Hacettepe University Institute of Population Studies (2013)

¹³³ The CEFM joint programme started on January 2018 and will be implemented till December 2020.

¹³⁴ UNFPA, The Evaluation of the UNFPA Response to the Syria Crisis Report, 2018

¹³⁵ IND 3.4.1 UNFPA-supported cooperation and coordination with other UN organisations (UN Women, UNICEF, IOM, UNCHR) for the purpose of preventing early/child marriages

¹³⁶ IND3.4.2 UNFPA-supported awareness-raising and communication reaches target groups

¹³⁷ IND3.4.3 Attitudinal and behaviour change among targeted stakeholders and beneficiaries

marriage. This issue has been mainstreamed and covered in all training activities and projects through the capacity development of service providers with the collaboration of line ministries so far. The CO's experiences in peer-education methods, the SRH programmes and combating the GBV programmes are particularly important for a comprehensive response to end child marriage. The UNFPA has also been contributing to combating CEFM in the scope of its humanitarian programme through awareness-raising sessions, various provincial/town hall meetings and advocacy materials for refugees (women and men). More than 7500 refugee women and men were informed about the legal framework and consequences of child marriages through more than 20 awareness-raising panels nationwide.

The UNFPA and partners believe that child marriage has been used more frequently as a negative coping mechanism linked to long-term settlement within Turkey.

The UNFPA, in a joint programme¹³⁸ with UNICEF (leading agency), IOM, UNHCR and UN Women, has been involved in the development of the 'Joint Position Paper on CEFM' which was prepared by the UN Turkey Gender Result Group in the leadership of UNICEF. Within the CEFM joint programme, "*promotion of cross-sectoral cooperation for knowledge sharing and integration of systems*" will be an important strategy that will be accompanied with inter-institutional, national and international cooperation.

UNICEF, UNFPA, and UN Women have all been members of the experts' group in supporting the development of the national "*Strategy Document and Action Plan for Combating Early and Forced Marriage (2018-2023)*" and "*Strategy Document and Action Plan for Women's Empowerment (2018-2023)*". All three agencies have strong working relationships with the MoFLSS (responsible for the national strategy). UNICEF also works closely with the MoNE, while the UNFPA works with the MoH. Other potential implementing partners of the UNFPA are the Provincial Directorates of the MoH and of the MoFLSS, TurkStat, NGOs and the Union of Municipalities.

The CEFM joint programme has foreseen a long-term change in social norms and gender roles accompanied with awareness raising activities, if not planned to be inclusive, have the risk of increasing expectations and unfulfilled needs.

One of the implementation levels of CEFM joint programme, (in addition to the national and province wide level), province/community based level will be targeting 12 provinces through community-based interventions. The purpose will be to focus on raising awareness on CEFM among key duty bearers and rights holders and promoting changes in negative social norms that sustain and perpetuate CEFM and gender inequality.

The programme has complementary targets to strengthen effectiveness and potential impacts of awareness raising activities through different training and outreach programmes in an inclusive manner, taking into consideration the different sensitivities of the stakeholders, i.e. conflict prevention, conflict reduction and resolution modules.

One of the expected impacts of the programme is also identified as "*reducing the harmful impacts of CEFM by increasing institutional capacities to detect CEFM and other related protection risks early*".

The UNFPA with "Child Marriage Panels"¹³⁹ provide evidence of adapting flexibly to changing circumstances. In 2017 child marriage panels became a countrywide outreach activity across 15 cities with approximately 7.500 participants being informed of the various harmful impacts (educational, health, social) of child marriage in humanitarian programme.

¹³⁸ In this context, a Joint Programme refers to a programme involving more than one UN agency to achieve greater system-wide coherence that supports national priorities and needs, while drawing on the comparative advantages of individual UN entities at the country level.

¹³⁹ UNFPA held child marriage panels across 15 cities in Turkey in 2017, providing presentations to the Syrian women and men on the harm of child marriage.

Targets for the beneficiaries to be reached through the CEFM joint programme are included in the results-based framework. The three target groups are identified for the UNFPA's scope: (i) children and adolescents at risk of marriage; (ii) married adolescents; (iii) adolescent and adult survivors of CEFM.

The second outcome of the CEFM joint programme is identified as “*favourable social norms and attitudes towards ending CEFM are increased at national and community levels*” through the four outputs;

- Public awareness on legal, health, social, psychological and economic consequences of CEFM is increased.
 - Children, especially girls, are increasingly aware of their rights and their life choices.
 - Commitment to end child marriage is expressed at government and local levels
- Implementation strategy.

It is also evidently proved that while the UNFPA has worked on addressing health, including adolescent reproductive and sexual health impacts of CEFM for many years, these activities have been very dispersed and often short term; UNFPA's participation in this Programme will enable these activities to be implemented at scale (including with the Syrians), and to be combined with strong messages on women's and girls' empowerment, child protection, and trafficking.

Regular operational work on child early forced marriages has been starting, besides as part of humanitarian response and following policy-level work. In short, the main purpose of the awareness raising and community mobilisation will be elaborated with a view to changing attitudes and behaviours relating to child, early and forced marriage.

4.3.5 Monitoring of recommendations and obligations on gender and GBV issued by human rights treaty bodies

Finding 29: Through UNFPA support, the GoT is better able to adhere to its reporting commitments under international human rights treaties (particularly CEDAW and Istanbul Convention).

UNFPA has supported the adherence of the GoT to its international reporting commitments in the area of GEWE. As state party to CEDAW, the government is required to provide periodic reports. The

First state report of Turkey GREVIO' was received by GREVIO on 3 July 2017¹⁴⁰.

With strong collaboration of NGOs, UNFPA organised non-governmental CEDAW recommendations workshop, CEDAW history documentary task force established and distributed during the workshop.

As part of NGO support a joint SRH Gender capacity building activity was planned, technical preparations meeting held, however due to the arrest of the representatives of the Women's Coalition, the activity was cancelled¹⁴¹.

At the time of this evaluation mission, it was quite early to mention on monitoring of GEWE and GBV recommendations, except potential implications of the Role of Parliamentarians in Ending Child Marriage: A Toolkit, the Girls Not Brides.

¹⁴⁰ Republic of Turkey, Report Submitted by Turkey Pursuant to Article 68, paragraph 1 of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Baseline Report), 2017, <https://rm.coe.int/turkey-state-report/1680737201>

¹⁴¹ UNFPA Strategic Information System (SIS) 2017

4.4. Effectiveness: Population Dynamics

EQ4: To what extent has UNFPA increased the availability of evidence through cutting-edge in-depth analysis on population dynamics, SRH and their linkages to poverty eradication and SD? To what extent have national policies been strengthened? What was UNFPA's contribution? What were constraining and facilitating factors?

Summary of findings: The country office has paid high attention to mainstreaming awareness and capacities for generating and analysing disaggregated population data in country program design and implementation. SDG's commitments have taken an important place in UNFPA's work. Several studies were conducted on population dynamics, SRH and their linkages to poverty eradication and sustainable development to promote the post-2015 development agenda.

UNFPA has strengthened the institutional capacities of the GoT for evidence-based policy-making, development and SDG's and availability and implementation of national policies and programmes that address PD and its interlinkages with SRHR.

Table 12: Overview progress towards PD targets (assessment of achievement as of 2019 Q1)

UNFPA CPD Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	
Outcome indicator: The new national development plan addresses population dynamics by accounting for population trends and projections in setting development targets <i>Baseline: No. Target: Yes</i>	Target achieved The 2014-2018 10th National Action plan has a dedicated section on Population Dynamics. The 11th National Action plan is being drafted. UNFPA is part of the SDG working group supporting development of NAP
Output 1: Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, sexual and reproductive health and their linkages to poverty eradication and sustainable development to promote the post-2015 development agenda	
<i>[Indicator, Baseline, Target by 2020]</i> Number of new reports on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights and gender prepared and disseminated <i>Baseline: 0. Target: 5</i>	Target achieved Assessment of support mechanisms for young refugees in Turkey - TOG-UNFPA Health Consequences of Child Marriages - UNFPA Services Based on Will not System: Status of Abortion and Family Planning Services in Istanbul from the Perspective of Health Service Providers - TAPV-UNFPA Syrians under temporary protection and sex work - 2017 (UNFPA- Red Umbrella) The SRH Needs of Roma Women in Mersin- 2018 Toros University - Akromed - UNFPA
An institutionalised population and development and evidence-based policymaking training programme for public institutions is in place <i>Baseline: No. Target: Yes</i>	Target achieved in partnership with Hacettepe University, Institute of Population Studies

4.4.1 Awareness and capacities for generating and analysing disaggregated population data, forecasting population dynamics and assessing demographic development linkages, and production and dissemination of surveys and reports

Finding 30¹⁴²: The CO has paid high attention to mainstreaming awareness and capacities for generating and analysing disaggregated population data in CP design and implementation. SDG's commitments have taken an important place in UNFPA's work.

¹⁴² IND 4.4.1. New reports on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights and gender prepared and disseminated.

Several studies were conducted on population dynamics, SRH and their linkages to poverty eradication and sustainable development to promote the post-2015 development agenda.

There is one major output area in the 6th CP for PD: PD Output 1: “Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, SRH and their linkages to poverty eradication and sustainable development to promote the post-2015 development agenda”.

PD activities are planned annually to achieve the PD Output 1, IND 4.4.1. Within the 6th CP, interventions have focused on producing new reports on PD and their links to sustainable development, SRHR and GE.

The documentary analysis, as well as key informant interviews verify that UNFPA has effectively built awareness and increased capacity of various government officers, academicians and young people for generating and analysing disaggregated population data, forecasting population dynamics and assessing demographic development linkages through its PD training programme with Hacettepe University, Institute of Population Studies.

UNFPA's data collection and analysis efforts aimed at estimating population dynamics, assessing demographic development links and producing the following reports;

- Assessment of support mechanisms for young refugees in Turkey - TOG UNFPA -2019;
- Health Consequences of Child Marriages - UNFPA 2019 (draft);
- Health Consequences of Child Marriages-UNFPA;
- Services Based on will not system: Status of Abortion and Family Planning Services in Istanbul From the Viewpoint of Health Care Professionals - TAPV-Population Association UNFPA-2016;
- Syrians under temporary protection and sex work - 2017 (UNFPA- Red Umbrella);
- The SRH Needs of Roma Women in Mersin- 2018 Toros University - Akromed – UNFPA;
- Turkish adaptation of ICPD Global Review and Turkey’s Priorities Report-2016.

The qualitative research, called *"Not Regulatory But Arbitrary Service: The Situation of Abortion and Family Planning Services in Istanbul From the Viewpoint of Health Care Professionals"* was produced with the partnership of TAPV and Population Association in 2016. The results of the study on the availability of abortion services disseminated through a workshop conducted in Istanbul and 100 copies of the report disseminated¹⁴³. Based on the reflections of media, national and international NGOs and academics, the report provides an important evidence for advocacy on SRH service provision, particularly in the field of family planning and safe abortion services¹⁴⁴¹⁴⁵. It sheds light on the challenges of service providers at the primary and the secondary health care levels and presents gaps in the current health care system in terms of these services¹⁴⁶.

UNFPA has made use of opportunities to encourage national partners to mainstream and make better use of available population data and analysis and to foster policy discussions on emerging population issues. According to IPs interviewed, these publications are used as references by academics in their studies and NGOs on population and development in their research and published articles and media.

According to UNFPA staff and confirmed key informant interviews, UNFPA gives full technical expertise to the development of DHS 2018 as well as the analysis of primary findings of this report. The UNFPA CO has invested resources and efforts to produce data in all areas of its mandate, along with other development partners. On the other hand, reportedly mentioned that the UN

¹⁴³ UNFPA Monitoring Report 2018

¹⁴⁴ <http://haber.sol.org.tr/toplum/akp-kadin-sagligini-riske-atti-kurtaj-oranini-dusurdu-240253>

¹⁴⁵ <https://www.gazeteduvar.com.tr/saglik/2019/01/18/turkiyede-kurtaj-kagit-uzerinde-yasal-fiilen-yasak/>

¹⁴⁶ <https://ekmekvegul.net/gundem/istanbulda-kurtaj-ve-aile-planlamasi-hizmetleri-tikanmis-durumda>

organizations submitting the Joint Proposals, observe the **lack of comprehensive data** on the prevalence and root causes of CEFM as one of the major barriers to evidence-based programming¹⁴⁷. Continued difficulties in accessing official data related to GBV and CEFM may cause a challenge for robust meta-analyses.

Although advocacy and technical/financial assistance, consciousness about the value of data and evidence-based planning are in place, the availability of up-to-date and adequately-disaggregated data is still a challenge in all spheres of the UNFPA's work. This will affect the GoT and UNFPA priority-setting, planning, monitoring, trends analysis and projections.

4.4.2 Political will and capacities for evidence-based policy-making, and availability and implementation of national policies and programmes that address PD and its interlinkages with SRHR

Finding 31¹⁴⁸: UNFPA has strengthened the institutional capacities of the GoT for evidence-based policy-making, development and SDG's and availability and implementation of national policies and programmes that address PD and its interlinkages with SRHR.

PD activities are planned annually to achieve the PD Output 1,IND 2.1. An institutionalized population and development and evidence-based policymaking training programme for public institutions is in place (Baseline: No; Target: Yes). Within the 6th CP, to achieve this target interventions have focused on institutional capacity building on SDGs on the one hand and ICPD on the other. There are two main components planned and implemented under the PD programme during the 6th CP;

1. SDGs: 57 experts and assistant experts from the MoD, the MoH, the MoFLSS, the MoI as well as the Turkish Statistical Institute and the Social Security Institution were trained on the following curricula: SDGs-Development, SDGs-Health and SDGs-Migration in 2017. The trainees have acquired better knowledge and skills in the area of demography to be used in their daily work as well as decision making with the contribution of the HUIPS. This programme is the only SDG training programme in Turkey linking sectors with development goals.

Together with the HUIPS, the module on "SDGs and Migration" was developed. Trainings were conducted for the experts from the MoD, the MoH, then MoFLSS, the MoI as well as the Turkish Statistical Institute and the Social Security Institution on the following curricula: SDGs-Development, SDGs-Health, and SDGs-Migration in 2018.

18 students in 2017 and 16 students in 2018 from the Hacettepe University Faculty of Medicine were also trained on SDGs and Health policies. The Evaluation team noted that the introduction of SDGs to the medical faculty students is highly relevant, thus they be able to build linkages to health policies and advocate the SDGs.

The UNFPA jointly with the UN agencies organized an SDG workshop/training for the (then) the MoD staff on the goals, indicators, the UN agencies contribution to these goals in Turkey, offered support and the concept of leave no one behind. The UNFPA was also responsible for sessions on SRH, gender-private sector and principles of leave no one behind. Due to time constraint, the evaluation team was not able to contact any trainees; there is no specific evidence of the point of end beneficiaries' regarding the training effectiveness.

UNFPA also provided substantial technical inputs to the GoT SDG stocktaking report on gender, SRH, youth, migrant and population related issues¹⁴⁹

Although UNFPA has significantly achieved the CP target of institutional capacity building on SDGs, according to key informant interviews; the nominees of trainees were not sufficiently enough

¹⁴⁷ Inception Report of the CEFM, 2018

¹⁴⁸ IND 4.2.1. An institutionalized population and development and evidence-based policymaking training programme for public institutions is in place.

¹⁴⁹ UNFPA SIS 2017

in number from the ministries which means limited participants attended to the first training¹⁵⁰. As mentioned by the key informants that the previous training was for public personnel, and in 2019 they are planning to involve NGOs' representatives and they emphasized to diversify the training curriculum according to the current needs of the participants.

Interviewed participants were grateful for having the opportunity for developing the training for SDGs related issues, and there are indications that new knowledge has been relevant and applicable in their works.

2. ICPD + 20: UNFPA strengthened skills and knowledge of 16 member NGOs of ICPD+20 Platform to better advocate for SRH and rights; directly contributing to SDGs 3 and 5. Through the grant provided by UNFPA, the Platform developed tools to be used for their capacity development. Accordingly, the Platform prepared a joint declaration on SRH and rights to be used as an advocacy tool. The Platform also developed an informative and user-friendly tool on SRH rights targeting NGOs, which contributed to increased public awareness on SRH rights and increased capacity of NGOs in Turkey on SRH rights. Through this capacity building tool, 28 members of the Istanbul Bar Association and 35 medical students acquired better understanding of SRH rights. In addition to members of ICPD Platform, 10 other NGOs increased their awareness on SRH and rights. Accordingly, the Platform conducted 7 NGO network meetings on ICPD agenda and a training programme for university students in collaboration with the Turkish Medical Students International Committee (Turk-MSIC). ICPD+20 Platform/UNFPA also conducted eight advocacy activities in 2018¹⁵¹.

