



Türkiye Country Report

2023 IMPACT ASSESSMENT

OF UNFPA'S MULTI-COUNTRY RESPONSE
TO HUMANITARIAN CRISES

VOLUME II

ASSESSMENT REPORT

حرية
أمل صحيحة
عرامة أمان
إنسانية





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Section 1.

Introduction and Methodology

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Section 1. Introduction and Methodology

Background

According to the Regional Strategic Overview for 2023, there are 7,535,076 people in need of humanitarian assistance in Türkiye, including 3,927,456 refugees and asylum seekers and 3,607,620 host community members.¹ Humanitarian needs are driven both by international displacement (of Syrian refugees) and by natural disasters (most notably, the 2023 Türkiye–Syria earthquake).

Since the start of Syrian civil war in 2011, Türkiye has provided humanitarian support to Syrian refugees, who represent the largest refugee population in the world, at nearly four million, with 99% living outside of refugee and displacement camps.² As of late 2023, Türkiye continues to host the largest number of refugees worldwide. To date, there are currently more than 3.2 million Syrian refugees who are seeking temporary protection in Türkiye,³ with the largest number in Istanbul, followed by Gaziantep. The average age of the Syrian refugee population is very young, with almost 40 percent of the population under the age of 15. Over 71% of refugees in Türkiye are women and children. Half of all Syrian refugee women are of reproductive age (15–49 years old) and in need of significant reproductive health services. In addition to Syrian refugees, there are 327,418 refugees and asylum-seekers of other nationalities under international protection in Türkiye.^{4,5}

Türkiye's own population is expected to reach 105 million in 2050, with a very youthful population (39% are under the age of 24). Türkiye is an upper-middle-income country that is largely urbanised and a 'magnet' for migrants. The country is characterised by many disparities, most notably experienced by groups with special needs, and the country has a higher inequality score than most of the countries in the Organisation for Economic Cooperation and Development (OECD).⁶ UNFPA notes that there are 5.5 million people with disabilities living in Türkiye.⁷ Türkiye ranks 72 of 166 countries on the Sustainable Development Goal (SDG) rankings, with an Index Score of 70.4.⁸ On SDG 3: Good Health and Wellbeing, Türkiye has achieved and/or is on track to achieve its goals for the following key indicators: maternal mortality rate (17 out of 100,000 live births in 2017), neonatal mortality rate (4.7 per 1,000 live births in 2021), the under-five mortality rate (9 per 1,000 live births in 2021), and the proportion of births attended by skilled health personnel (98% in 2018).⁹ However, with regards to life expectancy at birth, challenges remain, as Türkiye's life expectancy at birth stood at 78.62 in 2019.^{10,11}

Following the massive earthquakes that struck eastern Türkiye on 6 February 2023, the number of people in need throughout the country dramatically increased.¹² An estimated 14 million people, or 16% of Türkiye's population, lived in the 11 provinces affected by the earthquakes, as well as around 1.7 million refugees.¹³ A total of 9.1 million people were directly affected by the earthquakes, and three million people had to relocate from their homes.¹⁴ The earthquake dramatically changed the ways in which humanitarian aid is provided in Türkiye.

Following the earthquakes in February 2023, UNFPA scaled up its operations in cooperation with its implementing partners. As of October 2023, based on the Türkiye Earthquake Situation Report #7, UNFPA had reached 108,000 individuals with Sexual and Reproductive Health (SRH) and Gender-based Violence (GBV) services, including 50,000 individuals reached with SRH services and counselling, 58,000 individuals

1 Regional Refugee & Resilience Plan (3RP). (2023). *Regional Strategic Overview 2023*. https://www.3rpsyriacrisis.org/wp-content/uploads/2023/11/3RP_Regional_Strategic_Overview_2023.pdf

2 UNFPA. (2020). *Country Programme Document (CPD) for Türkiye [2021–2025]*. <https://www.unfpa.org/turkiye-cpd-2021-2025-dpfpacpdur7-0>

3 Government of Türkiye. (2023). *Temporary Protection - Statistics*. <https://www.goc.gov.tr/gecici-koruma5638>

4 WHO. (2023). *Leaving No One Behind: WHO Spearheads Health Services for Syrian Refugees in Türkiye*. <https://www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2021/turkey>

5 Temporary protection was established specifically for Syrian national refugees who fled to Türkiye after April 2011 as a fast-track procedure established to address the extraordinary refugee situation Türkiye experienced due to the Syrian conflict. All other asylum-seekers are processed and provided status under the normal International Protection regime Turkey operates in line with the 1948 Refugee Convention and its associated 1967 protocol. See more: <https://help.unhcr.org/turkiye/information-for-syrians/temporary-protection-in-turkey/> and <https://help.unhcr.org/turkiye/faqs/protection-faqs/>

6 Türkiye ranks 130 among 153 countries according to the Gender Gap Report according to the CPD (2021–2025).

7 UNFPA. (2020). *Country Programme Document (CPD) for Türkiye [2021–2025]*. <https://www.unfpa.org/turkiye-cpd-2021-2025-dpfpacpdur7-0>

8 SDG. (2023). *Country Rankings*. <https://dashboards.sdgindex.org/rankings>

9 SDG. (2023). *Türkiye*. <https://dashboards.sdgindex.org/profiles/turkiye>

10 SDG. (2023). *Sustainable Development Report*. <https://dashboards.sdgindex.org/profiles/turkey>

11 SDG. (2023). *Türkiye*. <https://dashboards.sdgindex.org/profiles/turkiye>

12 UNHCR. (2023). *Türkiye-Syria Earthquake*. <https://www.unhcr.org/emergencies/tuerkiye-syria-earthquake>

13 OCHA. (2023). *Flash Appeal: Türkiye Earthquake (February - May 2023) [EN/TR]*. <https://reliefweb.int/report/turkiye/flash-appeal-turkiye-earthquake-february-may-2023-entr>

14 UNFPA Türkiye. (2023). *UNFPA Türkiye Earthquake Situation Report #7 - 9 November 2023*. <https://reliefweb.int/report/turkiye/unfpa-turkiye-earthquake-situation-report-7-9-november-2023>

reached with GBV services and counselling, 34,000 individuals reached with dignity kits and maternity kits. These services were provided via 14 static service units delivering SRH and GBV services and 10 mobile outreach teams providing SRH and GBV services. Thirty-one metric tonnes of reproductive health commodities were distributed over the course of three months, including essential drugs and medical equipment targeting 250,000 reproductive-age women, distributed to the Provincial Health Directorates. UNFPA also supported the operation of 10 tents for SRH coordination and 14 mobile clinics, providing five containers of supplies to the Ministry of Health (MoH) to coordinate SRH activities across 10 affected provinces. Another four fully-equipped containers, along with 10 staff to provide services, were handed over to the Ministry of Family and Social Services (MoFSS) to support the Violence Prevention and Monitoring Centres.¹⁵ In Türkiye, UNFPA has also been supporting the MoH in the capacity-building of the MoH's health service providers, training and educating them on SRH service provision methods and best practices, both for refugees and the Turkish population.