As confirmed by the Interviewed stakeholders, they have benefited from UNFPA interventions related to advocacy activities, which have conducted, by ICPD +20 Platform. This platform also encouraged more NGOs to mobilize and contribute to the platform activities.

PD Turkey PD output 1 indicator 2: An institutionalized population and development and evidence-based policymaking training programme for public institutions are achieved.

Since the 11th of National Development Plan still has not been published yet, the evaluation team cannot be able to assess the second outcome indicator of PD.

According to the 5th final CP evaluation results that the UNFPA supported to platform member's commitment to the ICPD and UNFPA mandate, and they continue to gain leadership capacities in Turkey where there is a strong need for their democratic participation in the policy making phases. There is an evidence of high ownership of the CSO partners that establishment of mechanisms is highly dependent on their human resources and funding to sustain the capacity and leadership developed at the CSOs. However, these efforts remain effective only on individual basis¹⁵². According to documentary analysis, this situation has not changed in the framework of this program. Therefore the Evaluation team noted that follow-up activities should be planned by UNFPA to strengthen the members of ICPD +20 Platform.

4.5. Sustainability

EQ5 [sustainability of effects]: To what extent has UNFPA supported capacity building and the establishment of national mechanisms to ensure durability of effects? To what extent have partnerships established with representatives of partner governments promoted and safeguarded national ownership of supported interventions, programmes and policies?

Summary of Findings:

¹⁵⁰ Key Informant interviews, Ankara

¹⁵¹ UNFPA Monitoring Report 2018

¹⁵² Independent Country Programme Evaluation Turkey, 2014

The sustainability of UNFPA supported activities and services secured by the policy support, while young people's SRHR issues are not secured.

UNFPA with their IPs has strengthened the efforts of institutionalization of interventions of the Country Programme, which were implemented through active ownership of stakeholders. However, most of the interventions of UNFPA are highly dependent on the availability of the financial support. Only humanitarian programme can easily afford and sustain by the Government of Turkey. Achievements shall only be maintained with the strong ownership of the programmes by the Government of Turkey. Basically women and girls and A&Y, particularly from vulnerable and marginalised groups, are likely to continue using/benefiting from UNFPA-supported information and services to only a certain extent, if the programmes are supported by the Government of Turkey.

4.5.1 National ownership and financial viability of UNFPA-supported activities and services

Finding 32¹⁵³: The sustainability of UNFPA supported activities and services secured by the policy support, while young people's SRHR issues are not secured.

UNFPA has contributed to a stronger legal and policy framework by protecting and promoting several legislation and policies regarding SRH rights and GE as well as PD in the period between 2016–2018. Regarding human rights and reproductive rights and gender issues for the most vulnerable population, despite the existence of a variety of legal arrangements in the Turkish legislation, policy support for implementation can be considered as unsustainable, majorly due to lack of political stability, high staff turn-over; insufficient human resources at the ministries and funds; lack of monitoring, evaluation and follow up of measures, high prevalence of violation of human rights, and a pro-natalist and conservative policy. Sustainability of activities undertaken and results achieved over the 6th CP also depends upon the priorities set by the UNFPA and the GoT collaboration. For instance; according to the results of interviews, the GoT does not sufficiently give priority on SRH and GE, but they fully support SRH and gender equality including young people the humanitarian part of the programme. In addition, as regards the key HIV populations, UNFPA has been making a positive contribution and supported to establish an institutional framework of improvement of the status of people at risk of HIV.

Another UNFPA's contribution is on awareness raising of the MoH and other related actors on the issues of the vulnerable groups' needs through various communication channels and through workshops at central, regional and local levels. Thanks to UNFPA's efforts, policy and legislation of the MoH on VCTs on HIV were adopted and are in use. The Evaluation team concerned that without any sustainable solutions and legal national action plans, it is difficult to assess how mainstreaming of prevention of STIs including HIV related issues will remain a priority at the government level beyond the production of documents. The same comments apply to other most vulnerable populations, Roma, and the migrants.

Behind the institutionalization of the fight against violence against women, in addition to CSOs engagement with the international organisations, the UNFPA also had a significant role in developing legal and policy mechanisms to prevent violence against women and to protect victims. The UNFPA has promoted women's rights and GBV combating to encourage various stakeholders at grass root level. As national policies and instruments evolved and the UNFPA turned its direction towards the issue, violence against women has become one of the most concentrated concerns of public policy on gender equality in Turkey. With contributions from the gender results group of UN and international and national agencies various activities, a specific focus has been provided to the issue of domestic violence and honour killings.

¹⁵³ IND 5.1.1 Continuation (likely continuation) of policy support for UNFPA-supported activities and services (policy-level sustainability)

Finding 33¹⁵⁴: UNFPA with their IPs has strengthened the efforts of institutionalization of interventions of the 6th CP, which were implemented through active ownership of stakeholders.

Different stakeholders consider that investments in SRH and GE have been worthwhile. Peer education for young people, MISP, GBV training with police department and gendarmerie and SDG trainings are well designed in the sustainable framework, whereas sexuality education including gender equality for schools and peer education for people at risk of HIV are not yet sustainable. Almost all interviewees mentioned that partnership building and sustainability require long term efforts that high-level management guidance and support can accelerate the process also if accompanied with political will.

The key informants noted that their capacities and competencies to continue addressing emergency preparedness had improved thanks to the MISP. UNFPA had collaborated with the universities in order to institutionalise the MISP training which was organized a ToT at the 9 Eylül University and 31 participants attended from 17 different provinces. This training is considered as very valuable, however for it to become institutionalized the decision must come from the Council of Higher Education (CoHE), and these training programmes must be defended by the educators and the UNFPA. The Head of Women's Department at the MoH is also supporting this training. Ownership of the training processes and results were generally revealed to be high at the national level.

Moreover, the weak mainstreaming of reproductive rights in conjunction with young people's rights at the institutional level still constitutes a serious barrier to the implementation of program activities. The UNFPA supports in improvements particularly at the local level through the IPs, which are able to organize collaborative work involving various stakeholders, in the key areas in which the government's involvement is critical.

The UNFPA has taken important steps to roll out sectoral collaboration with the provincial directorates of the MoNE in some schools, to integrate sexuality education besides gender equality into the school curricula. This intervention, which was successful, was accepted in certain schools. Notwithstanding the above, the evaluation team found that only 7 schools that include SRH and GE in extracurricular activities (target is 20 schools).

The FGD conducted with the peer educators verifies that the UNFPA has is using innovative methods such as mediators, peers etc. to reach to the most vulnerable groups including people at risk of HIV and the Syrians in this CP period. In addition YAHA, one of the very few youth health and rights organizations in Turkey, is strengthened by the UNFPA technical as well as financial assistance. As a result, NGOs are taking important steps for institutionalization and sustainable continuation of their programs. For example, they have searched and raised the new funds to afford their own programs with other donors.

The UNFPA CO focused on institutional capacity building on ICPD and SDGs in PD area. HUISP has quite well equipped with the most qualified instructors can available to sustain the training programmes on PD. Overall, HUISP have well invested and provided efforts on the SDGs-Development, SDGs-Health and SDGs Migration training programmes to have valuable contribution to the GoT.

The UNFPA has continued to ensure necessary engagement with the CSOs in the program ownership with different platforms. For example, ICPD+20 Platform. The sustainability of important policy and planning processes for advancing the ICPD agenda and SDGs are affected by political uncertainties. Even though, the 11th National Development Plan has been prepared but could not approved by the Presidency of Turkey.

¹⁵⁴ IND 5.1.2 Institutionalisation and embedding of UNFPA-supported activities and services in national/local structures (institutional sustainability)

The GE policies and current legal regulations in Turkey, which are put into practice, consider ‘family institution’ as the suffering party from domestic violence rather than women and girls and other vulnerable groups who are subjected to violence. In the consideration of the Evaluation Team, within the framework of the sustainability debate, political commitments are crucial and UNFPA’s close cooperation with the GoT is mandatory to effectively respond to this issue. However, under the current political environment, the cooperation modality shall be carefully identified.

Hence, the UNFPA gives priority to the business sector for promoting GE which is an important leverage of mainstreaming in all spheres of social life to be ensured instead of women’s empowerment and combating GBV which are the consequent of gender inequality. For example, the prevalence of violence against women in Turkey is essentially related to inequality between men and women. The evaluation team concluded that almost all the interviews elaborated that business sector captured the importance of GE and they continue their efforts to combat with GBV and promote GE in their institutions.

Finding 34¹⁵⁵: Most of the interventions of UNFPA are highly dependent on the availability of the financial support. Only humanitarian programme can easily afford and sustain by the GoT.

Interviews conducted regarding financial sustainability reveal the following; Different stakeholders consider that investments in the SRH and GE have been worthwhile. Peer education for young people, MISP, GBV training with police department and gendarmerie and SDG trainings are well designed within the sustainable framework, whereas sexuality education including GE for schools and peer education for people at risk of HIV are not yet sustainable. Partnership building and sustainability require long term efforts that high level management guidance and support can accelerate the process. Unless IPs their keenness to improve the situation of women, they are not powerful to continue their work without external financial support. Due to socio-political instability and limitations for an enabling environment of the civil society in the country, most of the stakeholders, particularly the NGOs (working in SRH, GEWE and youth) have been dependent not only availability of funds, but also trustworthy relations and flow of information as well as technical know-how.

UNFPA has also supported the establishment of ICPD+20 platform, with human and logistical resources, but it is still a very young endeavour whose sustainability depends on individual willingness, which is not institutionalised yet.

Finding 35: Achievements shall only be maintained with the strong ownership of the programmes by the GoT. Basically women and girls and A&Y, particularly from vulnerable and marginalised groups, are likely to continue using/benefiting from UNFPA-supported information and services to only a certain extent, if the programmes are supported by the GoT.

Peer education for young people, MISP, GBV training with police department and gendarmerie and SDG trainings are well designed in the sustainable structure, whereas sexuality education including gender equality for schools and peer education for people at risk of HIV are not yet sustainable. At the same time, most of the stakeholders need advanced continuous technical support from the UNFPA CO in the form of advanced and on the job training and complementary support interventions.

Throughout the CP cycle, the UNFPA has captured the opportunities to create gender equality and gender mainstreaming, mainly achieved collaboration with civil society and private sector, although limitations in cooperation with the government.

¹⁵⁵ IND 5.1.3 Availability (likely availability) of funds for continuing activities and services once UNFPA support comes to an end (financial sustainability)

4.6. Efficiency

EQ6 [use of resources]: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of country programme outputs and outcomes in SRH, GEWE and PD?

Summary of Findings:

UNFPA has provided timely and adequate distribution of financial resources to its partners for the interventions in the Turkey Country Programme. Delivery of the AWP's was generally on a timely manner with slight delay due to external factors.

UNFPA has efficiently fundraised an additional US\$ 30,851,992.98 for 2014-2018. In general, the period 2014 to 2018 has witnessed with very high financial project implementation rates for all programme areas.

The value of the outputs obtained is effectively distributed according to the level of financial resources used. However, the UNFPA CO structure and access to human/technical for regular and humanitarian programming are appropriate, but limited. UNFPA has chosen the use of NEX and DEX modalities for regular programming and the humanitarian response in a very appropriate way. At the same time, The Country Office administrative procedures for regular programming and humanitarian response are appropriate. The monitoring system and monitoring instruments, are found highly accountable and transparent, and provides data on quantitative terms, but limited in terms of qualitative analysis.

4.6.1. Adequate conversion of resources into activities and outputs

Finding 36^{156/157}: UNFPA has provided timely and adequate distribution of financial resources to its partners for the interventions in the 6th CP. Delivery of the AWP's was generally on a timely manner with slight delay due to external factors.

Based on the IP interviews that the Evaluation team has emphasized, financial resources were transacted by the UNFPA on time and accurate. The UNFPA has demonstrated timely disposal of financial resources for most of its interventions throughout the 6th CP. Furthermore, the planned inputs and resources were received as set out in the AWP's and agreements with the IPs.

Delivery of the AWP's were generally conducted on time with slight delay, either due to political reasons of establishment of the new governments, after general and local elections, or due to delays in attainment of appropriate expertise for implementation of proposed activities. According to documentary analysis, it is worth to mention that these delays did not impact the quality of results.

Finding 37¹⁵⁸: UNFPA has efficiently fundraised an additional US\$ 30,851,992.98 for 2014-2018

The UNFPA effectively leveraged many forms of additional resources for the humanitarian assistance. Two out of three resources were obtained for humanitarian program from ECHO fund. Barely, UNFPA Turkey is relatively dependent on ECHO funding. The OR funding for UNFPA refugee response 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,¹⁵⁹. Based on documentary analysis as well as key informant statements, the financial resources are not sufficient to support SRH interventions and the UNFPA needs additional funds for more effective service providers building capacity.

Resources and donors were limited, particularly for SRH and PD, the UNFPA was able to provide technical expertise and support for the resource mobilising in ways that assisted its partners.

¹⁵⁶ IND 6.1.1 Disposal of financial resources to the level foreseen and in a timely manner for UNFPA country office and Implementing Partners

¹⁵⁷ IND 6.1.3 Delivery of AWP's in a timely manner

¹⁵⁸ IND 6.1.2 UNFPA success in mobilising resources for implementing the country programme

¹⁵⁹ UNFPA, The Evaluation of the UNFPA Response to the Syria Crisis Report, 2018

Efficient fundraising has been achieved by UNFPA, total **US\$ 30,851,992.98 for 2014-2018** (see Table 14).

Stakeholders considered that investments in terms of money and time were worthwhile. Close coordination with the SIDA-funded project created important synergies and efficiencies. According to the evidence gathered during the evaluation process, almost all resources and inputs have been effectively materialised, and well transferred into the intended targets within an optimum balance. However, one of the threats identified was that funds have not been sufficiently allocated for the SRH. In other words, the funds utilised for the SRH IP's were quite limited to implement activities, and in some cases this had an adverse effect on the desired level of the effectiveness. The Evaluation team emphasized that UNFPA should restructure fund distribution for next CP as constitute lessons learned about the role of the UNFPA and its relationship with partners, the relevance of monitoring and evaluation, and strategic investments to minimise risks.

Table 13: OR Mobilization by programmatic area and origin (donor) 2014-2018 (US\$)

Donor	SRH	GE	PD	Total
BPRM	2,867,259	2,840,259	0.00	5,707,518
SIDA	992,109	992,109	0.00	1,984,219
ECHO	10,240,407	10,240,407	0.00	20,480,814
JAPAN	387,770	386,551	0.00	774,321
IPA (UNHCR)	665,917	665,917	0.00	1,331,834
DENMARK	200,784	200,784	0.00	401,567
SABANCI	0.00	13,149	0.00	13,149
BRITISH	0.00	61,392	0.00	61,392
SIDA (UNICEF)	0.00	97,179	0.00	97,179
Total	15,354,246	15,497,747	0.00	30,851,993

Finding 38: The period 2014 to 2018 has witnessed with very high financial project implementation rates for all programme areas.

The UNFPA has achieved generally high levels of disbursement of its financial resources; 99.01% in 2016, 99.33% in 2017 and 78.15% in 2018¹⁶⁰. Disbursements have been allocated in coherence with the programme priorities. The quality and timing of the deliverables, especially for SRH, GEWE and HA appears to be quite high. Furthermore, efficient implementation of the programme was ensured by embedding AWP's in the appropriate institutions and utilizing NEX approach in many cases.

The CO has established 20 IP partnerships in 2017 to implement the development, humanitarian and cross-border programmes. 14 million USD was managed through partners - 98 % implementation rate was achieved (support costs not yet reflected fully). The CO managed a portfolio of USD22.5 million in 2017 and utilized 98%¹⁶¹.

Finding 39¹⁶²: The value of the outputs obtained is effectively distributed according to the level of financial resources used.

At the level of the CO, RR were distributed among the 3 programme based on annual expenditure projections included in annual work plan. UNFPA HQ has provided the UNFPA CO with a total of US \$10.25 million over the 5 years of the 6th CP of assistance to the GoT for the time period 2016 to 2020. Although funds were limited, particularly for SRH and PD, UNFPA was able to provide technical expertise and support for soft aid interventions in a way that assisted its partners.

¹⁶⁰ Budgets and Expenditures by Programme Cycle Outputs, 2016, 2017, 2018

¹⁶¹ SIS 2017

¹⁶² IND 6.1.5 Level of financial resources used compared to value of achieved outputs/outcomes

Interviewees generally valued UNFPA's disturbance of available funds, which contributes to cost-efficiency. The current evaluation shows that the CO has used efficiently very limited resources to achieve program outcomes. Various stakeholders particularly from the government site confirmed this consequence, as well.

Finding 40: The UNFPA CO structure and access to human/technical for regular and humanitarian programming are appropriate, but limited.

Almost all interviews confirmed that in terms of human resources, the UNFPA CO is perceived to have very qualified staff who have the technical capacity to achieve the objectives of the CP. Human resources and technical expertise within the UNFPA are of very high quality; however, staff overload adversely affected the efficiency.

The UNFPA has usage of behaviour change communications, multi-media and public events, print and visual media outlets as well as digital communication channels of UNFPA Turkey to disseminate messages/quotations. All the stakeholder's views were predominantly positive when talking about the appropriateness of human resources to implement the UNFPA CP.

4.6.2 Appropriate combination of tools and approaches for smooth programme delivery

Finding 41¹⁶³: UNFPA has chosen the use of NEX and DEX modalities for regular programming and the humanitarian response in a very appropriate way

SRH: Mostly NEX; GEWE both NEX and DEX.

Based on the review of the programme documents as well as result of the interviews and results it is clear that NEX was assumed as a good way to cooperate, ensuring transparency and value for money, as the UNFPA and its IPs can use existing mechanisms to build on the proposed work on. IP Selection and Grant Selection Committee have been functional. In some areas, cooperation has been with mostly universities and NGOs.

Finding 42: The UNFPA CO administrative procedures for regular programming and humanitarian response are appropriate

The administrative procedures have, in general, been appropriate to enable fluent implementation of the activities described in the interviews. No discrepancy has been reported during the evaluation process, neither mentioned in the monitoring reports.

The planning and designing stage of interventions and joint activities require in advance working and close cooperation with the partners. Issues regarding details of partnership especially administrative issues, visibility requirements shall be discussed prior to contracting, since business models and structure of the partners may differ. Exit strategies and/or alternative modalities on how to sustain results after withdrawal/ending from projects shall be planned in the beginning of the partnerships.

Finding 43¹⁶⁴: The monitoring system and monitoring instruments, are found highly accountable and transparent, and provides data on quantitative terms, but limited in terms of qualitative analysis.

Although very extensive monitoring tools and reporting mechanisms are functional, the main attention is focused either on quantitative progress (realisation of indicators) at level of interventions or on financial analysis. The progress at the level of outcomes and/or qualitative assessment is quite limited almost in all reporting formats. Challenges, lessons learned are generally

¹⁶³ IND 6.2.1 Appropriateness of chosen use of NEX and DEX modalities for regular programming and, where applicable, humanitarian response

¹⁶⁴ IND 6.2.3 Existence of a monitoring system, including monitoring instruments, which serves the purpose of decision-taking, accountability and transparency

presented in the Annual Reports, any deviations, risks, assumptions and risk mitigation strategies have been hardly tracked from the reports.

Overall effectiveness and efficiency of training programmes have been hardly evaluated due to absence of cumulative training assessment. Neither impact assessment nor training observation/monitoring/training evaluation report has been delivered. Since the number of IPs is limited in some programmatic areas (GEWE), existing documentations for some interventions have hardly demonstrated current progress.

The Evaluator team suggests that the UNFPA’s monitoring systems shall be strengthened to provide cumulative assessments and more coherent inputs for midterm/annual and/or the CP evaluation, for examples, (i) joint programmes and/or programmatic areas shall be monitored and reported; (ii) mid-term milestones shall be identified to track progress at regular intervals; (iii) training programmes should be evaluated and impact assessment will also be considered.

Absence of qualitative assessment is also valid for the communication interventions. Number of followers on Facebook, twitter, number of visitors to the UNFPA website are reportedly mentioned that they are always increased, but does present only facts, level of increased awareness have been assumed to be effectively measured through media monitoring activities and/or specific communication monitoring tools.

4.7. UNCT Coordination

EQ7 [UNCT coordination]: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

Summary of Findings:

UNFPA’s leadership and active participation in UNCT coordination mechanism in its priority areas were satisfactory, but challenging in designing development related joint programmes/initiatives (CEFM) considering the demanding scale and priorities of the humanitarian assistance. Membership to thematic / result groups were also satisfactory.

4.7.1 Contribution to UNCT coordination mechanisms and joint programmes and initiatives

Finding 44¹⁶⁵: UNFPA’s leadership and active participation in UNCT coordination mechanism in its priority areas were satisfactory, but challenging in designing development related joint programmes/initiatives (CEFM) considering the demanding scale and priorities of the humanitarian assistance. Membership to thematic / result groups were also satisfactory.

The UN Development Cooperation Strategy was prepared through the UN Country Team and the GoT’s participation and reflects national development objectives; the UNFPA contribution was reflected in implementation documents. Closer collaboration between the UNFPA and the UN Country Team leads to better leverage on sensitive issues in SRH and GEWE particularly with other UN agencies working on similar issues, as detailed below.

UNFPA is chairing the Youth Thematic Group (TG) that was merged into the Social Inclusion RG mid 2018. UNFPA is co-chairing the following 3 groups: National SGBV Sub-Working Group (SWG) – Humanitarian, since 2012; South-East Turkey SGBV SWG – Humanitarian, since 2015; Istanbul SGBV SWG – Humanitarian, since 2016. UNFPA has been a member of 25 groups among

¹⁶⁵ IND7.1.1 UNFPA leadership and active participation in UNCT coordination mechanisms in UNFPA priority areas
 IND7.1.2 UNFPA leadership and active participation in joint programmes/initiatives in UNFPA priority areas
 IND 7.1.3 Level of Satisfaction of thematic / result groups with UNFPA leadership and membership

which 16 are directly under the humanitarian assistance.

The WFC Programme of the 5th CP cycle was considered as a best example of joint programming which contributed in building capacities at the local (with local governorates and municipalities) and legislative level, and with the UNFPA taking strong leadership.

UNFPA has been an observer in the Global Compact Turkey Local Network and the UNFPA initiated the establishment of Global Compact Women's Empowerment Working Group. The Working Group has overseen and coordinated by the Turkish Confederation of Employer Associations (TİSK) and was supported financially and technically by the UNFPA and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

Since Turkey has been seriously affected by a humanitarian crisis and has a functioning inter-agency GBV coordination body as a result of UNFPA guidance and leadership with the required number of functionality areas (5 or more out of 7 as listed in metadata¹⁶⁶). The inter-agency group on 3RP (coordination efforts for the Syrian Crises) is working very well in Turkey with multiple sub-groups, however the UN Minimum Preparedness Task Force has not been very active in 2019.

UNFPA has a MoU with the MoH for Humanitarian response. The UNFPA is partnering with 15 IPs to implement its humanitarian programme. More specifically, the UNFPA continued co-chairing SGBV sub-working group at national, Gaziantep and Istanbul level. In addition, the UNFPA acts as the secretariat of National SRH Working Group chaired by the MoH.

CEFM (led by UNICEF, with participation of IOM, UNFPA, UNHCR and UN Women). UNFPA, together the UNICEF and the UN Women, is the member of the experts' group supporting the development of the National "Strategy Document and Action Plan for Combating Early and Forced Marriage (2018-2023)" and Strategy Document and Action Plan for Women's Empowerment (2018-2023).

Since UNFPA has worked on addressing health, including adolescent reproductive and sexual health impacts of CEFM for many years, it can contribute to strategic discussions on ending CEFM, as well as drawing on the perspectives, resources, and expertise of other agencies in dealing with individual cases. Within that framework, the UNFPA's participation in this Programme has enabled the activities (to build on the skills, expertise, and reach of other agencies, reaching populations with whom they do not currently work and allowing them to better meet the needs of their beneficiaries) to be implemented at scale (including with refugee populations), and to be combined with strong messages on women's and girls' empowerment, child protection, and trafficking.

The UNFPA's role and participation in other areas, are reportedly mentioned, such as **participation in several thematic or working groups**: Communications, Equity and inclusive Public Services, Gender, HIV AIDS, Human Rights, and Humanitarian GBV

The UNFPA's long-term leadership and active involvement in the Gender Thematic Group, which has been lasting more than 10 years, was evolved and handed over to the UN Women. The WFC interventions had been elaborated through these efforts. The UNFPA was also involved in the task forces established by the Gender Thematic Group (one of the effective group within the UNCT) for the advocacy areas. The UNFPA has also involved in the Social Inclusion and Health Working Groups that was not so effective compared to the Gender Thematic Group.

4.8. UNFPA Added Value

EQ8 [UNFPA added value]: What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?

Summary of Findings:

International and national counterparts perceived affirmative point of view on UNFPA's added value in its regular programming in all program components. Also, UNFPA has made good use of its comparative strengths in humanitarian response, thus bringing added value in the country context with a particular emphasis to the current needs accompanied with technical expertise. UNFPA has shown functional supporting mechanisms for humanitarian assistance thanks to UNFPA's guidance and leadership

4.8.1 UNFPA added value in development cooperation, including emergency preparedness

Finding 45¹⁶⁷: International and national counterparts perceived affirmative point of view on UNFPA's added value in its regular programming in all program components.

UNFPA has been successful in developing effective partnerships both in regular **programming** and in **implementation** with the partner government agencies– public officers and women and youth NGOs as well as the private sector. The Evaluator team determined the following UNFPA's comparative strengths:

- Main strengths have been evidentially declared by the key stakeholders as strong know-how, on-going technical support, and ability to approach and deal with societal sensitive issues.
- Another important point is, both government and IPs interviewees mentioned UNFPA's strong relationships with the authorities, which facilitate ownership by them and convince the opposite side.
- The distinctive strength is also formulated for the UNFPA CO as that they are well and effectively positioned in how to cooperate and how to act as counterpart with the governmental and non-governmental organisations compare to other UN organizations. With the impact of UNFPA, several NGOs have gathered into common objectives in some important cases, for example in the case of early forced marriages and/or draft bill.
- During the interviews, most of the stakeholders declared that UNFPA's leading role is worth mentioning in awareness raising of GE into the business sector by introducing various tools.
- UNFPA was stated for its innovative and well tailored approach (based on needs and fits to institutional requirements and expectations) compared to other institutions for PD.
- Additionally, as it was confirmed by the evaluations of the **UN joint programmes** on gender globally¹⁶⁸ demonstrate that joint programmes and/or joint efforts are worth to mention to accelerate national ownership, coherence, synergies and efficiency of interventions in general, but verified during the interviews of this evaluation, as valid for Turkey, as well. The joint modality has also supported the creation of an enabling environment and opportunities for added value, by creating shared understandings of and partnership for GE, by increasing visibility and legitimacy of the issue on the national agenda on CEFM in Turkey, by enhancing the credibility and building outreach and synergies on the issue at national level¹⁶⁹.

¹⁶⁷ IND8.1.1 UNFPA's comparative strengths in its regular programming as perceived by international and national counterparts (governmental and non-governmental)

¹⁶⁸ United Nations (2013), "Joint Evaluation of Joint Programmes on Gender Equality in the United Nations".

¹⁶⁹ CEFM Project, Inception Report, 2018

- Use of international arena and involvement in international and regional networking were also complementary strengths, which were highly well appreciated by the relevant parties, such as encouraging the Turkish stakeholders (representatives from the NGOs, universities, and IPs) to attend the meetings of the Commission of the Status of Women¹⁷⁰ (CSW) in New York, to disseminate and to promote the best practices and the success in Turkey.

4.8.2 UNFPA added value in humanitarian response

Finding 46¹⁷¹: UNFPA has made good use of its comparative strengths in humanitarian response, thus bringing added value in the country context with a particular emphasis to the current needs accompanied with technical expertise.

In Humanitarian settings, the UNFPA has made good use of its comparative strengths, thus bringing added value in the country context. One of those comparative strengths is the UNFPA recognized technical expertise. It allows the CO to act as facilitator, to play a mediator role between a donor and the national counterpart such as CSOs looking for sources of financing with a view to achieving its objectives. Besides, the UNFPA also acts as a coordinator role for commanding different stakeholders for mutually agreed purposes.

According to the key informant interviews, the CO along with the 6th CP has proved to have a specific ability in policy dialogue, and particularly in placing sensitive themes on the national agenda like people at risk of HIV, gender issues, and CEFM. This has enabled the CO to make progress on challenging agendas, some of which have been untouched for many years, as in the case of SMAW and it was the only developmental body dealing with SMAW. 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. UNFPA then successfully used the SMAW model to support the refugees.

According to the evaluation of the UNFPA response to the Syria Crisis, participants were positive about the relevance of the WGSS concept as it has built on previous good practice and is now applied in Turkey. The model has recently – in 2017 – been adopted by the World Health Organisation (WHO), which runs refugee health-training centres and was keen to integrate WGSS within these centres. Since late 2017 the plan is for all WGSS' to be integrated into the GoT Migrant Health Centres (MHCs) by the end of 2019. This is the evidence of added value of Integrating WGSS into the MHC.

UNFPA has successfully leveraged its comparative advantage in SRH and GBV expertise¹⁷². SRH is often overlooked in emergencies – with direct consequences. Women and adolescent girls may lose access to family planning, exposing them to unintended pregnancies. They become more vulnerable to sexual violence and HIV, and may have nowhere to turn as health services are disrupted. UNFPA consequently carved itself a niche in responding to humanitarian assistance by providing SRH and GBV services that are crucial but often not prioritised during the crises.

Finding 48¹⁷³: UNFPA has shown functional supporting mechanisms for humanitarian assistance thanks to UNFPA's guidance and leadership.

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.

¹⁷⁰ The CSW is the principal global intergovernmental body exclusively dedicated to the promotion of GEWE.

¹⁷¹ IND8.2.1 UNFPA's comparative strengths in humanitarian response as perceived by international and national counterparts (governmental and non-governmental)

¹⁷² Evaluation Report of the UNFPA Response to the Syria Crisis, 2018

¹⁷³ IND8.2.2 Functional coordination mechanisms, thanks to UNFPA guidance and leadership

There is a National SRH Working Group, which is chaired by the MoH. UNFPA provides secretariat support.

There is less clarity from IPs about the coordination structures in the refugee response than in the cross-border response, as reportedly mentioned by the Evaluation Report of the UNFPA Response to the Syria Crisis.

Chapter 5: Conclusions and Recommendations

5.1 Strategic level conclusions and recommendations along with practical implications

Conclusion 1: The UNFPA 6th CP was designed to respond to the country needs in terms of SRH, GEWE and PD, despite of (i) country’s unstable and sensitive socio-political conjuncture; (ii) diminished enabling environment for the civil society; (iii) limited room for development of rights-based programmes.

The 6th CP strongly focused on ‘leaving no one behind’ and ‘reaching the furthest behind’ to reduce poverty and inequalities. It was designed in view of the country context and in consideration of lessons from the 5th CP, as well as the United Nations Development Cooperation Strategy and national policies and strategies. Overall, despite of difficult socio-economic climate, UNFPA was able to adapt its CP to the evolving needs of the country and, in particular, needs emerging from the Syrian crisis.

Origin: EQ1

Conclusion 2: Coherence of the 6th CP was ensured through an effective needs assessment and consultation process with a particular emphasis given to vulnerable groups.

Needs assessment had been quite participatory, which has positively affected the relevance of the 6th CP and increased effectiveness of the interventions and implementations. The 6th CP was also found to be highly relevant to the needs of vulnerable groups. On the other hand, interventions under the UNFPA’s response to the Syrian crisis have dominated SRH and GEWE priorities, (although they have been well formulated and integrated with each other), since the main challenge mainly depending poverty, social and economic core reasons and dynamics are still same for the vulnerable groups in the Turkish society.

Several stakeholders have conveyed their concerns that development agenda of country has been over-superseded by humanitarian interventions managed by multi-donor environment.

Origin: EQ1-EQ2-EQ3-EQ4-EQ5

Recommendation 1: The next UNFPA Country Program should focus on reducing regional inequality and address the needs and priorities of the most vulnerable population. The UNFPA Country Office should conduct extensive needs assessment and initiate consultation with the key actors, with a particular emphasis to the changes in the GoT’s administrative structures and on-going public reforms/challenges¹⁷⁴ and the SDG and UNFPA’s transformative goals and Strategic Plan principles.

Priority: High

Recommendation 2: UNFPA should consider targeted efforts to benefit and empower the vulnerable groups in case of humanitarian interventions, with a particular emphasis given to the Turkish public and the hosting community, as well.

Practical Implications:

- **The UNFPA’s next CP shall make a prioritisation in terms of**

¹⁷⁴ This is well addressed by the UNFPA’s SP (2018-2021), page: 4, “We will plan together.... In a significant step forward, these common results will now be underpinned by a mandatory common country assessment, from which theories of change can be drawn, and knowledge and expertise can be collaboratively used.”