By the end of 2023, UNFPA Türkiye had reached 111,248 people with all types of GBV services, 101,144 women with all types of Sexual and Reproductive Health (SRH) services, and 7,111 people through youth initiatives. UNFPA Türkiye supported 31 service delivery points, including 27 static service units of different types and four mobile clinics. These services target different vulnerable groups, including women and girls, youth, other key demographic groups, and refugees with disabilities. All service delivery points provided integrated SRH and GBV services, including Women and Girls' Safe Spaces (WGSS) and youth centres.

Objectives and Scope

The overall aim of the 2023 Impact Assessment is **to determine whether the services provided by UNFPA-supported Service Delivery Points (SDP)—including WGSS, health facilities, youth centres, and outreach activities conducted from these SDPs—are achieving their intended objectives**. More specifically, the 2023 Impact Assessment aims to:

1. Determine the extent to which those accessing SRH services, GBV prevention and response services, and youth programmes are benefitting from improved physical and psychosocial **wellbeing**;
2. Understand the **accessibility** and availability of integrated GBV and SRH services for the intended beneficiaries of UNFPA programmes;
3. Analyse the **efficiency** of service provision and the ways in which resources can be more effectively deployed for both staff and beneficiaries.

The scope of this Impact Assessment country report is inclusive of the following parameters:

1. **Temporal:** Mid-2022 (where the scope of the previous assessment ended) to mid-2023;
2. **Geographic:** Türkiye;
3. **Thematic:** UNFPA GBV, SRH, and youth programming including SDPs and associated outreach activities of integrated WGSS, health facilities, and youth centres.

The **target audiences** of this assessment include both primary and secondary cohorts. Primary audiences include UNFPA ASRO Syria Response Hub, UNFPA Türkiye, and UNFPA donors. Secondary audiences include UNFPA ASRO, UNFPA IPs, other humanitarian and development actors, other UNFPA regional and country offices, and the UNFPA Humanitarian Response Division (HRD).

The 2023 Impact Assessment includes data collected during the second and third quarter of 2023 and covers programming that took place from mid-2022 until mid-2023.¹⁶

Data Sources

The 2023 Impact Assessment builds on the established methodology of the previous Impact Assessment which rationalised and systematised the different tools and questions previously used (2016–2022) into one overarching Impact Assessment Framework (IAF). This framework looks at three dimensions—wellbeing, access, and efficiency—across three types of service delivery points: WGSS, health facilities, and youth centres.

¹⁵ UNFPA Türkiye. (2023). *UNFPA Türkiye Earthquake Situation Report #7 - 9 November 2023*. <https://reliefweb.int/report/turkiye/unfpa-turkiye-earthquake-situation-report-7-9-november-2023>

¹⁶ For secondary data, the reporting period was from 1 October 2022 to 1 October 2023.

It is important to highlight that, unlike other humanitarian responses, which offer WGSS, health facilities, and youth centres, UNFPA Türkiye does not support health facilities. Instead, WGSS in Türkiye provide both SRH and GBV services. In the context of the regional assessment and in an effort to align the methodology across countries and responses, GBV services have been reported under the scope of the WGSS and SRH services have been reported under the scope of the health facilities. However, at the request of UNFPA Türkiye, the findings of both GBV and SRH services were combined within WGSS for the Türkiye Country Report. This has been identified as a limitation, and was added to the lessons learned, along with potential recommended changes for the 2024 Impact Assessment.

This 2023 Impact Assessment country report for Türkiye has been developed based on a suite of primary and secondary data designed to measure and illuminate the achievements, outcomes, constraints, and challenges faced by UNFPA in its humanitarian programming throughout the country between mid-2022 and mid-2023. It incorporates data from internal and external reporting, relevant interagency publications, and from the perspectives of UNFPA staff, partner agencies, service providers, and users/recipients of the GBV, SRH, and youth services supported by UNFPA.

Primary data was collected by UNFPA staff and consultants via remote one-on-one key informant interviews (KIIs), focus group discussions (FGDs) and using client feedback forms (CFFs) for solicitation of feedback completed by service beneficiaries. Table 1 provides the numbers of respondents and participants for each of these relevant primary data collection tools used in Türkiye. The data and contributor sample included in this impact assessment was designed to ensure good representation of the broader population of stakeholders and service beneficiaries for UNFPA's humanitarian programming in the country between 2022 and 2023.¹⁷ In terms of sampling, since most of the WGSS in Türkiye are located in the earthquake (EQ) affected areas, where the service providers are EQ survivors themselves recovering from their own trauma while simultaneously being overwhelmed with service provision, this assessment only includes the SDPs outside of EQ-affected area. However, three key informant interviews were completed with personnel operating in the EQ-affected WGSS.

Table 1. Primary Data Collection Overview in Türkiye

Key Informants			
UNFPA	Non-UNFPA	Total	
2	16	18	
FGD Participants			
Female	Male	Total	
57	0	57	
CFF Respondents			
WGSS	Health Facilities	Youth Centres	Total
86	88	110	284

Report Structure

The findings of this assessment are divided into the following sections:

- **Dimension A: Wellbeing.** This section looks at both the most popular and least relevant services, how much these services impact beneficiaries' wellbeing, and how safe and comfortable people feel at the service centres/facilities.
- **Dimension B: Access.** This section looks at barriers to accessibility, the impact of COVID-19, and how people learn about various services.
- **Dimension C: Efficiency.** This section looks at how staffing and equipment impact the provision of services.
- **Climate, Environmental Impact, and Resilience.** This section examines the different types of shocks experienced by UNFPA beneficiaries.
- **Dimension D: Trends.** This section compares key trends observed in the 2022 and 2023 impact assessments.

¹⁷ The impact assessment methodology and approach have been described in detail in the inception report and in the 2023 Regional Impact Assessment.

Section 2.

Türkiye Impact Assessment Findings

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Section 2. TÜRKIYE Impact Assessment Findings

UNFPA Türkiye seeks to support a wide range of programmes and interventions across the three mandate areas of SRH, GBV, and youth. These are offered through two types of service delivery points (SDPs): WGSS and youth centres.

Dimension A: Wellbeing

This dimension looks at the physical and psychosocial wellbeing of GBV survivors and those who are at risk of GBV, as well as those in need of SRH or youth services. Data was collected to assess respondents' perceptions on the following key points:

- Importance of services
- Range of services provided, including any desired changes
- Satisfaction with/impact of dignity kits (WGSS only)
- Feelings of safety and respect, as well as awareness and effectiveness of accountability mechanisms

Women and Girls' Safe Spaces

Importance of and reasons for attending services

As centres that offer both GBV and SRH services, WGSS are well-valued in Türkiye, with 40% of respondents saying that the services provided at these facilities are absolutely essential to their lives, and another 55% saying that the services are very important. The remaining 5% of respondents reported that the services are of average importance. WGSS were ranked as the second most valued type of SDP in Türkiye, after youth centres.

WGSS are considered to be a valuable provider of key services by women across different age groups; 70% of respondents who considered them absolutely essential were women aged 25 to 60. Younger women aged 18 to 19 and those aged 20 to 24 were less likely to consider these service as absolutely essential.