- Addressing challenging needs of the Turkish target vulnerable groups (alongside refugees) with a particular reference to both men and women.
- Scale up efforts to raise funds for development issues, alongside humanitarian issues;
- Identify opportunities for synergy between two programmes.
- In parallel to the needs of the most vulnerable population, **the prioritisation should also be discussed with the key stakeholders**, considering
 - Political environment,
 - Fulfilment of government commitments and obligations for the ICPD, SDGs, CEDAW, and Istanbul Convention;
- **Policy advocacy should be continued to the decision makers and policy-making mechanisms** (the Presidency that is a new actor (should be consulted), the Grand National Assembly, the MoNE, the MoFLSS, the MoH, MoI, Human Rights and Equality Institution of Turkey and other related ministries, Bar Associations, Professional Associations and local administrations) for integration of preventive service perspective, capacity building works, dissemination and re-application of best practices, data and evidence supported reports, case studies that shall be supported through grants and technical support.
- **Cooperation with new governmental and international partners (including the GoT) should be sought through intersectoral work and multi-sectoral stakeholder mapping.** These multi-sectoral working modality should be developed especially for humanitarian assistance, advocacy, law enforcement, communication, awareness raising, media relations etc. with the key actors, including not only public, private sectors, civil society, universities, but also other International Finance Institutions and donors.

Conclusion 3: Lack of comprehensive data on vulnerable groups may hinder the effectiveness of the interventions.

It is stated that **lack of comprehensive data** on certain issues and groups such as child marriages, underserved groups is a barrier to evidence-based programming¹⁷⁵. Continued difficulties in accessing official data related to GBV and CEFM may cause a challenge for robust meta-analyses. There is a need and demand for new statistics on young people's sexual and reproductive health behaviour and knowledge in Turkey. The latest survey on Youth Sexual and Reproductive Health was conducted with the collaboration of the Population Association and UNFPA 13 years ago¹⁷⁶.

The UNFPA CO has invested resources and efforts to produce data in all areas of its mandate, along with other development partners. Although consciousness about the value of data and evidence-based planning are in place, the availability of up-to-date and adequately-disaggregated data is still a challenge in all spheres of the UNFPA's work. This will affect the GoT and UNFPA priority-setting, planning, monitoring, trends analysis and projections.

Origin: EQ4

¹⁷⁵ Inception Report of the CEFM, 2018

¹⁷⁶ <https://turkey.unfpa.org/sites/default/files/pub-pdf/genclerdeceinselsaglik.pdf>

<p>Recommendation 3: Integrated efforts are necessary to bridge the data gap, also in view of achieving the SDGs. Data collection and analysis, as well as investment cases to certain topics/groups should be included into projects/interventions as much as possible for relevancy, efficiency and advocacy purposes.</p>	<p>Priority : High</p>
<p>Practical Implications:</p> <ul style="list-style-type: none"> • The UNFPA should continue to advocacy in conducting separate research and studies for data generation and analysis-related activities. As a response to data production and analysis, awareness raising shall be planned as part of collaboration and advocacy based activities, especially with the TurkStat, and support to MoFLSS in its efforts in data generation in line with the draft “National Strategy and Action Plan for Combating Early and Forced Marriages”¹⁷⁷ and UNFPA transformative goals. These efforts would also provide valuable inputs for (i) understanding and ensuring for compatibility of sectoral database (collected by different institutions in different areas) and national surveys (ii) sustainability of the interventions managed/planned by the CSOs and universities. • Strengthening data gathering (data collection on the prevalence and severity of the GBV) and survey on GBV perceptions were found to support further data collection on GBV, on the other hand complementary work is required to ensure using the data in policymaking. <u>Support to the production of data, analysis and dissemination of high quality evidence-based research results on GBV/HPs</u> is considered as a key strength of UNFPA. Data gathering on GBV not only supports evidence-based policymaking, but can also help to identify needs and gaps in the service delivery. 	
<p>Conclusion 4: The 6th CP was well aligned and responded to the UNFPA priorities in both UNFPA SPs and UN Partnership Framework as well as pertinent to growing importance international commitments and debate of the development framework. Origin: EQ1</p>	
<p>Recommendation 4: Adherence to the International Conventions, commitments should be strongly ensured through both advocacy support and interventions. National priorities and international commitments should be well balanced by the new CP. The compliance both with international conventions and national priorities would be an important basis for the successful programming.</p>	<p>Priority-Medium</p>
<p>Practical Implications:</p> <ul style="list-style-type: none"> • UNFPA should develop an holistic approach in the next programming period on key programme outcomes/outputs that are likely to make a concrete difference and demonstrate direct impact on the relevant sector and in the country. For example, sustainable development, sexual and reproductive health and reproductive rights, and HIV and gender equality and educational outcomes need <u>strong links both with international commitments and national legislation</u>. • The next country program should strongly continue to focus and adhere to the international conventions signed by Turkey. UNFPA shall continue to identify the PD, SRH and GEWE as main core of activities with particular reference to the International Treaties and in parallel with the UN global mission, the UNFPA’s mandate and the SDGs. Also transition from the GE to the GEWE, which was due to compliance with the global discussion, shall be effectively communicated. 	

¹⁷⁷ Inception Report of the CEFM, 2018

- In parallel to the UNFPA’s main mission, advocacy for harmonization of national laws with international standards should be continued along with possible provision of support to the relevant stakeholders, not only the MoFLSS, but also to the Presidency, Turkish Grand National Assembly and other key stakeholders, like the MoNE.
- The next CP shall cover joint interventions in close and effective monitoring of the legislative changes.

Conclusion 5: UNFPA has very extensive and functional monitoring tools and reporting mechanisms, on the other hand there were limitations on overall monitoring at the level of outcomes and results (limitations on qualitative assessments) to increase program effectiveness and future evaluations.

The monitoring of progress at the level of outcomes and/or qualitative assessment is limited.. Challenges, lessons learned are generally presented in the Annual Reports. In addition, overall effectiveness and efficiency of training programmes have been hardly evaluated due to absence of cumulative training assessment.

Origin: EQ6

Recommendation 5: The UNFPA CO should further strengthen outcome and result-based monitoring as well as strengthening qualitative assessment.

**Priority
medium**

Practical Implications:

- The UNFPA’s monitoring systems shall be strengthened to provide cumulative assessments and more coherent inputs for mid-term/biannually assessment and/or the CP evaluation.
- As capacity building is a significant component of UNFPA intervention results of training programmes and follow-up on impact should be done.
- Impact assessments of the interventions and capacity building activities as well as gender analysis of planning tools, the development plans will provide valuable inputs for the next cycle.

Conclusion 6: Stakeholder interest and willingness to cooperate was evident however sustainability of interventions was dependent on UNFPA’s support.

All stakeholders, NGOs, universities and the private sector, have demonstrated strong and active interest in contributing to and actively taking part in UNFPA-supported interventions.

Origin: EQ2-EQ3-EQ4

Recommendation 6: Factors promoting sustainability should be carefully designed in the framework of “*Sustainability and Exit Plan*” to include the followings, since UNFPA partners’ ownership and commitment are variable and follow-up mechanisms are necessary to sustain programme outcomes; (i) commitment to outcomes, (ii) capacity of stakeholders/IPs, (iii) strength of follow-up, and (iv) level of investment by partners.

**Priority:
Medium**

Practical Implications:

- Since sustainability factors listed above are quite sensitive to on-going administrative reform process in the country, potential difficulties, challenges and mitigation measures will be required efficient analysis in programming period, and this analysis should be repeated during the design of the interventions/projects.
- In addition to the MoUs, institutional protocols, other instruments and means should be considered to facilitate the cooperation that would be one of the prior subjects of the

next CP programing needs assessment studies.	
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<p>Conclusion 7: The triangular cooperation (among the public sector, private sector and civil society) was a key success factor for integrated programming and effective implementation, while the cooperation with public sector was limited in this CP implementation cycle.</p> <p>Origin: EQ2-EQ3-EQ4-EQ5-EQ6</p>	
<p>Recommendation 7: There would be a need to extend the coverage of institutional cooperation and partnerships in the area of SRH and GEWE to strengthen the alignment and relevance of the next CP. Distance between universities and civil society and the private sector has been diminished along with very valuable examples (i.e. BADV), and shall be disseminated.</p>	<p>Priority: Medium</p>
<p>Practical Implications:</p> <ul style="list-style-type: none"> • With reference to the cooperation with the public sector (such as MoH, MoFLSS, the Grand National Assembly, the MoJ, the MoNE, the MoI, Radio and Television Supreme Court (RTÜK), Council of Higher Education (CHE-YÖK) is suggested to be carefully considered as potential collaborators to ensure a significant and sustained reduction in GBV and to achieve SRH and GE in Turkey. • In line with Public institutions’ expectation from the next CP design of local pathfinder/demonstrator projects to be later upscaled to larger programmes. • Cooperation and collaboration shall be sustained with women and youth NGOs to strengthen and to enable them as active implementer and advocate in the sector. • More focus and continuity to support not only for national level NGOs, but also support for local level NGOs, as possible. • Consideration and efforts to localize national programmes e.g. disseminating the Provincial Joint Platforms under BADV (i.e. Bursa, Istanbul and recently attempt for Izmir and) are important intentions to disseminate to other provinces, particularly with the support from UNFPA for Ankara having four working groups, Project Group, Training, Monitoring and Evaluation, Communication). 	

<p>Conclusion 8: Advocacy, active participation and readiness to respond to challenges of the country were the significant value added factors of the current CP.</p> <p>UNFPA demonstrated a significant added value to all of its partners and it was considered a main source of expertise with regard to SRH, PD and GEWE.</p> <p>Joint consideration of the role of the UN Agencies and the UNFPA’s role is important for strong advocacy of the GEWE and SRH along with dissemination and effective communication of the results of the joint programmes.</p> <p>Coordination is an absolute necessity at all levels; UN Agencies Level, Other IFIs and donors Level, Public and Governmental Organisations Level, NGOs Level.</p> <p>Absence of an overall communication strategy is considered as a weak point for various stakeholders who have expressed as insufficient and necessitate overall effort of coordination and technical guidance (identification of joint/thematic areas, language, provision of content for communication and awareness raising activities) that would have direct influence on the advocacy.</p> <p>Origin: EQ2-EQ6 and EQ8</p>	
<p>Recommendation 8: UNFPA should increase its advocacy effort in programmatic areas in a more integrated programming way and/or through the joint programmes with other</p>	<p>Priority: High</p>

<p>UN agencies.</p> <p>Effectively coordinated communication strategy and promotion, visibility activities need to be developed and implemented, since on-going fragmented communication activities diminish the efficiency of spill over effect.</p> <p>The key issue for awareness raising and training programmes is to have regular and refreshing programmes based on lessons learned and feedbacks from both the participants and trainers.</p>	
<p>Practical Implications:</p> <ul style="list-style-type: none"> • The planning and designing stage of interventions and joint activities require in advance preliminary working and close cooperation/agreement with the partners. <u>Issues regarding details of partnership especially administrative and financial issues, visibility requirements shall be discussed prior to contracting, since business models and structure of the partners may differ.</u> Exit strategies and/or alternative modalities on how to sustain results after withdrawal/ending from projects shall be planned in the beginning of the partnerships. • Beneficiaries' and target groups' involvement (i.e. universities, young population etc.) in the consultation mechanism would increase ownerships and create value added factors. • Division of tasks and mandates among the UN Agencies (UNDP; UN Women, UNFPA etc.) need to be effectively communicated to the IPs, NGOs and other relevant parties. • National/local-level planning – coordination is critical. Investment on time and intersectoral efforts are also required for building a strong relationship and collaboration with the public institutions as well as other local actors like municipalities. <p>Origin: EQ2-EQ3-EQ4-EQ5 and EQ6</p>	

4.2 Programmatic level conclusions and recommendations along with practical implications

This chapter presents the evaluation team's programmatic recommendations for the next CP following from the conclusions drawn in the previous chapter.

<p>Sexual and Reproductive Health and Rights (SRHR)</p> <p>Conclusion 9: The UNFPA has collaborated and worked closely with CSOs in order to respond to the rights and needs of the most vulnerable groups in the area of sexuality education, young people's SRH, people at risk of HIV</p> <p>Origin: EQ1-EQ2-EQ5-EQ6</p>	
<p>Recommendation 9: UNFPA should strike a balance between Turkey's SRH priorities and global reproductive health strategies and priorities to promote reproductive rights of individuals, with sustainable partnerships to achieve effective health in general in all respective policies. Interventions should encompass adherence to SRH policies and reforms, sensitization of the communities for most vulnerable groups to address and prevent SRHR needs of adolescent and young people.</p>	<p>Priority-medium</p>
<p>Practical Implications:</p> <ul style="list-style-type: none"> • The UNFPA shall be expected to address FP together with unmet need, unintended pregnancies, STIs and the other hidden SRHR issues specifically faced by the poor and vulnerable groups, which are still remaining challenges for the country. UNFPA shall start new strong policy advocacy and lobbying for FP and maternal health including the GoT's new service provision system and facilities. 	

- UNFPA should design interventions to directly **empower and improve capacity of youth NGOs working in the areas of SRH and human rights**, considering magnitude of the young people in country.
- There is an increasing need to scale up to **strengthen national capacity to provide sexual and reproductive health and sexual and gender-based violence response services in humanitarian settings**.
- The UNFPA has taken important steps to roll out **sectoral collaboration with the MoNE** in the schools, to integrate sexuality education besides GE into the school curricula as mandatory. However, this intervention must be sustainable with strong collaboration including the public schools.
- UNFPA should give more importance to the CSE, based on previous initiatives and important steps to integrate CSE into the curriculum. UNFPA should consider finding a solution in cooperation with other actors that CSE needs to be demonstrated by country representative research on pupils.
- UNFPA shall be expected to have close collaboration with the MoH to address the HIV epidemics among key populations in Turkey.
- There is also a need to improve coordination and collaboration with the MoNE and to **develop a Plan on comprehensive sexuality education by the new CP, taking into consideration the socio-cultural sensitivities in Turkey**. UNFPA needs to leverage its expertise to develop the specific guidelines for comprehensive sexuality education both at the student and teacher levels in order to strengthen the national ownership.
- **Establishment of new youth models will be necessary in service providing points**, since there is still a big gap in reaching out to young people with comprehensive SRH information and services. UNFPA shall continue on advocacy efforts and new service provision especially in the universities. It is also recommended to improve SRH services in the university health centers.
- UNFPA should place efforts to conduct a **country representative research on young people's sexual behaviour and knowledge** to demonstrate better linkages between the needs and expectations of young people in order to develop strategies for the improvement.
- UNFPA should **enhance the coverage of MISP training** as part of the in-service and the National Health Service contingency planning which was also mentioned by the previous CP evaluation.
- UNFPA should ensure the **planning of prevention of HIV transmission for key population**, which will integrate into primary health care through close cooperation with the MoH.
- While the HIV/AIDS interventions have increasingly addressed more of the key population in the urban areas, based on key informant interviews further efforts are required to reach the groups in the rural areas, including all the other municipalities in the next programme.
- UNFPA should **scale up its support towards health service providers on SRH and EMOC particularly in poor urban areas and slums** in the cities. UNFPA should continue to strengthen collaboration with the MoH and other stakeholders to achieve SRH outcomes at the national and local levels in order to reduce national disparities.
- Non-discriminatory service provision mechanisms must be enabled by the GoT with respect to accessibility, affordability, acceptability and quality of all SRH services for the most vulnerable population including people at risk of HIV, young people as well

as Roma. Therefore UNFPA should scale up **continuous efforts for advocacy, particularly reproductive rights in the media and international environment.**

Gender Equality and Women Empowerment (GEWE)

Conclusion 10: Interventions within the overall framework of GEWE and rights-based legislation and policies in the current programming period remain limited, mainly focused on GBV and on the partnership with business sector which have been prominent leverages, but still need to be strengthened with involvement of different sectors/actors both at the national and local level.

Political conjuncture, which is hardly providing an enabling environment for rights-based policies, has seriously influenced effectiveness of the GEWE interventions and they have also hindered progress in accelerating GE in the country along with underlying factors.

Origin: EQ1-EQ3-EQ5-EQ6

Recommendation 10: UNFPA should support the development, reform, and enforcement of legislation and policies on GE and prevent GBV in collaboration with the public institutions and NGOs;

Priority: Medium

- 6th CP’s specific output on **strengthening the legal infrastructure would also be a priority in the next CP**, since gender inequalities and negative gender norms are root causes of GBV and CEFM.
- UNFPA’s position shall be focused on promoting **effective integration of international treaties’ not only into the national legislation, but also into the effective utilization of interventions both at central and local level** accompanied with strong **advocacy, communication and concrete capacity building measures.**
- It is also recommended to use **CEDAW and other relevant international commitments as guidance, normative framework and accountability tool for work on GBV.**
- UNFPA should promote the rights of all women and girls to live free of violence and abuse and furthering gender equality and women’s empowerment.