"We used to give birth one [child] after another. Now, we have learned about family planning. We could barely enter a hospital when we were sick, but we can come here once a month to track our sugar and blood pressure levels." – Türkiye FGD Participant

"When I came here, I was raising my children in the culture I learned in Iraq; however, after seeing the psychologist here, I learned about how to treat my children and my communication with children got even better." – Türkiye FGD Participant

Range of services

The most highly rated services provided by WGSS in Türkiye were (1) family planning, (2) group awareness sessions, and (3) individual counselling. GBV case management, other SRH services, PSS, dignity kit distribution, referrals, and recreational activities were also perceived as valuable services.

"They talked to my parents and convinced them to enrol me in school. My mother also started attending a Turkish language course." – Türkiye FGD Participant

"Our lives are better as we have learned how to talk to people outside. In other words, it has strengthened our communication. We have learned how to protect our rights here. We have started going to school thanks to this centre." – Türkiye FGD Participant

The three least-relevant services provided by WGSSs were perceived to be (1) masculinity training, (2) speaking clubs, (3) family planning. It is important to highlight that family planning was closely followed by antenatal care as the fourth least-relevant service. The inclusion of family planning in both the most highly rated and least highly rated activities is likely to reflect the service's role as an entry point: some activities attract specific ages and profiles but are seen as less relevant by others. Some community engagement activities are also seen as less relevant in Türkiye, with one participant making specific reference to movie days.

The services most desired by beneficiaries include education and vocational training, language courses, childcare, and mentorship in the educational system. In general, these services are desired because women believe that they could help to enhance their resilience and self-reliance; this is especially important in a context where women have rated economic shocks as one of the most pertinent factors affecting their lives, as reported in all the FGDs conducted in Türkiye.

When asked whether service providers provided beneficiaries with treatment options before receiving a service or healthcare intervention, 90% of respondents indicated that they had been given options, while another 8% said that they had 'somewhat' been provided with options, and around 2% indicated that they had not been provided with service options. Those who answered 'somewhat' may have received information that was either incomplete or not targeted to their literacy and awareness levels. All of the respondents who stated that they had not been provided with options were girls and boys aged 10 to 17.

Satisfaction with/impact of dignity kits

Fifty-two per cent (52%) of individuals surveyed in Türkiye reported that they received a dignity kit; this is well above the regional average of 25%. Of those who received kits, 71% were between the ages of 25 and 60, 13% were 10 to 17, 9% were 20 to 24, 5% were 18 to 19, and the remaining 2% were 60 or older. Among the people with disabilities who were surveyed, none had received dignity kits.

Forty-one per cent (41%) of those who received dignity kits were strongly satisfied with the kits; this is slightly below the regional average, in which 48% of respondents were strongly satisfied. Based on FGDs, those who received dignity kits underscored the fact that sanitary napkins were really expensive, and they were embarrassed to buy them at the supermarket, especially when the employees were males; this underscores the importance of dignity kits within the context of Türkiye.

Women and girls aged 25 to 60 and 10 to 17 were most likely to express dissatisfaction with the contents of dignity kits, which highlights the need to tailor the kits to specific ages and needs.

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

All of the respondents reported feeling safe in the centres, and stated that they trusted the service provider. Ninety-nine per cent (99%) of CFF respondents stated that staff were friendly and non-judgmental; this was reinforced by highly positive discussions in FGDs. All respondents felt respected in the centre.

Eighty-seven per cent (87%) of respondents were aware of how to submit a complaint; this is slightly above the regional average of 85.5%. Everyone who knew how to provide feedback felt comfortable doing so, while 99% of respondents said that, to their knowledge, feedback had been followed up on. This is notably higher than other SDPs and other humanitarian contexts.

"They listen to me, they care, they guide me. They are very caring." – Türkiye FGD Participant

"I brought forward a suggestion during a trip and the centre's personnel immediately took that into account and put my suggestion into practice." – Türkiye FGD Participant

Cash and Voucher Assistance (CVA): GBV case management

In Türkiye, CVA within the context of GBV case management is implemented with partner organisations under the scope of the "Increasing Access of Most Vulnerable Groups to Protection Services in Türkiye Project." This CVA programming focuses specifically on key refugee groups (including LGBTQI, people living with HIV, and sex workers) and men and boys who are survivors or at risk of sexual violence. Based on the identified protection risk, cash assistance is provided to beneficiaries who are GBV survivors or at risk of GBV, as part of a response to their acute protection, recovery, or risk-mitigation needs. The cash assistance is unconditional and unrestricted, and can be provided on a one-off or recurrent basis. Emergency cash assistance is provided to beneficiaries who experience acute and life-threatening GBV incidents within the first 48 hours of the incident. Additionally, GBV survivors and/or those who are at risk of GBV are provided with accommodation support whenever needed. Emergency accommodation can be provided for one to seven days. Furthermore, vouchers for HIV medicine are provided to refugees living with HIV, in order to cover the gap period before they can access health insurance. Based on a Post-Monitoring Distribution (PDM) report in Türkiye, in the first half of 2023, 519 GBV survivors and those at risk of GBV, including 220 earthquake survivors, were provided with one-off or recurrent cash assistance. It is important to highlight that those receiving one-off cash reported higher overall satisfaction than those under the recurrent cash scheme, highlighting how recurrent payments can lead to higher expectations about the adequacy of the assistance, and can result in more informed feedback from beneficiaries.

Of those who received CVA, 99% reported that the assistance contributed to improved physical and mental wellbeing, in addition to addressing or mitigating the harmful consequences of GBV. These positive results highlight the benefits that CVA pilot programming offers different communities, including key refugee groups. Similarly, 91.5% of recipients highlighted that CVA enabled them to fulfil the objectives of their action plan. A total of 77.5% of respondents reported that the amount of cash received was sufficient, which illustrates a gap and demonstrates an opportunity for UNFPA to review the cash amounts provided, by taking account of the needs of the beneficiaries and analysing the accuracy of top-up requests. However, only 57.5% of respondents reported that they knew how to share a complaint or feedback, which illustrates the need to improve the communication processes with beneficiaries, especially those under the recurrent cash scheme.





Youth Centres

Importance of services

Seventy-six per cent (76%) of respondents indicated that youth centre services are absolutely essential, and while another 17% indicated that the services are very important. This is the second highest percentage after Yemen, and well above the regional average, in which 60% of quantitative survey respondents reported that youth centre services were absolutely essential to their lives.

Youth centre services were particularly valued by youth between the ages of 20 and 24, and mostly by women and girls. Interestingly, none of the people surveyed at the youth centres indicated they had a disability.

"Women should not remain silent, and their rights should be defended. I remember that the most. Such sessions strengthen and boost women's self-confidence." – Türkiye FGD Participant

"I have benefitted a lot from participating in these sessions and activities, as well as the studies. They have positive impacts on my life. Now I feel empowered and can defend my rights." – Türkiye FGD Participant

"For me, the services make a difference after each session. After the session, it helps or gives good energy and new information. Even if the session is short, it is supportive. It is beneficial whether online or face to face. I do not attend the online sessions alone; I attend with my mother, and she also loves the sessions." – Türkiye FGD Participant

Range of services

The most highly valued services provided to youth were reported to be (1) individual counselling, (2) support for health facility appointments, and (3) referrals. Based on FGDs, youth place a high value on individual counselling sessions, a service that is also valued by women and girls at WGSS, highlighting the success of UNFPA's efforts in this field and the high demand for these services in Türkiye.

"When we have a session with a psychologist, it is very good; they empower women and help us immediately solve the problems we are experiencing." – Türkiye FGD Participant

"Activities and empowerment sessions are important. We need to defend our rights and speak out, which is what we are taught. They have encouraged us to speak Turkish." – Türkiye FGD Participant

The least valued services provided at youth centres were (1) sport classes, (2) life skills, and (3) mentorship programmes. The low value placed on mentorship programmes is likely to be associated with the specific topics of the mentorship: youth tend to value trainings that are likely to support their job prospects. In some of the FGDs, youth were less likely to value training and activities that were perceived to be traditional or less likely to generate job prospects, such as picnics and trips.

When survey participants were asked about the specific types of services they wanted to see added to the scope of youth centres, they mentioned cash and food assistance, legal services, and vocational training. Additionally, based on FGDs, many participants requested handicraft workshops along with their certifications. Some FGD participants expressed the need to engage with participants who are in school, as well as a desire to split activities according to different age groups.

"Engage adolescent[s] aged 15 to 18 years in activities. Activities could be organised according to the school hours of those going to school. Weekends could also be an option." – Türkiye FGD Participant

Feelings of safety and respect, satisfaction with accountability and feedback mechanisms

Ninety-eight per cent (98%) of respondents in Türkiye reported feeling safe in youth centres, and 97% felt that the service provider respected and upheld their confidentiality. Ninety-nine per cent (99%) felt that staff were friendly and non-judgmental, and all of the respondents felt respected at the centres. In general, strong feelings of safety, respect, and trust were reported across age groups.

Ninety-five per cent (95%) of youth centre participants were informed about how to submit feedback and complaints if necessary and, of these, 98% felt comfortable and safe doing so. All the respondents felt that feedback was followed up on.

"I feel safe when they speak about rights, and the attitudes of employees also matter. They reflect love, and I feel loved." – Türkiye FGD Participant

"I think that the employees here treat everyone respectfully. They are respectful not only to young people and adults, but also children." – Türkiye FGD Participant

Dimension B: Access

This dimension looks at the availability and accessibility of GBV, SRH, and youth services for refugees and host communities. In particular the access dimension looks at the challenges faced by people with disabilities or those who are otherwise vulnerable, as well as the associated restrictions placed on certain facilities or services. Data was collected to assess respondents' perceptions on the following key points:

- How needs could be addressed in the absence of UNFPA
- Overall accessibility of services and service units
- Accessibility for vulnerable groups

Women and Girls' Safe Spaces

Addressing needs in the absence of UNFPA support

Women and girls in Türkiye have clarified that no other service provider offers the same quality and combination of services in a safe and respected environment. Participants in FGDs stated that they valued the female-only nature of the WGSS, and the efforts that partners had made over time to engage with local communities and gain trust.

Fifty-seven per cent (57%) of respondents reported learning about the WGSS and its services through word of mouth, 24% through outreach, and 10% through referrals by a service provider. The prevalence of word of mouth indicates that UNFPA has strong traction with local communities—but it is also still reliant on outreach and engagement with community members.

"I had nothing when I first came to Türkiye six months ago. I was pregnant, I had no ID. We looked for support everywhere with my husband for three days, but we couldn't find anyone. I had no ID, no one gave me a document proving that I was pregnant. They supported me here and helped me get an ID. They gave me a maternity kit. Before, I thought there was no one supporting me. I know I'm not alone anymore." – Türkiye FGD Participant

Accessibility of services and service units

Thirty-seven per cent (37%) of respondents indicated that they could easily access SRH and GBV services in WGSS, with 30% describing access as 'moderate' and 23% stating that access was difficult. Access was particularly challenging for beneficiaries between the ages of 25 and 60, followed by those aged 10 to 17. Focus group discussions suggest that for women in those age brackets, and specifically girls aged 10 to 17, community and family restrictions are likely to be a key barrier to accessing services, with some respondents highlighting how their fathers would not want them to attend WGSS, often questioning their purpose.

Overall, the most significant challenge to accessing WGSS was transportation. Based on both CFFs and FGDs, the remaining factors that affect women's and girls' access to services were reported to be (1) weather conditions (with some participants reporting that it was hard due to high temperatures, as well as long periods of time waiting for transportation during the summer), (2) family restrictions, and (3) fear of travelling alone or without a chaperone or mahram.

Some of the FGD participants suggested that transportation support should be continuous, but the majority of them stated that holding the trainings in suitable areas within their own neighbourhoods would contribute to a higher number of people attending the activities.

Accessibility for vulnerable groups

People with Disabilities: Five per cent (5%) of people with disabilities or caretakers for those with disabilities stated that they faced challenges in accessing WGSS. Out of these, 75% were between the ages of 25 and 60, and 25% were between the ages of 20 and 24. It was suggested that access issues for people with disabilities could be mitigated through financial support, dedicated transportation services such as shuttles, and specific support for equipment (e.g. wheelchairs).

Youth: The quantitative data suggests that age-specific restrictions and issues exist for youth, with a specific need to think about how to engage with younger girls between the ages of 10 and 17. Those between the ages of 20 and 24 also face challenges in accessing the facilities, but their needs are often intersectional: they appear to be more likely to have challenges when caring for people with disabilities. Qualitative data provides some supporting information about the needs of youth, underscoring the challenges they face due to family disapproval. However, more research needs to be done on how to tailor services to younger girls, and how to differentiate between the needs of those aged 10 to 17, 18 to 19, and over 20.

Elderly People: Elderly people were part of the category who faced 'moderate' challenges in accessing WGSS.

Youth Centres

Addressing needs in the absence of UNFPA support

In Türkiye, FGD participants stated that they did not know of any other centres offering relevant, similar services to those provided by UNFPA-support youth centres. This finding supports the observation that youth centres were ranked more highly than WGSS. Youth in Türkiye appear to be most interested in the livelihood opportunities that the centres offer.

Respondents learned about youth centres primarily through awareness activities conducted by service unit staff (39%), outreach (34%), word of mouth (19%), and referrals (8%). These results highlight the importance awareness activities, word of mouth, and outreach, showcasing the key role they play in informing youth about UNFPA services.