Practical Implications:

- **Early consultation and cooperation** should be planned with the MoFLSS and the MoNE for the programming of the next CP to ensure continued efforts for the implementation of relevant policies. In addition to strong advocacy and technical collaboration with relevant ministries and public bodies as well as CSOs, **lessons learned and experience with the local administrations will be effectively transferred in to the national level policy discussions**, for example incompatibility of GBV mechanisms with the legal system, VPMC/ŞÖNİM.
- There is a need to indicate for accurate baseline and analysis of sex and age disaggregated data to, provide effective and efficient support to interventions of GE. UNFPA should raise funding for policy impact analysis on GE interventions, which is a very effective way to elaborate interventions and convince different parties to cooperate.
- The MoI has demonstrated ownership of the progress toward GE and preventing GBV but further support is needed.
- Another key issue for the coordination is to have/identify SMART indicators for the joint programmes, as discussed by the GEWE Result Group.
- The capacity building efforts for all stakeholders, IPs, beneficiaries and public institutions on GE and other gender related issues need to be continued. Training

<p>programmes shall be continued with well-designed modules with target group oriented and with diversified themes along with refreshing, complementary, advanced topics.</p> <ul style="list-style-type: none"> • Intervention to provide targeted services for GBV with the Police and the Gendarmerie shall be regularly continued and with advanced curricula along with complementary capacity development interventions. • Target oriented, user-friendly and easy-utilised solutions/materials, which were developed for the BADV, have been well internalised and absorbed by the private sector and the universities. They shall be continued for the sustainability. • Since it is difficult to evaluate the efficiency of whole training programme in the absence of individual training assessment; an ex-post/consolidated training evaluation / training impact assessment shall be conducted and the next rounds of training programmes should also be subject to evaluation. • Cooperation should be sustained with the MoNE to increase the adolescents' awareness on GEWE. • To increase efficiency and sustainability of the training programmes for the law enforcement, it is also recommended to <ul style="list-style-type: none"> ○ Cooperate with the MoJ and the Bar Associations; ○ Provide in-depth knowledge with reference to the international treaties and national practicalities; ○ Continue with well-balanced theoretical and on-the-job practical training; ○ Monitor/analyse efficiency of training programmes; ○ Continue with regular training programmes along with provision of well-designed and diversified training materials, promotion materials, brochures, posters and visuals. 	
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<p>Population and Development (PD)</p> <p>Conclusion 11:</p> <p>Several studies have been conducted regarding vulnerable groups by UNFPA, since UNFPA has been mandated to always protect the interests of the most vulnerable groups that has been succeeded thanks to the CO's efforts particularly important for the NGOs, which were well equipped by the technical support by the UNFPA.</p> <p>The 6th CP is particularly effective in addressing the capacity development needs in data collection and analysis on SDGs. The UNFPA has effectively built awareness and increased capacity for generating and analysing disaggregated population data, forecasting population dynamics and assessing demographic development linkages. Mainly the government officers were trained on SDGs-Development, SDGs-Health, and Migration.</p> <p>Origin: EQ1-EQ4-EQ5-EQ6</p>	
<p>Recommendation 11:</p> <p>UNFPA should collaborate with government of Turkey for improvement of national statistics system, identify SDGs indicators data gap and provide appropriate support for proper measure of SDG targets.</p>	<p>Priority: Medium</p>
<p>Practical Implications:</p> <ul style="list-style-type: none"> • It is suggested to increase investment in collection of humanitarian data, risk assessment analysis, and information management to deliver UNFPA mandate. • Advocacy of results and conclusion of population studies should be disseminated to the relevant parties. • The UNFPA CO shall be reactivated existing mechanisms to advocate new findings and 	

results of the new research on PD and SRH, such as the ICPD +20 Platform.

- UNFPA shall contribute in strengthening national policies and international development agendas through the integration of evidence-based analysis on PD with a sustainable manner.
- The capacity building efforts for all stakeholders, IPs, beneficiaries and public institutions on SDGs related issues needs to be supported.. The training programmes coverage should be expanded to promote the post-2015 development agenda including more representatives from the NGOs and universities.

Annex 1.

The terms of reference of the cluster evaluation Turkey, Georgia and Azerbaijan

A. INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations sexual and reproductive health agency for ensuring rights and choices of all. The strategic goal of UNFPA is to achieve the three transformative results: ending unmet need for family planning, ending maternal death, and ending violence and harmful practices against women and girls. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), the Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015).

Cluster evaluation approach to conduct country programme evaluation in middle-income countries has been found as a feasible option. Key features of this evaluation approach are - evaluation focus will be more than one country and evaluate greater or lesser relevance and effectiveness of the different strategies adopted in the countries and thematic/programmatic areas. The product of this evaluation will be a single report with country annexes with specific aspects by country, treated as a country report. However, each country annex will not be equivalent to traditional Country Programme Evaluation reports. In one hand, the cluster evaluation allows economies of scale with savings for the offices, and adds value to the analysis of some common aspects, on the other hand, it inevitably provides a greater depth of analysis on issues of particular strategic relevance and savings of financial resources for all at the cluster level.

Azerbaijan, Georgia and Turkey are UNFPA country offices that form one of the administrative clusters of the Eastern Europe and Central Asia region. The country programmes of these offices have the harmonized programme cycle ending in 2020, therefore the cluster programme evaluation of all three country programmes is found feasible.

The overall objective of the evaluation is to assess the extent to which the three country programmes achieved intended results and use the findings for the purposes of further programme design and interventions. The primary users of this evaluation are the decision-makers within the UNFPA country offices and organization at whole, government counterparts in Azerbaijan, Georgia and Turkey, the UNFPA Executive Board, and other development partners.

The primary users of this evaluation are the decision-makers in cluster countries where UNFPA operates, including the organization as a whole, government counterparts, and other development partners. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

The evaluation will be managed by a steering committee consisting of country office evaluation managers with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation and the UNFPA Evaluation Office, and in consultations with the Evaluation Reference Group. A team of competitively selected independent evaluators will conduct the cluster evaluation and prepare the cluster evaluation report and country reports.

B. CONTEXT

a. Country Profile

TURKEY: The population of Turkey reached 80.8 million in 2017. Turkey ranks 71 out of 188 countries in the 2017 HDI with a high income inequality (Gini index 0.4). Although Turkey achieved the MDGs in poverty alleviation, education and reducing maternal and infant mortality, there are

challenges in achieving the ICPD mandate due to disparities and inequalities faced by women, seasonal migrant workers, the Roma population, people at risk of HIV, sex workers, individuals and groups based on their sexual orientation and people at risk of gender-based violence. As a result of the 2011 health structural reform, the delivery of sexual and reproductive health services has been transferred to family physicians; however, many lack the necessary skills. This has led to problems in the provision of family planning services, including provision of commodities, sexually transmitted infections management, volunteer counseling and HIV testing. The HIV cases are rapidly increasing and Turkey lacks epidemiological data on key populations that are most at risk of HIV, which are critical in slowing down acceleration of the epidemic. Young people aged 10-24 years represent 24 per cent of the population. Approximately 29 per cent of youth (aged 15-24 years old) are neither in school nor employed. Absence of a multisectoral youth policy, lack of youth-friendly health services and comprehensive sexuality education in school-based curricula are long standing challenges. Gender inequality is the main root cause of gender-based violence in Turkey. According to the National Domestic Violence Survey (2014), 38 percent of surveyed women had been physically or sexually abused by their husbands or partners.

Turkey hosts above 3.5 million Syrians which represents almost 4% of Turkey's population. 90% of this group live out of camps in very poor conditions. 71% of all refugees in Turkey are women and children. Access to sexual and reproductive health services and gender-based violence response services is very limited for refugees due to poor reach and knowledge, cultural and language barriers, and unavailability of certain standards and guidelines for services for refugees.

AZERBAIJAN: The population of the Republic of Azerbaijan reached 9.5 million in 2015, of which 53.2 percent reside in urban settlements. Azerbaijan is an upper-middle income country according to the World Bank report. Rich hydrocarbon reserves have contributed to this economic growth. The human development index of Azerbaijan for 2013 was high at 0.747. Nevertheless, under-developed institutional capacity continued to present a barrier to effective transformation of oil wealth into sustainable human development. The conflict with neighbouring Armenia caused influx of 700,000 people internally displaced to urban settlements, burdening the country's economy, health and social protection systems.

Notable progress has been achieved in some areas of reproductive health, including decrease in maternal mortality ratio from 35.5 per 100,000 live births in 2007 to 14.5 in 2013. However, an effective legal and policy framework on sexual and reproductive health rights is absent. The total fertility rate of the population is slightly above the replacement level at 2.2 children per woman. The use of modern contraceptives amongst currently married women of reproductive age is very low (13.9 percent (DHS 2011)). The rate of induced abortions in Azerbaijan is 41 percent, which is one of the highest indicators in the region. Azerbaijan has one of the highest skewed sex ratio at birth in the world (114 males per 100 females (SSC, 2017)). The absence of comprehensive sexuality education programmes and low participation of adolescents and youth in decision-making processes regarding sexual and reproductive health and rights limit their prospects for safe, healthy and successful transition to adulthood. Gender inequality continues being one of the key challenges to realising sexual and reproductive health and rights. Although the legal guarantees for the promotion of human rights of the women are in place, the lack of effective implementation mechanism on gender-based violence and discrimination leaves hundreds of women vulnerable to abuse.

GEORGIA: Georgia is a post-Soviet country in the South Caucasus with a population of 3.73 million. The development of the country was affected by civil unrest and armed conflict; about one million people left Georgia and more than 250,000 people became internally displaced from the conflict-affected regions. Georgia is a lower-middle-income country, with 25 percent of the population living below the \$2.50 a day poverty line. During the last decade, economic growth averaged 6 per cent annually, though the unemployment rate is 15 percent.

According to the Georgia reproductive health survey (2010), the total fertility rate is 2 children per woman. Trends in health indicators show improvements in attaining universal coverage of prenatal care, increasing modern contraceptive prevalence rates and reducing the abortion rate. However, the prevalence of modern contraceptive methods is still low, at 35 per cent. Although the total abortion rate has dropped, from 3.7 per woman in 1999 to 1.6 per woman in 2010, it remains a main method of fertility regulation. The maternal mortality ratio, at 41 per 100,000 live births in 2013, is a priority public health agenda. The massive privatization of health infrastructure since 2007 has not been accompanied by adequate regulations for quality control. Breast and cervical cancers are among the main causes of morbidity and mortality of women; over 45 per cent of cases are diagnosed at later stages. Georgia is among countries with low concentrated HIV epidemics, with a 0.3 percent prevalence rate (2013).

Young people aged 10-24 years make up 19 percent of the population. Youth unemployment in 15-29 year age group is high. The lack of youth-friendly services, the absence of education on healthy lifestyle and pervasive cultural stigma hinder adolescents and youth from accessing sexual and reproductive health services and information, thereby risking HIV infection and unintended pregnancies. Gender inequality is high in Georgia, ranking 81 among 187 countries in the world gender inequality index. Low political and economic participation of women, high prevalence of domestic violence and prevalence of early marriage practices are major concerns.

b. UNFPA Country Programme

Turkey: To address existing needs and challenges, the UNFPA Turkey together with the government has developed the six country programme through a participatory approach in consultation with civil society, in line with the analysis of the current situation as well as the national and international agenda. Turkey country programme focused on advocacy and policy dialogue in support of government efforts to reduce disparities in the access to sexual and reproductive health and rights and gender equality, particularly for most vulnerable. More specifically, the programme aimed at:

- Reaching more of the most vulnerable people and groups, including refugees;
- Strengthening interventions for marginalized youth; and
- Enhancing its advocacy role by promoting gender equality and coordinated gender-based violence protection and prevention services and local level gender mainstreaming.

Azerbaijan: UNFPA Azerbaijan developed the fourth country programme to address some of the existing challenges and contribute to the priorities of the national development strategy of Azerbaijan: Vision 2020, the United Nations Azerbaijan Partnership Framework 2016-2020, the UNFPA Strategic Plan 2014-2017 as well as the Post-2015 Development Agenda and the related set of sustainable development goals. The program aimed at: (a) strengthening legal and policy frameworks to deliver integrated sexual and reproductive health services, with focus on adolescents, youth and vulnerable groups; (b) strengthening national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights; (c) strengthening national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its inter-linkages with sexual and reproductive health and rights.

The fourth country programme is being implemented in close cooperation with the government and other partner agencies to ensure national ownership and accountability through effective, efficient, collaborative and strategic interventions. To ensure compliance with UNFPA business model, the focus has been on upstream work to ensure universal access to sexual and reproductive health

and gender equality through achieving a series of interrelated outputs reflecting the major principles underpinning the work of UNFPA.

Georgia CP: The third country programme (2016-2020) was developed by UNFPA Georgia and the Government through a participatory approach, in line with the needs of the country. It responds to national priorities, contributes to the United Nations Partnership for Sustainable Development (UNPSD) 2016-2020, and is in line with the aspiration of Georgia for European integration. The country programme contributes to the post-2015 development agenda and to the UNFPA Strategic Plan, 2014-2017. The programme focuses on the following areas: (a) sexual and reproductive health, including adolescents and youth; (b) gender equality and women's empowerment; and (c) population dynamics and proposed programme employs effective programming strategies to work in the middle-income country context, such as advocacy, policy dialogue and advice, generating evidence for policy development, knowledge management and brokerage of technical expertise. Service provision is supported only in the conflict-affected regions, including within the framework of the United Nations joint programme.

The programme works on a transformative development agenda that is universal, inclusive, human rights-based, integrated and anchored in the principles of equality.

C. OBJECTIVES AND SCOPE OF THE CLUSTER EVALUATION

The overall objectives of a cluster evaluation: (i) an enhanced accountability of UNFPA and its country offices for the relevance and performance of its country programme and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives:

- To provide an independent assessment of the progress of each country programme towards the expected outputs and outcomes set forth in the results framework of the respective country programme;
- To provide an assessment of each country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national priority needs while adding value to the country development results.
- To draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented forward-looking strategic recommendations in light of agenda 2030 for the next programming cycle.

The evaluation is expected to be completed by May 2019 and carried out in accordance with the Cluster Evaluation Implementation Plan (ref: Annex 5).

Scope of evaluation:

The evaluation will cover 3 countries including Azerbaijan, Georgia and Turkey. The evaluation will cover three programmatic areas including reproductive health, gender, population and development. Youth development and HIV prevention issues, are mainstreamed within the programmatic area of country programmes. In addition, in Turkey, as a fourth programmatic area, humanitarian assistance will be covered. For the humanitarian assistance part, the evaluation will highly rely on already existing evaluation findings / reports which will be made available to the evaluation team. However, evaluation team may focus on areas of intervention which are not covered by other evaluations. During the evaluation the relevant regions, provinces, cities might be visited in Azerbaijan, Georgia and Turkey.

The evaluation (including country studies) will cover all activities planned and/or implemented during the period: **Turkey 2014-2020**, **Azerbaijan 2014-2020**, and **Georgia 2016-2020**, within each programme: sexual and reproductive health and rights, adolescent and youth, population dynamics, gender equality and humanitarian response, and cross-cutting areas: partnership,

resource mobilization, and communication). **The scope of the evaluation is extended beyond the current programme period to assess achievement/non-achievement of higher level development results.** Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects.

The cluster evaluation should analyze the achievements of UNFPA against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018--2021, the UN partnership Framework, and national development priorities and needs.

D. EVALUATION CRITERIA AND EVALUATION QUESTIONS

The following evaluation questions addressing the evaluation criteria: relevance, effectiveness, efficiency, and sustainability as well as coordination with the UNCT, and added value will be used for the cluster evaluation.

Relevance:

- To what extent is the UNFPA support in the field of [reproductive health] (i) adapted to the needs of the population (ii) and in line with the priorities set by the international and national policy frameworks (iii) aligned with the UNFPA strategic plan and the UN Partnership Framework? Do planned interventions adequately reflect the goals stated in the UNFPA Strategic Plan?

Effectiveness:

- To what extent have the intended programme outputs been achieved?
- To what extent did the outputs contribute to the achievement of the planned outcomes (i. increased utilization of integrated SRH Services by those furthest behind, ii. increased the access of young people to quality SRH services and sexuality education, iii. mainstreaming of provisions to advance gender equality, and iv. developing of evidence-based national population policies) and what was the degree of achievement of the outcomes?
- To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?
- To what extent has UNFPA contributed to an improved emergency preparedness in Turkey, Georgia and Azerbaijan in the area of maternal health/sexual and reproductive health, prevention of gender based violence including MISV?

Efficiency:

- To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the Results defined in the UNFPA country programme?