*"I do not know what I would do if it was not for this place. I cannot think of anything."
– Türkiye FGD Participant*



"To me, there is only this centre. I feel safe here and I cannot say elsewhere what we speak of here. If not for this centre, there would not be any other place where we could receive such services." – Türkiye FGD Participant

"If it weren't for this centre, we couldn't go anywhere else. We do not know if there is another centre like this." – Türkiye FGD Participant

Accessibility of services and service units

In Türkiye, 27% of respondents found it easy to access youth centres, while 35% found access moderate, and 37% found it difficult to access the centres. Difficulty accessing the service units remained consistent across all age groups. Lack of transportation was a major issue for all respondents, as was the high cost of transportation. Cultural issues were also significant, with many FGD participants stating that their family disapproved of them attending the centres. FGD participants also stated that the opening hours were only suitable when they were on holidays, but that such hours are not convenient when they are in school, which highlights an area for potential improvement. Last, but not least, young mothers stated that the lack of childcare affects how they interact in sessions.

"I left one child at home and brought the other one with me. I am thinking about my child who stays at home, and I have to take care of the child here." – Türkiye FGD Participant

Accessibility for vulnerable groups

People with Disabilities: Nine per cent (9%) of respondents with disabilities and/or caretakers of people with disabilities indicated that it was difficult to access youth centres. This issue was concentrated among youth between the ages of 20 and 24.

Youth: In Türkiye, of those who found it difficult to access youth facilities, approximately 83% were young women aged 20 to 24, with the remaining 17% aged 18 to 19.



THEY TALKED TO MY PARENTS AND CONVINCED THEM TO ENROL ME IN SCHOOL. MY MOTHER ALSO STARTED ATTENDING A TURKISH LANGUAGE COURSE.

(TÜRKIYE FGD PARTICIPANT)

Dimension C: Efficiency

The following dimension consolidates data and insights across all SDPs, including WGSS and youth centres.

Human Resources: Adequacy and Needs

The majority of key informants in Türkiye indicated that while most staff are sufficient, there is a high demand for interpreters, especially those who can interpret and translate to and from Persian (Farsi). It is important to highlight that language needs may vary from province to province. For example, in the case of Ankara, the number of Persian speaking refugees is high, while the number is considerably lower in Izmir, where one UNFPA-supported youth centre is located. All of the key informants focused on the effects of the earthquakes in Türkiye, and how it not only impacted communities, but as also affected staff. The impact of the earthquakes was also highlighted in FGDs as an example of geophysical shocks, appearing in all of the FGDs. Among the needs of staff, psychological needs remain the most important, also extending to their families.

"The centre personnel were affected by the earthquake, and there were unmet primary needs among them. They did not feel psychologically ready to return to work; everybody was fearing that their houses would be looted, and the security concerns caused by the ongoing aftershocks have prevented them from starting to provide services right away." – Türkiye EQ-affected KII participant

Based on KIIs, many service unit staff came back to work within a week after the earthquake, with many mentioning that staff were not physically or psychologically ready to do so after the magnitude of the disaster and the impact it had on their personal lives. Given this, it could be possible for UNFPA Türkiye to consider providing referrals for their own staff and partner staff, in order to help them tackle the trauma.

"Working in the field after the earthquake was very mentally draining for the staff." – Türkiye EQ-affected KII

"Fear and anxiety were present in the entire team. It was a difficult period for us. It seemed like it would never end after the earthquake. We felt very tired. When I first went into the field, I didn't feel ready at all. All the employees said they didn't feel ready." – Türkiye EQ-affected KII participant



This year, additional challenges were highlighted when it came to obtaining qualified staff. Retention was difficult, but so was recruitment, with qualified staff being unwilling to work in contexts where the salary was uncertain. Remote areas experienced even greater challenges: recruitment of qualified staff was hampered by the challenging work, the remote location, the risks associated with currency fluctuations, and geophysical and economic shocks.

Training and Capacity-building

Based on KIIs, training was provided by UNFPA both before and after the earthquake. Self-care training was very prevalent among staff, with the majority of them highlighting the importance of these in terms of what it brought to their daily lives, teaching them when to take pauses, how to set up boundaries, and how to be kind to themselves when experiencing new feelings and frustrations, especially after the earthquake.

"Self-care training could have been done more frequently and regularly." – Türkiye KII participant

"The training helped us understand that the situation we were experiencing was explainable and that what we felt was normal. It helped us make sense of our situation. But it wasn't enough. Knowing in theory was insufficient to get through the process." – Türkiye KII participant

"Self-care sessions were held. These sessions were very useful. It is important that this training is continuous." – Türkiye KII participant

Taking into account the magnitude of the earthquake, many key informants highlighted the need to obtain training on first aid and best practices during natural disasters. More specifically, staff highlighted the need to create contingency plans during emergency situations, such as earthquakes and other natural disasters, specifically on safety and communication channels designed to put wellbeing first and avoid any confusion and misunderstandings. Lastly, some key informants highlighted the need for specialised training on IUD insertion and SRH.

"We would like to receive first aid training. I would like to receive training on interviewing techniques with disaster victims and trauma and grief training in children." – Türkiye KII participant

"There should be training on what to do in natural disasters. SRH and psychological first aid training can be provided after disasters." – Türkiye KII participant



I LEFT ONE CHILD AT HOME AND BROUGHT THE OTHER ONE WITH ME. I AM THINKING ABOUT MY CHILD WHO STAYS AT HOME, AND I HAVE TO TAKE CARE OF THE CHILD HERE.

(TÜRKIYE FGD PARTICIPANT)





SELF-CARE TRAINING COULD HAVE BEEN DONE MORE FREQUENTLY AND REGULARLY.

(TÜRKIYE KII PARTICIPANT)

"The monitoring team should also receive the training that service providers receive. Especially the SOP training. Training for the management team would be good." – Türkiye KII participant

"Everything is evolving, so an SRH training that includes current approaches rather than stereotypical approaches would be empowering." – Türkiye KII participant

Facility Adequacy and Needs

Some key respondents highlighted that equipment was often protected and locked up. It was also noted that some centres in the earthquake-affected region were not damaged, including one WGSS in Reyhanlı-Hatay, as it had already been a container service unit before the earthquake. The Reyhanlı-Hatay WGSS is integrated into the Migrant Health Center of the Provincial Health Directorate (PHD). PHD personnel, many of whom had lost their houses in the earthquake, used the WGSS as accommodation for a period of time. Because this equipment and materials had been protected and undamaged, staff were able to provide these materials to affected communities, including dignity kits, maternity kits, and other materials that were stored in warehouses. However, some key informants highlighted that while some equipment and materials were safe, some parts of the centre were not safe to use, or were being used for shelter purposes in the aftermath of the disaster.



"District Health Directorate personnel used the training hall and child-friendly area as an accommodation area for personnel and storage for five months. While the centre restarted its activities two months after the earthquake, training and awareness sessions couldn't begin until five months after the earthquake." – Türkiye EQ-affected KII participant

"People who came from the earthquake area did not know where to go. During field work, we informed people about where and what services they can get. We ensured that they learned where they could receive services. We distributed kits to the earthquake survivors; it was very beneficial." – Türkiye KII participant

In terms of needs, key informants noted the need for injectable contraceptives and 3D materials to demonstrate anatomy, as well as supporting posters. More specifically, they spoke about the relevance of such materials when explaining medical terms to beneficiaries, which can help ease their anxiety and concerns. Other informants highlighted a need for more private rooms and business phones, highlighting the lack of these when providing services.