Sustainability:

- To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
- To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

UNFPA Country programme coordination with UNCT:

- To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA Country programme added value:

- What is the main UNFPA added value in the country context as perceived by UNCT and national stakeholders?

E. METHODOLOGY AND APPROACH

The cluster evaluation will be based on a participatory design that is expected to include the quantitative and qualitative data collection methods.

The proposed methodology by the evaluation team will elaborate in detail on the relevant data sources, sampling size and techniques, data collection instruments and procedures, ethical considerations, as well as the strategies necessary for mitigating the major limitations of the proposed design, if any.

Data Collection

The evaluation will use a multiple-method approach to data collection, including documentary review, group and individual interviews, focus groups and field visits to programme sites as appropriate. The collection of evaluation data will be carried out through a variety of techniques ranging from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

The evaluators will be required to take into account **ethical considerations when collecting information**.

Data validation

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

Data Analysis

The evaluation team will ensure the following in analyzing data, formulating finding and reaching to conclusions.

- i. Are the findings substantiated by evidence?
- ii. Is the basis for interpretations carefully described?
- iii. Is the analysis presented against the evaluation questions?
- iv. Is the analysis transparent about the sources and quality of data?
- v. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?
- vi. Does the analysis show different outcomes for different target groups, as relevant?
- vii. Is the analysis presented against contextual factors?
- viii. Does the analysis elaborate on **cross-cutting issues such as equity and vulnerability, gender equality and human rights?**

Stakeholders participation

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

An **Evaluation Reference Group (ERG)** will be established by the UNFPA Country Office in each country comprising key programme stakeholders (national governmental and non-governmental

counterparts, Evaluation Manager from the UNFPA Country Office). The ERG will review and provide inputs to the country case study, provide feedback to the evaluation design report, facilitate access of evaluators to information sources, and provide comments on the main deliverables of the evaluation, in particular the country case studies at the draft stage.

F. EVALUATION PROCESS

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

a. *Preparation phase:*

This phase, managed by the UNFPA Offices, will include:

- Drafting of cluster programme evaluation (CPE) terms of reference (ToR);
- Establishing an Evaluation Reference Group (ERG);
- Receiving approval of the CPE ToR from the UNFPA Regional Office;
- Selecting potential evaluators;
- Receiving pre-qualification of potential evaluators from the UNFPA Regional Office;
- Recruiting evaluators and establishing an Evaluation Team chaired by the Evaluation Team Leader;
- Preparing the initial set of documentation for the evaluation, including the list of Atlas projects and stakeholder map.

b. *Evaluation design phase*

This phase will include:

- a **documentary review** of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined;
- a **stakeholder mapping** – The evaluation managers will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- an **analysis of the intervention logic** of the programme, - i.e., the theory of change meant to lead from planned activities to the intended results of the programme;
- the **finalization of the list of evaluation questions**;
- the **development of a data collection and analysis strategy** as well as a concrete work plan for the field phase.

At the end of the design phase, the evaluation team leader will produce a **design report**, that will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report.

The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The design report should also present the reconstructed programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed, validated and approved by the **UNFPA Evaluation Steering Committee** before the evaluation field phase commences.

c. *Training phase*

The evaluation team leader will conduct a training on evaluation methodology, evaluation tools, data collection, data analysis, and preparation of country case studies for national evaluators hired by UNFPA. The national evaluators will finalize country stakeholders map, adjust/translate data collection tools etc.

d. Field phase

After the design phase, the evaluation team will undertake a three-week in-country collection and analysis of the data required in order to answer the evaluation questions final list consolidated at the design phase. At the end of the field phase, the country evaluation team will provide the COs with a **debriefing presentation** on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

e. Synthesis and dissemination phase

During this phase, the Country Evaluation Team will continue the analytical work initiated during the field phase and prepare **country case studies**, taking into account comments made by the Evaluation Steering Committee and Evaluation Reference Group at the debriefing meeting and the Evaluation Team Leader.

This **first draft country reports** will be submitted to each Evaluation Reference Group for comments (in writing). Comments of the Country Evaluation Reference Group and evaluation managers will be consolidated. The draft country reports will form the basis for a dissemination seminar/s, which will be attended by the CO as well as all the key programme stakeholders in the Evaluation Reference Group (including key national counterparts). The final report will be drafted by the Team Leader based on the comments received. This first draft evaluation report will be shared with the Evaluation Steering Committee for the feedback and comments. The final Evaluation report will be shared with stakeholders in the three countries, as part of a launch.

G. Expected outputs/ deliverables

The evaluation team will produce the following deliverables:

- a cluster evaluation design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase. The design report should have a maximum of 70 pages;
- a first draft cluster evaluation report and three first draft country studies accompanied by a debriefing PowerPoint presentation synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the Evaluation Steering Committee during the (online or in person) debriefing meeting foreseen at the end of the field phase;
- a second draft cluster evaluation report and three country case studies (followed by a second draft, taking into account potential comments from the Evaluation Steering Committee) and Evaluation Reference Group. The evaluation report should have a maximum of 50 pages (plus up to 70 pages for each Case Study, and plus annexes); three PowerPoint presentations of the results of the evaluation for the dissemination seminars to be held separately in each office AoR, and led by the national evaluators;
- a final cluster evaluation report including three country case studies, based on comments expressed during the dissemination seminars.

All deliverables will be written in English. The PowerPoint presentation for the dissemination seminars and the final evaluation report might need to be translated in local languages if requested by national counterparts.

H. Work plan/ Indicative timeframe

Phases/deliverables	Dates
Preparation phase - Drafting and approval of the ToR - Recruitment of experts (TL, RA, National Experts)	October, 2018 November, 2018

Evaluation design phase: - Submission of the design report	December, 2018
Training phase: - Training on evaluation design	January, 2019
Field phase: - Data Collection - Debriefing CO	February- March, 2019 March 2019
Synthesis and dissemination phase: - Development of Country Case Studies - Dissemination - Finalization of the Country Case Studies - 1st draft Evaluation Report - 2nd final draft Cluster Evaluation Report - Final Cluster Evaluation Report	1 April, 2019 10 April, 2019 15 April, 2019 30 April, 2019 15 May, 2019 20 May, 2019

I. COMPOSITION OF THE EVALUATION TEAM

The evaluation team will consist of:

The evaluation team will consist of:

- a) **A Team Leader** with overall responsibility for development of **cluster design report, facilitation of a training on:** evaluation design, methodology on field data collection, data analysis and submission of country case studies. Furthermore, s/he will lead and coordinate the work of the National Evaluation Teams in the field phase and will be responsible for **reviewing and improving case studies** prepared by national evaluators. S/he will be supporting dissemination of Country Case Studies (including Country Case Studies and synthesis). Finally, s/he will be responsible for writing draft/final evaluation report. S/he will be in regular contact with the Evaluation Team remotely via Internet to get updates on the field work progress. In case s/he decides that the collected information is not sufficient or of good quality, s/he may request national evaluators to conduct additional interviews with key stakeholders or, as a last resort, s/he may travel to the country for preparing the draft country case studies.

The Evaluation Team Leader should have the following qualifications:

- Advanced degree in social sciences, political sciences, economics or related fields;
- Minimum 15 years of experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations in the position of lead evaluator,
- Specialization in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender equality, population and development, adolescent and youth policies)
- Demonstrated ability and knowledge to collect and analyze qualitative and quantitative data (a training on data analysis using software e.g. SPSS);
- Good knowledge and experience of programme evaluation in the humanitarian settings will be strong assets;
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills;
- Excellent command of both spoken and written English is required.

- b) **Three national evaluators** (one in each country office) with overall responsibility for field data collection, data analysis, drafting of Country Case studies and providing support to the Team

Leader with drafting cluster evaluation report in addition to collecting data for one substantive component. Each national evaluator should have expertise in at least one of the core subject area/s of the evaluation - Sexual and Reproductive Health and Rights, Gender Equality and/or Population Development. National evaluators will also facilitate evaluation dissemination seminars and will assist the Team Leader by embedding comments from these seminars into the country case studies and final evaluation report. Besides personal expertise in conducting complex programme evaluations, the evaluators should have a good knowledge of the national development context and be fluent in the local language and English.

- Advanced degree in social sciences, public health, women's studies, gender equality, population studies, demography, statistics or related fields;
- At least 5 years of experience in conducting evaluations as a member of evaluation team or individual evaluator for UN agencies and/or other international organizations;
- Demonstrated ability and knowledge to collect qualitative and quantitative data;
- Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills;
- Fluency in local and English Language.

c) **Three National experts** (one in each country office), who will each provide expertise in other two programmatic areas of the evaluation. The expert will take part in the data collection and analysis work, and will provide substantive inputs into the evaluation processes through participation in developing the case studies as per programmatic areas, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the National Evaluator and Evaluation Team Leader. The modality and participation of experts in the evaluation process, including participation in interviews/meetings, provision of technical inputs, drafting parts of the evaluation reports, will be agreed by the Evaluation Team Leader and done under her/his supervision and guidance. The necessary qualifications of the evaluators will include:

- Advanced degree in social sciences, public health, women's studies, gender equality, population studies, demography, statistics or related fields;
- At least 2 years of experience in implementing initiatives in at least one of the core subject area/s of the evaluation - Sexual and Reproductive Health, Gender or Population Dynamics;
- Demonstrated ability and knowledge to collect qualitative and quantitative data;
- Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
- Familiarity with UNFPA or UN programming;
- Excellent writing and communication skills;
- Fluency in local and English Language.

d) **A research assistant** will collect, compile and analyze available data relating to three countries in the format requested by the team leader as per the evaluation handbook, and be supported and supervised by evaluation managers of each country; assess availability of data and existing gaps by using the following questions:

- What studies exist
- What data are available that is linked to the country programme and country situation (SIS – output results, country office annual reports; GPS – financial data; major surveys – conducted under the CP; financial resources; etc.)
- Providing input for the synthesis phase

Qualification of research assistant

- Bachelor's degree in statistics, social sciences, population studies, economics or related fields;
- Minimum 2 years of experience in data collection and analysis (with the use of the relevant statistical software packages);
- Knowledge of qualitative/quantitative research methods;

- Familiarity with UNFPA or UN operations;
- Fluency in written and spoken English

J. Remuneration and duration of contract

Repatriation of work days among the Evaluation Team will be the following:

- For the Team Leader: a total of 53 work days – 25 work days for development of design report, 6 work days (including travel) for preparation and facilitation of a training workshop for National Evaluators, 12 work days for joint development of four Case Studies with National Evaluators and off-site technical support to national evaluators if needed, and 10 work days for development of draft and final evaluation reports;
- For National Evaluators: a total of 25 work days each - 4 work days for participation at the training workshop, 15 work days for field work, and 6 days for development and presentation of draft and final Case Study report);
- For National Experts: a total of 25 work days each - 4 work days for participation at the training workshop, 15 work days for field work, and 6 work days for preparing draft and final Case Study.
- For Research Assistants: a total of 34 work days each - 15 days for reviewing and analysing data, for preparation of the training and field phase, 19 days for support during the field phase, and engagement in synthesis phase.

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

Team Leader: (Total 53 days)

- Upon satisfactory submission of evaluation design report: 47% completion (*25 days*) (Date: 15 December)
- Upon satisfactory conduction of the training: 11% completion (*6 days*) (Date: 30 January)
- Upon satisfactory finalization of the country case studies: 23% completion (*12 days*) (Date: 15 April 2019)
- Upon satisfactory development of the final evaluation report (including country case studies): 19% completion (*10 days*) (Date: 20 May 2019)

National Evaluators: (Total 25 days)

- Upon satisfactory implementation of the field phase, and development of first draft case studies: 40% completion (*10 days*) (Date: 1 April 2019)
- Upon finalisation of the country case studies 60% completion (*15 days*) (Date: 15 April 2019)

National Experts: (Total 25 days)

- Upon satisfactory implementation of the field phase, and development of first draft Case Studies: 40% completion (*10 days*) (Date: 1 April 2019)
- Upon finalisation of the Country Case Studies 15 days 60% completion (*15 days*) (Date: 15 April 2019)

Research Assistant: (Total 34 days)

- Upon satisfactory review and analysis of data: (*15 days*) (Date: 25 December, 2018)
- Upon satisfactory preparation and execution of the final evaluation report (*19 days*) (Date: 20 May 2019)

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees. DSAs and travel costs of the Team Leader will be shared among the three cluster offices.

K. Management and conduct of the evaluation

The evaluation will be guided by these terms of reference approved by the UNFPA Regional Office on behalf of UNFPA Evaluation Office, and the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The evaluation and country case studies will be conducted by an

independent Evaluation Team whose members are pre-qualified by the UNFPA Regional Office, but will be managed by the UNFPA Country Office.

The Cluster Evaluation Steering Group:

Cluster Evaluation Steering Committee (CESC) will have overall responsibility for management and coordination of all components of cluster evaluation including evaluation design, implementation and dissemination of the evaluation results. The Evaluation Steering Committee will have overall supervision on the Cluster Evaluation Team (including International Team Leader and National Teams) and evaluation processes. CESC will be comprised of UNFPA Representative for the Caucasus cluster, three M&E Focal Points and RO M&E Advisor.

The role of the CESC will include the following tasks, but not limited to:

- Develop and agree ToR for the evaluation along with ToR for Reference Group(s) and ToRs for all Evaluation Team members (International Team Leader, National Evaluators, National Experts and National Research Assistants);
- Act as first point of contact to the Evaluation Team;
- Develop initial list of stakeholders for interviews and propose documentation for review;
- Review and approve draft design report;
- Review and approve draft evaluation report (including preliminary findings, conclusions and recommendations) and Case Studies;
- Liaise with the Evaluation Reference Groups for any issues related to cluster evaluation;
- Provide management response to the final evaluation report;
- Review and approve the final evaluation report and Case Studies;
- Disseminate the final evaluation report to relevant stakeholders in each country.

The Evaluation Manager of each country office will:

- Provide support to the whole evaluation exercise, provide feedback for quality assurance during the preparation of the design report, field work, case studies, dissemination seminar, and the final report;
- Conduct stakeholders mapping with support of the research assistant;
- Provide research assistant with available internal and external data relevant to the country
- Provide national experts with the relevant data
- Facilitate the establishment of the Reference Groups at the country level
- Be supported by the RO M&E adviser

The reference group composed of representatives from the UNFPA country office in Azerbaijan, Georgia and Turkey, the national counterpart, the UNFPA regional office as well as from UNFPA relevant services in headquarters.

The main functions of the Reference Group will be:

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

Annexes:

Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations

Annex 2: Evaluation Quality Assurance and Assessment: Tools and Guidance
(<https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>)

Annex 3: How to Design and Conduct a Country Programme Evaluation at UNFPA
(<https://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)

Annex 4: Equity-focused and gender-responsive lens evaluation
(<https://www.evalpartners.org/evalgender/no-one-left-behind#guidance>)

Annex 5: Implementation Plan

Annex 1: Ethical Code of Conduct for UNEG/UNFPA Evaluations

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

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.

3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.

5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

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

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

[Please date, sign and write "Read and approved"]

Annex 2 – List of IPs

IP ID	IP description	Link with WP
PGTR02	Harran University	TUR06HUM (HUMANITARIAN)
PGTR03	Hacettepe Unv Inst Population	TUR06PND (PD)
PGTR04	HACETTEPE UNI WOMEN CENTER	TUR06HUM (HUMANITARIAN)
PGTR05	ESKISEHIR OSMANGAZI UNIVERSITE	TUR06HUM (HUMANITARIAN)
PN4560	COMMUNITY VOLUNTEERS FOUNDATIO	TUR06HUM (HUMANITARIAN)
PN6361	SYRIAN AMERICAN MEDICAL SOCIET	WOS01TUR – Xborder
PN6362	SYRIAN EXPATRIATES MEDICAL ASS	WOS01TUR – Xborder
PN6451	International Middle East Peac	TUR06HUM (HUMANITARIAN)
PN6459	Shafak Organization	WOS01TUR – Xborder
PN6486	ASSOC FOR SOLIDARITY W MIGRANT	TUR06HUM (SRH)
PN6515	CARE in Turkey	WOS01TUR – Xborder
PN6551	Ihsan for Relief and Developme	WOS01TUR – Xborder
PN6573	KAMER FOUNDATION	TUR06HUM (HUMANITARIAN)
PN6653	Sabanci Uni, Corp. Govern. For	TUR06GND (SRH)
PN6678	SOSYAL POL CINSIYET KIMLIGI DE	TUR06HUM (HUMANITARIAN)
PN6685	BILGI UNIVERSITY	TUR06HUM (HUMANITARIAN)
PN6693	KIRMIZI SEMSIYE DERNEGI	TUR06HUM (HUMANITARIAN)
PN6694	TURKIYE AILE SAGLIGI VE PLANLA	TUR06SRH (SRH)
PN6716	SAGLIKTA GENÇ YAKLASIMLAR	TUR06SRH (SRH)
PN6833	MULTECI DESTEK DERNEGI	TUR06HUM (HUMANITARIAN)
PN6990	Baskent Uni Research Center	TUR06HUM (HUMANITARIAN)
PN6821	POSITIVE LIVING ASSOCIATION	TUR06HUM (HUMANITARIAN)
PN6424	RET INTERNATIONAL	TUR06HUM (HUMANITARIAN)
PN6487	BULASICI HASTALIKLAR DERNEGI	TUR06HUM (HUMANITARIAN)
PN6545	International Medical Corps TR	TUR06HUM (HUMANITARIAN)

Annex 3- List of Desk Review

- Decision 2018/2 UNFPA quadrennial budgeted evaluation plan 2018-2021.
- Handbook How to Design and Conduct Country Programme Evaluation at UNFPA.
- First Quarter of 2019 Monitoring Report of UNFPA
- Syrians in Turkey Special Report Grand National Assembly of Turkey of Turkey the Ombudsman Institution, 2018
- Family Structure Survey, TurkStat in collaboration with MoFSP, 2017
- CFM, Inception Report
- Independent Country Programme Evaluation, Turkey, 2011-2015
- European Commission Staff Working Document on Turkey, 2018
- UNDP, 2018, Human Development Indices and Indicators
- UN Women Global Database on Violence against Women
- UNFPA Strategic Plan (2014-2017)
- UNFPA Strategic Plan (2018-2021)
- UN Partnership Framework (United Nations Development Cooperation Strategy Turkey 2016-2020)
- UN Security Council Resolutions 2336
 - <http://unscr.com/en/resolutions/2336>
 - <http://unscr.com/en/resolutions/2401>
- 10th National Development Plan
- 11th Development Plan, Initial Commission Reports for the Preparatory Phases
- The Ministry of Health's Strategic Plan (2013-2017)
- National Youth and Sports Policy Document
- Temporary Protection Regulation (Council of Ministers Decision No: 2014/6883)¹⁷⁸
- **The Cabinet Council Regulation of 2016/8375**¹⁷⁹
- The Ministry of Family, Labour and Social Services
 - Women Empowerment Strategy Document and Action Plan (2018-2023)
 - Combating Domestic Violence against Women National Action Plan (2016-2020)
 - National Action Plans on Gender Equality (2014-2018)
 - Convention on Eliminating All Forms of Discrimination against Women
- UN Sustainable Development Goals
- International Conference on Population and Development beyond 2014 framework of actions
- Turkey's Initial Steps towards the implementation of the 2030 Agenda for Sustainable Development, Ministry of Development, 2016
- UN Universal Periodic Review 2015 and Recommendations for Turkey
- ICPD Beyond 2014
- CEDAW Recommendations for Turkey, 2010
- Commission Report on Monitoring SDG Goals
- EU Rights Based Approach Handbook – Toolkit Target 2023
- Regional Refugee and Resilience Plans on Syria (2015-2016)

¹ <https://www.cia.gov/library/publications/resources/the-world-factbook/geos/tu.html>.

¹ https://public.tableau.com/views/OECDACAidataglacebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no.

¹ http://databank.worldbank.org/data/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=TUR.

¹ <https://data2.unhcr.org/en/situations/syria/location/113>.

¹ <http://hdr.undp.org/en/countries/profiles/TUR>.

¹ <http://www.tuik.gov.tr/HbGetirHTML.do?id=30690>

¹ <http://www.tuik.gov.tr/HbGetirHTML.do?id=30690>

¹ <http://www.tuik.gov.tr/HbGetirHTML.do?id=30690>

¹ <http://web.turkstat.gov.tr/PreHaberBultenleri.do?id=27621>

¹ <http://esa.un.org/unpd/wpp>.

¹⁷⁸ http://www.goc.gov.tr/icerik6/temporary-protection-in-turkey_917_1064_4768_icerik

¹⁷⁹ http://www.goc.gov.tr/icerik6/rights-and-obligations_917_1063_5786_icerik

- ¹ <http://web.turkstat.gov.tr/PreHaberBultenleri.do?id=27592>
- ¹ <http://apps.who.int/gho/data/view.main.GSWCAH03v>.
- <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=30696>
- ¹ <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=30696>
- ¹ <http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=27589>
- ¹ <http://data.uis.unesco.org/index.aspx?queryid=166>
- ¹ <http://evaw-global-database.unwomen.org/en/countries/asia/turkey#1>.
- ¹ <http://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/vaw%20survey/turkey%20vaw%20survey.pdf?vs=3012>.
- ¹ [Annexes_v1_240519.docx](#) TurkStat
- ¹ <https://data.worldbank.org/data-catalog/GDP-ranking-table>
- ¹ <http://reports.weforum.org/global-competitiveness-index-2017-2018/countryeconomy-profiles/#economy=TUR>
- ¹ <http://www.worldbank.org/en/country/turkey/overview>.
- ¹ <http://www.worldbank.org/en/country/turkey/overview>
- ¹ <https://www.worldbank.org/en/country/turkey/overview>
- ¹ UNHCR, <https://data2.unhcr.org/en/situations/syria/location/113>
- ¹ DGMM, Temporary Protection, http://www.goc.gov.tr/icerik6/temporary-protection_915_1024_4748_icerik
- ¹ CFM, Inception Report, Page: 30.
- ¹ The World Bank, Current Health Expenditure - Per Capita, PPP (current international \$)
- ¹ Independent Country Programme Evaluation, Turkey, 2011-2015
- ¹ Independent Country Programme Evaluation, Turkey, 2011-2015
- ¹ <http://www.turkstat.gov.tr/HbPrint.do?id=27588>, TurkStat (2017)
- ¹ The UNAIDS Turkey Country Factsheet and UNAIDS Key Populations Atlas lacks information.
- ¹ <https://hsgm.saglik.gov.tr/tr/bulasici-hastaliklar/862-hiv-aids/1135-h%C4%B1v-aids-istatistik.html>
- ¹ DHS 2013
- ¹ <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=30696>
- ¹ <https://turkey.unfpa.org/tr/video/unfpa-kad%C4%B1n-sa%C4%9Fl%C4%B1m%C4%9F%C4%B1-%20dan%C4%B1m%C5%9Fma-merkezleri-tan%C4%B1t%C4%B1m%C4%B1-trt-haberr%C3%B6portaj%C4%B1>.
- ¹ <http://www.tuik.gov.tr/HbGetirHTML.do?id=30690>
- ¹ Including Turkish citizens, migrants and refugees.
- ¹ <http://www.turkstat.gov.tr/HbPrint.do?id=27598>
- ¹ Official Gazette, 2012-03-20, No. 28239
- ¹ Source: <http://hdr.undp.org/en/indicators/68606#>.
- ¹ Human Development Indices and Indicators: 2018 Statistical Update
- ¹ https://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Countries.aspx?CountryCode=TUR&Lang=EN.
- The next state party report is due in 2020.
- ¹ Source: OECD-DAC Aid at a Glance Chart Turkey.
- ¹ <http://www.oecd.org/dac/dac-global-relations/turkeys-official-development-assistanceoda.htm>.
- ¹ <https://www.unfpa.org/data/transparency-portal/unfpa-turkey>.
- ¹ Source: UNFPA Turkey COAR 2016 and COAR 2017.
- ¹ TR CPD new SP Alignment
- ¹ United Nations Development Cooperation Strategy Turkey 2016-20.

Annex 4. Evaluation Matrix

EQ1 [alignment]: To what extent is UNFPA support in SRH, GEWE and PD: (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and relevant UN Partnership Frameworks? (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of beneficiary institutions and intended final beneficiaries (in particular young people, vulnerable and marginalised groups)?			Relevance SRH, GEWE, PD
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.1.1 [internal alignment]: Country programme components are consistent with priorities put forward in the UNFPA Strategic Plans and the UN Partnership Framework	<p>IND 1.1.1 The country programme is an appropriate reflection of the UNFPA Strategic Plan development results and modes of engagement</p> <p>IND 1.1.2 The country programme prioritises leaving no one behind and reaching the furthest behind first</p> <p>IND 1.1.3 The country programme protects and promotes human rights</p> <p>IND 1.1.4 The country programme applies gender-responsive approaches</p> <p>IND 1.1.5 The country programme is in sync with the UN Partnership Framework(s)</p>	<p>UNFPA CPD, UNFPA SP 2018-2021, UNFPA SP 2014-2017 and relevant annexes, UN Partnership Frameworks</p> <ul style="list-style-type: none"> • UN Common Country Assessment • UN Development Cooperation Strategy • SDG & MDG • Commission Report on Monitoring SDG Goals • Country Programme Preparation Working Group Meetings Minutes • Annual Work-plans of UNFPA • From Commitment To Action On Sexual And Reproductive Health And Rights Lessons From the Second Cycle of the Universal Periodic Review • Evaluation of the UNFPA 5th Country programme of assistance to the Government of Turkey • Meeting Notes with the participant NGOs in Country Programme Preparation Group 	<p>Document review</p> <p>Key informant interviews</p>
A.1.2 [government priorities and commitments]: UNFPA country programme components are consistent with government priorities and international commitments	<p>IND 1.2.1 UNFPA is responsive to the national legislative and policy framework, including national development plans, and aligned with sub-national priorities <i>where applicable</i></p> <p>IND 1.2.2 The country programme is designed to support the fulfilment of government commitments and obligations at the regional/international level</p>	<p>UNFPA CPD, government policies/strategies and legal frameworks, Agenda 2030, UN treaties (Report on MDGs, SDGs, ICPD, UPR, CEDAW)</p> <ul style="list-style-type: none"> • 10th National Development Plan • MoH Strategic Health Plan 2013-2017 • 58th – 59th National Government Action Plan • ICPD • EU Accession Document Partnerships • Indicative Country Strategy Paper • EU Commission Working Document • The Global Gender Gap Report (2015-2016) and 2018 	<p>Document review</p> <p>Key informant interviews</p>

		<ul style="list-style-type: none"> • The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) • UNAIDS Global Report (2015) • Global AIDS Update 2018 • Global AIDS Monitoring 2019 • World health statistics 2018: monitoring health for the SDGs • Trends in maternal mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division • WHO Recommendations on Maternal health • Working with individuals, families and communities to improve maternal and new born health: a toolkit for implementation • CEDAW Shadow Report • National Response to CEDAW • SD Knowledge Platform: https://sustainabledevelopment.un.org/memberstates/turkey • Report on Turkey's Initial Steps towards the Implementation of the 2030 Agenda for Sustainable Development • A UNDP discussion paper and framework for implementation: What does it mean to leave no one behind? • <u>The Sustainable Development Goals Report 2018</u> • Fact sheets on sustainable development goals: health targets: SRH (WHO) • EUR/RC67/9 Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being • Health 2020: a European policy framework supporting action across government and society for health and well-being • The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) 	
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		<ul style="list-style-type: none"> • GREVIO Baseline Evaluation Report Turkey • Comments submitted by Turkey on GREVIO’s final report on the implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Baseline Report) 	
A.1.3 [beneficiary needs]: UNFPA support is consistent with and responsive to the needs of supported institutions and vulnerable population groups	<p>IND 1.3.1 Country programme interventions respond to institutional needs and requests in order for supported institutions to fulfil their duties</p> <p>IND 1.3.2 Country programme interventions respond to the rights and needs of targeted vulnerable population groups</p>	<p>UNFPA CPD, AWP, COARs</p> <p>UNFPA CO staff, government partners, non-governmental partners, service providers, end beneficiaries, CSOs</p> <ul style="list-style-type: none"> • MoH’s, MoFSP Institutional Strategy Plan • Civil Society Monitoring Index (CIVICUS Country Report) • Shadow NGO Report on Turkey’s First Report on Istanbul Convention • Shadow NGO Report on Turkey’s Seventh Periodic Report to The Committee on The Elimination of Discrimination Against Women For Submission to The 64th Session of CEDAW • Sexual and Reproductive Health of Sex Workers In Turkey: Needs and Recommendations (UNFPA) • Not Regulatory But Arbitrary Service: The Situation of Abortion and Family Planning Services in İstanbul From the Viewpoint of Health Care Professionals (TAPV) • Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights • Beneficiaries and users of the public and private health providers 	<p>Document review</p> <p>Key informant interviews</p> <p>Group discussions</p> <p>Training follow-up assessment</p>

<p>EQ2 [SRH results]: To what extent has UNFPA strengthened institutions and CSOs that ensure delivery of accessible and rights-based SRH and youth-friendly services to underserved and vulnerable groups and strengthened national capacity to provide SRH services in humanitarian settings¹⁸⁰? To what extent has the availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access increased, including in humanitarian situations¹⁸¹? What was UNFPA’s contribution? What were constraining and facilitating factors?</p>	<p><i>Effectiveness SRH Turkey</i></p>
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¹⁸⁰ CPD Turkey SRH output 1 and output 2.

¹⁸¹ CPD Turkey SRH outcome 1.

Assumptions to be assessed	Indicators	Sources of information	Data collection methods
<p>A.2.1 [policies] UNFPA has contributed to a stronger legal and policy framework for delivering quality integrated SRHR services/information for women and A&Y, with a focus on the SRH rights and needs of underserved and vulnerable groups, and including in humanitarian settings</p>	<p>IND2.1.1 National legislation and policies on SRH services developed, adopted and in use, with UNFPA support^{182 183}</p> <p>IND2.1.2 Reflection of needs and rights of underserved and vulnerable groups and A&Y to access integrated quality SRH services in UNFPA-supported legal and policy framework</p> <p>IND2.1.3 Contribution of UNFPA-supported policy documents to improved access to quality integrated SRHR services</p>	<p><u>Outcome level:</u></p> <ul style="list-style-type: none"> • Data from MoH • The MoH of Turkey Health Statistics year book 2016 • The MoH of Turkey Health Statistics year book 2017 • Turkish Demographic Health Survey Results (Preliminary findings on 2018) • WHO Reports • Feedbacks from Interviews • Comparative Data from 5th Country Programme and its Evaluation • Minutes of 6th Country Programme Preparation Workshops <p><u>Output level:</u></p> <ul style="list-style-type: none"> • SIS Reports (Progress Reports) • Annual Work Plan (2016, 2017, 2018) • UNFPA’s Monitoring & Evaluation Tools • Implementing Partners Reports • Training delivery reports (assessments etc.) • Study reports (Abortion etc.) 	<ul style="list-style-type: none"> • Desk Review • Interviews
<p>A.2.2 [SRH services/information] UNFPA-supported institutions and CSOs are capacitated and are delivering accessible and rights-based quality integrated SRH and youth-friendly services/information to underserved and vulnerable groups, including in humanitarian settings</p>	<p><i>Regular programme</i></p> <p>IND2.2.1 Introduction of tools and instruments for delivering quality integrated SRHR services¹⁸⁴</p> <p>IND2.2.2 Improved institutional capacities for delivering quality integrated SRHR services/information¹⁸⁵</p>	<ul style="list-style-type: none"> • SIS Reports (Progress Reports) • Annual Work Plan (2016, 2017, 2018) • Monitoring & Evaluation Tools • Implementing Partners Reports • Training delivery reports (assessments etc.) • Study reports • Not Regulatory But Arbitrary Service: The Situation of Abortion and Family Planning Services in İstanbul From the Viewpoint of Health Care Professionals (TAPV) 	<ul style="list-style-type: none"> • Desk Review • Interviews • Focus Group Discussions with MSIP trainers

¹⁸² Including CPD Turkey SRH output 1 indicator 1: Number of new legislation and policies on sexual and reproductive health services for vulnerable groups and youth developed and adopted by ministries (during 2016- 2020). Baseline: 0. Target: 4.

¹⁸³ CPD Turkey SRH outcome 1 indicator 3: National budget for family planning commodities. Baseline: 3.7 million Turkish Lira. Target: 7.5 million Turkish Lira.

¹⁸⁴ Including CPD Turkey SRH output 1 indicator 2: Number of new standard operating procedures on sexual and reproductive health services for vulnerable groups developed and adopted by ministries (during 2016-2020). Baseline: 0. Target: 3.

¹⁸⁵ Including CPD Turkey SRH output 1 indicator 3: Number of new institutionalized pre- and in-service training programmes covering services for vulnerable groups. Baseline: 0. Target: 3.