"There is no private room for the social worker. No private business phone. It creates problems in terms of privacy." – Türkiye KII participant

"The number of supportive visual posters could be increased. We have three-dimensional material, but it's very anatomical. They are designed in a way that medical students can understand. There could be simpler 3D materials." – Türkiye KII participant

Ongoing Challenges, Solutions, and Support

Given the magnitude of the earthquake, and the fact that beneficiaries and staff were significantly affected, the primary challenges in Türkiye include: (1) the need for continuous psychological support for staff, both personally and professionally, on how to cope with trauma and how to speak about trauma with beneficiaries; (2) the need to increase the amount of materials, equipment, and trainings to align with the ongoing needs of the community, as well as the need of staff; and (3) the need to mitigate the impacts of economic shocks, which include the rapid currency devaluation and the decrease in funding due to the prevalence of other humanitarian crises regionally and globally. All of these issues have had an effect on the quality of services provided, as well as on staff salaries and motivations.

"Motivation dropped a lot. Our purchasing power decreased and the salaries were not enough. The economic return of the labour offered has dropped significantly. Not being able to identify solutions reduces my motivation as a professional. The number of institutions providing support has decreased. We are having difficulty referring beneficiaries." – Türkiye KII participant

"Before the earthquake, we were on the side that provided support, met needs, and provided services, but after the earthquake, we moved to the side that demanded service as earthquake victims. We queued for water, queued for food, and tried to find tents for ourselves and our families. This situation made it very difficult for us while trying to provide services. The demands of the beneficiaries and our needs were the same." – Türkiye KII participant

Climate, Environmental Impact, and Resilience

In 2023, for the first time, questions were asked in FGDs about the types of shocks facing UNFPA beneficiaries, and analyses were conducted on the ways in which these shocks affected needs of women, girls, boys, and men in both the short- and long-term.

Table 2: Types of Shocks Reported in Türkiye

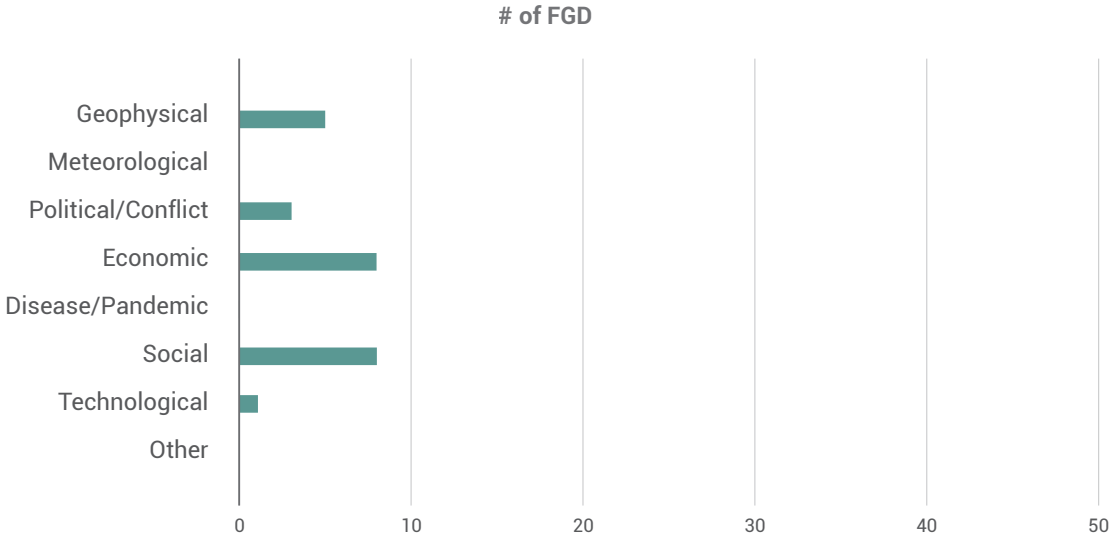


Table 2 highlights that, out of the eight FGDs conducted in Türkiye, 'economic' and 'social' shocks were reported in all of the FGDs (100%), 'geophysical shocks' were mentioned in five FGDs (63%), 'political/conflict shocks' were highlighted in three FGDs (38%), and 'technological shocks' were reported in one FGD (13%).

Economic shocks were the most commonly reported type of shock in Türkiye. All participants stated that the prices in markets have increased significantly, and that the economic crisis combined with discrimination has created a serious housing problem.

"Rents are so high, and we are in a constant state of stress. The most we could do is to pack up our bags and leave, but we do not have a home there. What could we do even if we returned? Here, what we earn by working only covers our food. I constantly fight with my husband, due to economic difficulties." – Türkiye FGD Participant

"I have four children and I am concerned about how to buy and provide their school uniforms." – Türkiye FGD Participant

Social shocks were the second most commonly reported type of shock in Türkiye, associated with discrimination against refugees and the fears of repatriation. Refugees are discriminated against at school, both by their teachers and friends, and in their neighbourhoods. They added that news on social media negatively affects them.

"We are subjected to discrimination while renting houses. For instance, when we want to rent a house and they find out that we are Syrians, they do not let us rent the house. Such cases [have] increased recently." – Türkiye FGD Participant

"I am afraid to speak in my own language. They don't even give you a seat on the tram. I'm afraid they'll realise I'm Afghan; I'm afraid they'll use violence against us. I am afraid that if I go back to Afghanistan, I will be killed there. The Taliban killed one of my brothers and injured another. I'm afraid they will cancel our identity." – Türkiye FGD Participant

Geophysical shocks were the third most commonly reported type of shock in Türkiye, strongly associated with the 2023 Türkiye–Syria earthquakes, which significantly impacted individuals across Türkiye. Türkiye provides a vivid example of how shocks are interdependent, meaning that one can affect the other. In other words, in Türkiye, geophysical issues can both act as a shock—causing an acute crisis—and as a factor that exacerbates pre-existing challenges, such as economic issues. For example, data demonstrates that individuals who were affected by the earthquakes were subsequently faced with a lack of economic resources to cover their basic needs.

Both the qualitative and quantitative evidence in Türkiye highlights that UNFPA programming has helped women and girls affected by different kinds of shocks, enabling them to build greater resilience. This resilience is most evident in the psychological and social impacts of programming, empowering women and girls to develop support networks that can help them navigate meteorological and climate-related shocks. For example, in the aftermath of the earthquake, one WGSS was able to serve as a shelter for families. Additionally, staff were able to hand out equipment to affected communities, including dignity kits, maternity kits, and other materials that had been stored in warehouses.