	<p>IND2.2.3 Logistics management information system for family planning commodities in Ministry of Health re-established¹⁸⁶</p> <p><i>Humanitarian assistance</i></p> <p>IND2.2.4 Introduction of tools and instruments for delivering quality integrated SRHR services in humanitarian settings¹⁸⁷</p> <p>IND2.2.5 Existence of functional national mechanism to implement Minimal Initial Service Package at the onset of a crisis¹⁸⁸</p> <p>IND2.2.6 # of service delivery points (supported by UNFPA) providing SRH services in humanitarian settings¹⁸⁹</p>		
<p>A.2.3 [uptake SRH services/information] Women and A&Y, particularly from underserved and vulnerable groups and in humanitarian settings, are using UNFPA-supported SRHR services/information</p>	<p>IND2.3.1 Evidence of SRHR services/information being used by intended beneficiaries, and particularly women and A&Y from underserved and vulnerable groups and key populations, including in humanitarian settings</p> <p>IND2.3.2 Increase in contraceptive prevalence rate (modern)¹⁹⁰</p> <p>IND2.3.3 Increase of proportion of births in healthcare institutions¹⁹¹</p>	<ul style="list-style-type: none"> • SIS Reports (Progress Reports) • Annual Work Plan (2016, 2017, 2018) • Monitoring & Evaluation Tools • Implementing Partners Reports • Training delivery reports (assessments etc.) • Study reports • Not Regulatory But Arbitrary Service: The Situation of Abortion and Family Planning Services in İstanbul From the Viewpoint of Health Care Professionals (TAPV) • UNFPA's Monitoring System regarding Humanitarian Assistance 	<ul style="list-style-type: none"> • Desk Review • Interviews • Focus Group Discussion (FGD) with relevant IP Sexual Reproductive health trainers

<p>EQ3 [GEWE]: To what extent has UNFPA strengthened institutional capacity of public and civil society organisations to promote GE, prevent GBV and harmful practices, including in the private sector, and strengthened national capacity to provide GBV prevention and response services in humanitarian settings? To what extent have gender equality, women's and girls' empowerment and reproductive rights, including for</p>	<p><i>Effectiveness GEWE Turkey</i></p>
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¹⁸⁶ CPD Turkey SRH output 1 indicator 4: Logistics management information system for family planning commodities in Ministry of Health re-established. Baseline: No. Target: Yes.

¹⁸⁷ CPD Turkey SRH output 2 indicator 1: Number of new guidelines, protocols and standards on sexual and gender-based violence response in emergencies developed (during 2016-2020). Baseline: 0. Target: 3.

¹⁸⁸ CPD Turkey SRH output 2 indicator 2: National mechanism to implement Minimal Initial Service Package at the onset of a crisis in place. Baseline: No. Target: Yes.

¹⁸⁹ CPD Turkey SRH output 2 indicator 3. Baseline: 5. Target: 20.

¹⁹⁰ CPD Turkey SRH outcome 1 indicator 1. Baseline: 47.4%. Target: 51%.

¹⁹¹ CPD Turkey SRH outcome 1 indicator 2: Baseline: 91.7%. Target: 95%.

the most vulnerable and marginalised women, adolescents and youth increased? What was UNFPA's contribution? What were constraining and facilitating factors?			
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.3.1 [policies] UNFPA has contributed to stronger evidence-based policies to advance GE and RR, including GBV and harmful practices, including in humanitarian settings, and with a particular focus on the rights and needs of A&Y and the most vulnerable and marginalised women	<p>IND3.1.1 Legislation, policies and action plans are developed in line with Istanbul Convention, adopted by ministries and in use^{192 193}</p> <p>IND 3.1.2. Reflection of needs and rights of A&Y in most vulnerable women to access integrated quality GEWE and GBV services in UNFPA-supported legal and policy framework</p>	<ul style="list-style-type: none"> • GREVIO Baseline Evaluation Report Turkey • Comments submitted by Turkey on GREVIO's final report on the implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Baseline Report) • Shadow NGO Report on Turkey's First Report on Istanbul Convention • Shadow NGO Report on Turkey's Seventh Periodic Report to The Committee on The Elimination of Discrimination Against Women For Submission to The 64th Session of CEDAW 	<ul style="list-style-type: none"> • Document review • Key informant interviews with Türk Kadınlar Birliği and CEDAW Shadow Report Prep Committee
A.3.2 [GBV services/information] UNFPA-supported institutions are capacitated and providing quality GBV prevention and response services/information, particularly for A&Y and the most vulnerable and marginalised women, including in humanitarian settings	<p><i>Regular programme</i></p> <p>IND3.2.1 Introduction of tools and instruments for delivering quality integrated GBV services/information, including in the private sector, and including in humanitarian settings^{194 195}</p> <p>IND3.2.2 Evidence of improved capacities for delivering quality GBV services/information, including in the private sector^{196 197}</p> <p><i>Humanitarian assistance</i></p>	<p>AWPs, COARs, SOPs, training materials, brochures, UNFPA training overview, training reports, Guidebook on Women's Empowerment Principles</p> <p>UNFPA CO staff, donors, IPs, government partners, private sector representatives, Turkish Armed Forces, police force, schools, religious leaders, trained media representatives</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Focus Group discussions with Ministry of Interior, Turkish Gendarmerie, Police Department, GBV Trainers</p>

¹⁹² Including CPD Turkey GEWE output 1 indicator 1: Number of new national legislation and policies in line with Istanbul Convention developed and adopted by ministries. Baseline: 0. Target: 3.

¹⁹³ Including CPD Turkey GEWE outcome 1 indicator 1: GE and GBV national action plans that integrate RR with specific targets and national public budget allocations. Baseline: No. Target: Yes.

¹⁹⁴ Including CPD Turkey GEWE output 1 indicator 2: Number of standard operating procedures in line with Istanbul Convention adopted by ministries. Baseline: 0. Target: 3.

¹⁹⁵ Including CPD Turkey GEWE output 1 indicator 4: Number of companies signing/reporting on United Nations Global Compact Women Empowerment Principles in Turkey. Baseline: 27. Target: 60.

¹⁹⁶ Including CPD Turkey GEWE output 1 indicator 3: Number of institutionalized in-service training programmes on sexual and gender-based violence prevention and protection services for women and girls. Baseline: 0. Target: 3.

¹⁹⁷ Including CPD Turkey GEWE output 1 indicator 5: Number of schools that include sexual and reproductive health and gender equality in extracurricular activities. Baseline: 0. Target 20.

	<p>IND3.2.3 Introduction of tools and instruments for delivering quality integrated GBV services in humanitarian settings¹⁹⁸</p> <p>IND3.2.4 # of service delivery points (supported by UNFPA) providing GBV services in humanitarian settings¹⁹⁹</p>		Training assessment
<p>A.3.3 [uptake GBV services/information] Targeted beneficiaries, and particularly A&Y and the most vulnerable and marginalised women and in humanitarian settings, are using UNFPA-supported GBV services/information, including in humanitarian situations</p>	<p>IND3.3.1 Evidence that UNFPA-supported tools, instruments, capacity building and awareness-raising have contributed to the use of GBV services, particularly by A&Y and the most vulnerable and marginalised women</p> <p>IND3.3.2 Percentage of women aged 15-49 years who think that a husband/partner is justified in hitting/beating his wife/partner under certain circumstances²⁰⁰</p>	<p>AWPs, COARs, monitoring data, IP reports</p> <p>UNFPA CO staff, IPs, government partners, donors, end beneficiaries</p>	<p>Document review</p> <p>Key informant interviews</p>
<p>A.3.4 [harmful practices] Targeted stakeholders and beneficiaries are sensitised and enabled to prevent early marriages</p>	<p>IND 3.4.1 UNFPA-supported cooperation and coordination with other UN organisations (UN Women, UNICEF, IOM, UNCHR) for the purpose of preventing early/child marriages</p> <p>IND3.4.2 UNFPA-supported awareness-raising and communication reaches target groups</p> <p>IND3.4.3 Attitudinal and behaviour change among targeted stakeholders and beneficiaries</p>		
<p>A.3.5 [women's human rights] Recommendations and obligations on gender and GBV issued by human rights treaty bodies are monitored</p>	<p>IND 3.5.1 Monitoring of Gender Equality, Women Empowerment, and GBV recommendations and obligations increases amount of recommendations implemented²⁰¹</p>	<p>AWPs, COARs, CEDAW national human rights monitoring framework</p> <p>UNFPA CO staff, IPs, NGOs</p> <p>The Role of Parliamentarians in Ending Child Marriage: A Toolkit, the Girls Not Brides</p> <p>UNICEF Turkey Annual Report 2017</p> <p>Inception Report of Child Early Forced Marriages</p>	<p>Document review</p> <p>Key informant interviews</p>

¹⁹⁸ CPD Turkey SRH output 2 indicator 1: Number of new guidelines, protocols and standards on sexual and gender-based violence response in emergencies developed (during 2016-2020). Baseline: 0. Target: 3.

¹⁹⁹ CPD Turkey SRH output 2 indicator 3. Baseline: 5. Target: 20.

²⁰⁰ CPD Turkey GEWE outcome 1 indicator 3. Baseline: 13%. Target: 10%.

²⁰¹ CPD Turkey GEWE outcome 1 indicator 2: Proportion of actions taken on CEDAW recommendations on women's rights from the previous reporting cycle. Baseline: 0. Target: 50%.

EQ4 [PD results]: To what extent has UNFPA increased the availability of evidence through cutting-edge in-depth analysis on population dynamics, SRH and their linkages to poverty eradication and SD? To what extent have national policies been strengthened? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness PD Turkey</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
4.4.1 [data] UNFPA has built awareness and capacities for generating and analysing disaggregated population data, forecasting population dynamics and assessing demographic development linkages, and surveys and reports are being produced and disseminated	IND 4.4.1. New reports on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights and gender prepared and disseminated ²⁰²	AWPs, IP reports	Document review Key informant interviews IP Hacettepe University Population Institute
4.4.2 [policies] Political will and capacities have been built for evidence-based policy-making, and national policies and programmes that address PD and its interlinkages with SRHR are in place and being implemented	IND 4.2.1. An institutionalized population and development and evidence-based policymaking training programme for public institutions is in place ²⁰³ _{SEP}	Hacettepe University Training materials and evaluation forms IPs progress reports	Document review Key informant interviews

EQ5 [sustainability of effects]: To what extent has UNFPA supported capacity building and the establishment of national mechanisms to ensure durability of effects? To what extent have partnerships established with representatives of partner governments promoted and safeguarded national ownership of supported interventions, programmes and policies?			<i>Sustainability SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.5.1 UNFPA-supported activities and services are nationally-owned and financially viable	IND 5.1.1 Continuation (likely continuation) of policy support for UNFPA-supported activities and services (policy-level sustainability)	Relevant policy documents; budgets UNFPA staff, IPs, service deliverers, government partners, CSOs, FBOs, NGOs, donors Interviews with <ul style="list-style-type: none"> • IPs 	Desk review Key informant interviews Group discussions

²⁰² CPD Turkey PD output 1 indicator 1. Baseline: 0. Target: 5.

²⁰³ CPD Turkey PD output 1 indicator 2: Baseline: No. Target: Yes.

	<p>IND 5.1.2 Institutionalisation and embedding of UNFPA-supported activities and services in national/local structures (institutional sustainability)</p> <p>IND 5.1.3 Availability (likely availability) of funds for continuing activities and services once UNFPA support comes to an end (financial sustainability)</p> <p>IND 5.1.4. Evidence that intended end beneficiaries will continue to make use of information and services once UNFPA support comes to an end (operational sustainability)</p>	<ul style="list-style-type: none"> • Service providers • Government Partners • UNFPA staff <p>5.1.1.-5.1.2. Annual Work Plan SIS Strategic Information System SOP Standard Operation Procedures 2018 UNFPA Strategic Plan 5th Country Programme (linkages between) 5.1.3. Donors' Funds Table (Chart) 5.1.4. RH: Community Health Services Department MoH In-service training curriculum 5.1.4. Gender: Police & Gendarmeries, Sabancı, TÜSİAD, MoFSP, Diyanet (ToT Assessment Report prepared by independent evaluators)</p>	
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EQ6 [use of resources]: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of country programme outputs and outcomes in SRH, GEWE and PD?			<i>Efficiency SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.6.1 UNFPA resources were adequately converted into activities and outputs	<p>IND 6.1.1 Disposal of financial resources to the level foreseen and in a timely manner for UNFPA country office and Implementing Partners</p> <p>IND 6.1.2 UNFPA success in mobilising resources for implementing the country programme</p> <p>IND 6.1.3 Delivery of AWP in a timely manner</p> <p>IND 6.1.4 RR (core) and OR (non-core) implementation rates over time</p> <p>IND 6.1.5 Level of financial resources used compared to value of achieved outputs/outcomes</p> <p>IND 6.1.6 Appropriateness of the UNFPA country office structure and access to human/technical for regular programming and, where applicable, humanitarian response</p>	<p>Resource Mobilization Strategy, Atlas reports, FACE reports, SIS, GPS, MoUs, project contracts/agreements, UNFPA organogram</p> <p>UNFPA staff, including finance and admin officers, IPs, UN agencies, donors, Implementing Partners + Grantees</p> <p>UNFPA Programme Budget</p> <p>Resource Mobilisation Action Plan, Atlas, Quarterly Report, face Reports</p> <p>GE- RH: Donors' Project Contracts & Agreements & MoUs</p> <p>AWP Annual Workplan Outputs</p> <p>SIS Strategic Information System</p> <p>UNFPA Country Organigram</p>	<p>Document review</p> <p>Key informant interviews</p>

		AWP - SIS AWP – SIS (from Atlas)	
A.6.2: UNFPA has used an appropriate combination of tools and approaches for smooth programme delivery	<p>IND 6.2.1 Appropriateness of chosen use of NEX and DEX modalities for regular programming and, where applicable, humanitarian response</p> <p>IND 6.2.2 Appropriateness of UNFPA administrative and financial procedures for regular programming and, where applicable, humanitarian response</p> <p>IND 6.2.3 Existence of a monitoring system, including monitoring instruments, which serves the purpose of decision-taking, accountability and transparency</p> <p>IND 6.2.4 Availability of an up-to-date UNFPA CO humanitarian preparedness plan and/or emergency preparedness measures in line with UNFPA Minimum Preparedness Actions (MPAs)</p>	<p>MPAs, financial audit reports, monitoring instruments, micro-assessment reports for IPs</p> <p>UNFPA staff, including finance and admin officers, UNFPA M&E focal point/officer, UNFPA humanitarian focal point/officer, IPs</p> <p>Organigram</p> <p>Independent Capacity Assessment Reports conducted in advance) –Micro Assessments of IPs</p> <p>Interview Results</p> <p>Interview Results (Interview with M&E team Activity Info - Monitoring Reports)</p> <p>Monitoring tools, quarterly reports etc.</p>	<p>Document review</p> <p>Key informant interviews</p>

EQ7 [UNCT coordination]: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?			<i>Coordination SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.7.1 [coordination mechanisms and joint programmes/initiatives]: The UNFPA country office is an active member of UNCT coordination mechanisms and has initiated and/or actively contributed to joint programmes and initiatives	<p>IND7.1.1 UNFPA leadership and active participation in UNCT coordination mechanisms in UNFPA priority areas</p> <p>IND7.1.2 UNFPA leadership and active participation in joint programmes/initiatives in UNFPA priority areas</p> <p>IND 7.1.3 Level of Satisfaction of thematic / result groups with UNFPA leadership and membership</p>	<p>UNDAF annual plans and reports, UNCT meeting minutes, UNCT retreat reports, RC reports, joint action plan/programme documents, results/thematic group annual work plans and reports</p> <p>UNFPA staff, members/lead agencies of relevant results/thematic groups, co-implementing partners</p> <p>Interview with Country Representative) – UNDCS (Separate section); Joint Work Plan, Joint Work Plan Reports</p>	<p>Document review</p> <p>Key informant interviews</p>

		Interview with Head of Results Group (Resident Coordinator, UN Women, Unicef, SDG Result Group)	
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EQ8 [UNFPA added value]: What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?			<i>Added value SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.8.1 [added value in development cooperation]: UNFPA has added benefits to its partners development programming, including emergency preparedness	IND8.1.1 UNFPA’s comparative strengths in its regular programming as perceived by international and national counterparts (governmental and non-governmental) IND8.1.2 Functional coordination mechanisms, thanks to UNFPA guidance and leadership	UNFPA staff, government partners, NGOs, donors, IPs	Key informant interviews Group discussions
A.8.2 [added value in humanitarian response]: <i>Where applicable</i> , UNFPA has added benefits to its partners’ humanitarian response	IND8.2.1 UNFPA’s comparative strengths in humanitarian response as perceived by international and national counterparts (governmental and non-governmental) IND8.2.2 Functional coordination mechanisms, thanks to UNFPA guidance and leadership	UNFPA staff, government partners, NGOs, donors, IPs, beneficiaries	Key informant interviews Group discussions