"The centre informed us how to protect ourselves during the earthquake." – Türkiye FGD participant

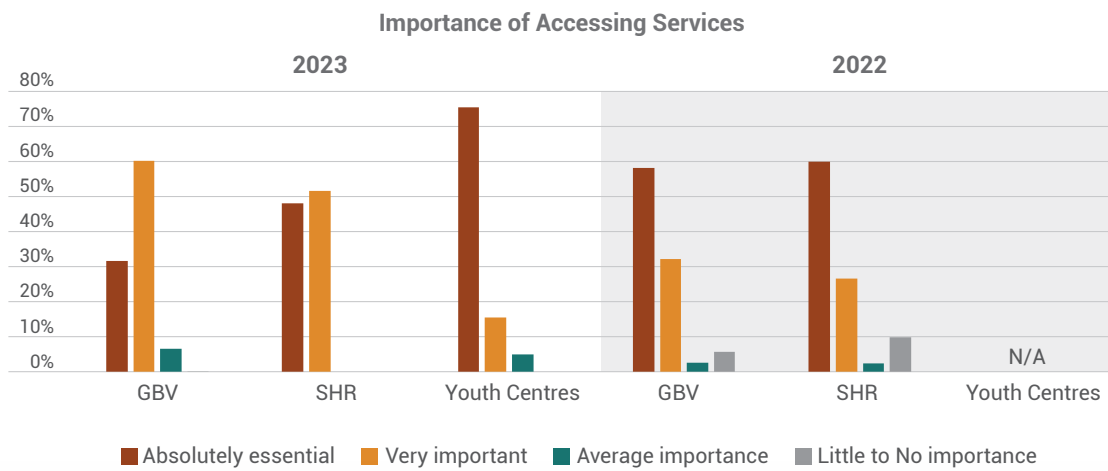
"Personnel used the training hall and child-friendly area as an accommodation area for personnel and storage for five months. While the centre restarted its activities two months after the earthquake, training and awareness sessions couldn't begin until five months after the earthquake." – Türkiye KII participant

Dimension D: Trends/Comparison Against 2022 Dataset

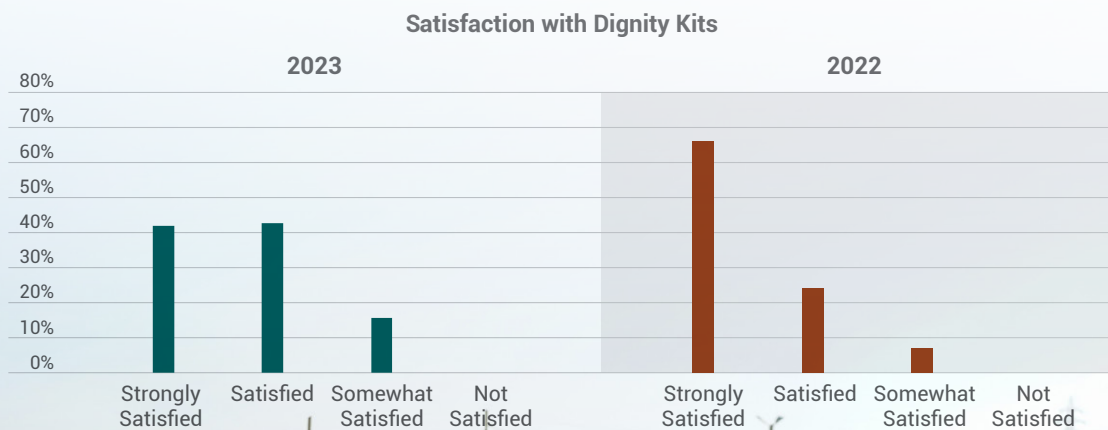
While this report has merged the data from GBV and SRH services under the scope of WGSS, the trends are shown separately for each service, taking into account that both the report and data from last year were separated. This approach helps ensure a more accurate comparison.

Dimension A (Wellbeing) Trends

1. How important is it for you to have received this service today? (Importance of Accessing Services)

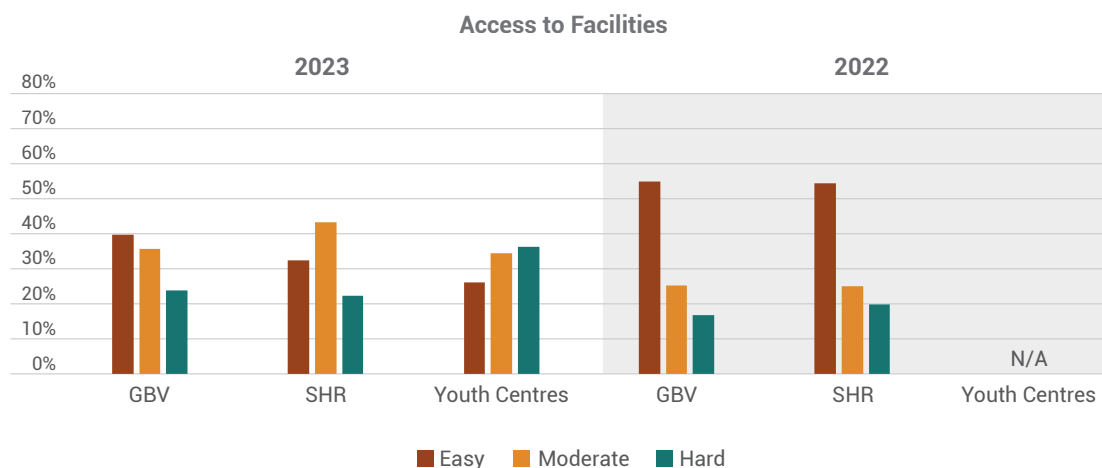


2. If you received a dignity kit, how would you rate your overall level of satisfaction with the dignity kit? (Dignity Kit Satisfaction)

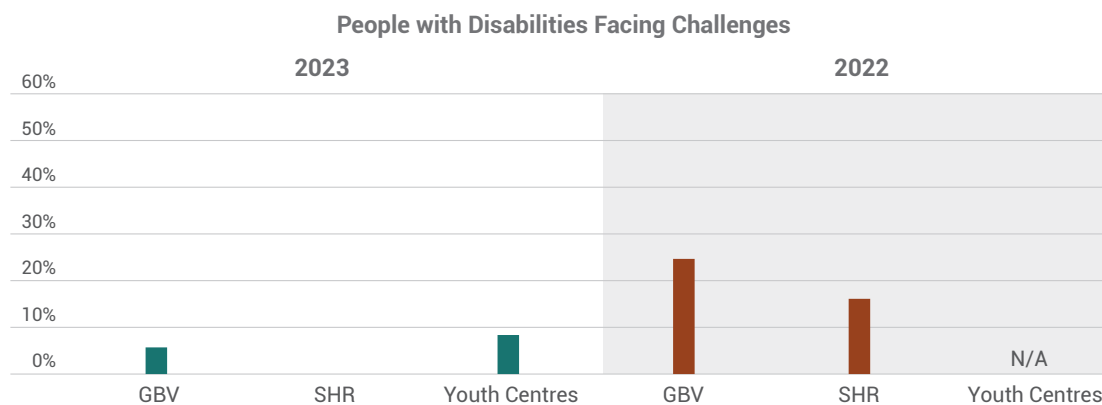


Dimension B (Access) Trends

1. How do you describe the accessibility of this facility?



2. If you are a person with disabilities or if you are supporting a person with disabilities, did you or the person you support face any challenges in accessing the centre and its related services? (Accessibility of different services for PwDs)



WE ARE SUBJECTED TO DISCRIMINATION WHILE RENTING HOUSES. FOR INSTANCE, WHEN WE WANT TO RENT A HOUSE AND THEY FIND OUT THAT WE ARE SYRIANS, THEY DO NOT LET US RENT THE HOUSE. SUCH CASES [HAVE] INCREASED RECENTLY.

(TÜRKIYE FGD PARTICIPANT)

Section 3.

Recommendations

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Section 3. Recommendations

All regional recommendations are relevant to Türkiye. In addition to these regional recommendations, the following country-specific recommendations should also be considered:

Country Recommendations

- 1. Extend the service hours for youth centres.** UNFPA could enhance the accessibility and effectiveness of youth centres by extending service hours on school days. As data illustrates, youth centres have consistently received the highest ratings across all SDPs under the purview of UNFPA Türkiye and are in great demand among youth. A strategic approach would involve expanding the availability of sessions to various time slots that better align with school schedules. This adjustment aims to increase community engagement by accommodating a broader range of youth—specifically those aged 10 to 17 and 18 to 19. This suggestion is especially informed by the findings from FGDs and CFFs, and would increase accessibility among the target beneficiary groups.
- 2. Strengthen the provision of vocational activities for women and girls.** In addition to developing partnerships for livelihood activities for youth, as indicated in the relevant regional recommendations below, both qualitative and quantitative data indicates a strong demand from women and girls for vocational opportunities, such as literacy training, handicraft workshops, language teaching, courses with certificates, and others. This demand is likely driven in part by the prevalence of economic shocks and their strong effect on women and girls across the region. UNFPA Türkiye could strengthen these activities independently and enhance its partnerships with other actors—especially those with expertise in livelihood programmes.
- 3. Enhance staff engagement.** Across different countries, UNFPA staff and partners have themselves been impacted by shocks, including the earthquakes and economic challenges. Staff concerns about their own safety and that of their families can restrict engagement with beneficiaries. UNFPA Türkiye may want to consider providing referrals for their own staff and partner staff.
- 4. Maintain the CVA pilot approach and scale up CVA programming to address the evolving needs and vulnerabilities of programme participants.** Considering that economic, social, and geophysical shocks were the top three most commonly reported shocks faced by communities in Türkiye, CVA should continue to be provided within the context of GBV case management, and should be expanded to include other modalities.



Relevant Regional Recommendations

1. **Develop partnerships with other actors, specifically to address the issue of creating economic opportunities for youth.** The data indicates a strong demand from youth for economic opportunities, activities, and programmes, including job matching, small business startup support, and Curriculum Vitae (CV) tailoring. This demand is likely driven in part by the prevalence of economic shocks and their strong effect on women, girls, and youth across the region. While this is a key issue for beneficiaries, it also falls outside UNFPA's mandate. UNFPA could, however, partner with other actors, particularly those with expertise in livelihoods and markets, to support referrals and integrated service provision addressing economic wellbeing.
2. **Conduct analysis specifically on barriers facing (1) beneficiaries in specific age groups (10-17, 18-19, and over 60) and (2) people with disabilities in accessing services.** Four demographic groups have been identified as having notable vulnerabilities: this report has identified some ways in which services can be tailored to better support them. However, more analysis needs to be conducted at both the country and regional levels.
 - a. **Youth 10-17:** This group faces specific access challenges across all seven humanitarian responses. Those in this age group who are responsible for caring for people with disabilities face additional, compounded issues and challenges. Youth in this age range show preferences for specific activities and services; greater understanding of these preferences could help to tailor service offerings to their needs.
 - b. **Youth 18-19:** This group values specific services and activities, including health services and vocational training opportunities. However, these preferences tend to be specific to the country context. Those who act as caretakers for people with disabilities also face additional challenges and issues.
 - c. **Women over 60:** Women over the age of 60 face a unique array of issues, both with regard to services provided and in terms of accessibility. Of the services provided, the contents of dignity kits are not well-suited to older women, and some of the health services offered do not meet their needs. Women in this demographic also find it particularly difficult to access facilities and centres, especially in contexts characterised by physical insecurity.
 - d. **People with disabilities:** A significant amount of work needs to be done in order to better reach and support people with disabilities, including developing a strategy to improve accessibility in non-camp contexts. This strategy should include the following considerations: (1) transportation needs for people with disabilities and their caretakers; (2) medical, pharmaceutical, and laboratory needs of this demographic; (3) recreational services that are appropriate for this group; and (4) specific support that can be provided to caretakers.



THE CENTRE INFORMED US HOW TO PROTECT OURSELVES DURING THE EARTHQUAKE.

(TÜRKIYE FGD PARTICIPANT)



3. **Participate in a 'Lessons Learned' and 'Best Practices' exercise specifically related to dignity kits, including a cross-country and cross-modality comparison.** This exercise should be led by the Hub, but UNFPA Türkiye and its partners should pay specific attention to possibilities for improving dignity kit distribution and tailoring the contents of the kits to different groups and demographics.
4. **Improve communication about the ways in which feedback and complaints are handled (e.g. through quarterly community feedback sessions).** Most beneficiaries remain unaware of the ways in which complaints are responded to and addressed. Accountability to Affected Populations (AAP) processes throughout the region should be adjusted to include feedback modalities that are appropriate for each specific country context. This may include stories on social media, meetings at the SDP, or other mechanisms identified by UNFPA staff and partners.
5. **Train local and partner health staff on how to communicate with clients about service options, risks, and mitigation measures.** Across all countries, trainings should be conducted with local and partner health staff on how to inform patients about their service delivery options. These trainings should focus on explaining service options using non-technical language and actively listening to patients about their needs and preferences.
6. **Conduct an analysis and implement additional programming related to embedding all SDPs into communities and gaining wider social acceptance.** In Türkiye, this analysis should be conducted jointly with other relevant actors to support the successful uptake of results and recommendations.
7. **Consider the integration of Child Friendly Space (CFS) facilities and health services.** Availability of childcare was identified as one of the top five accessibility barriers faced by beneficiaries. Many participants identified childcare services, child-friendly spaces, and educational opportunities for children as potentially useful activities. Expanding multi-service centres to include CFS could support improved accessibility.
8. **Conduct a review of the various approaches to supporting transportation, in order to identify best practices and lessons learned.** Transportation has been identified as a major access barrier across several years' worth of data on UNFPA's activities in the Türkiye response. That said, UNFPA and partner agencies have piloted several approaches to enhancing transportation options, including the provision of free transport and the subsidisation of transport costs. Türkiye should participate in a regional learning exercise on the topic of transportation.
9. **Develop a briefing note on funding status, risks, and opportunities.** This briefing note should be developed by the regional office, but the Türkiye office should share this note with other actors.
10. **Strengthen Clinical Management of Rape (CMR) programming by developing country-specific plans to reduce stigma for survivors of GBV.** CMR services have been identified as the least relevant activity by a significant minority of quantitative survey respondents. The classification of CMR as an activity with low relevance may be associated with cultural and community stigma toward survivors. In the Türkiye context, where there are also apparent stigmas around STIs and HIV, it may be useful to prioritise this recommendation.





RENTS ARE SO HIGH, AND WE ARE IN A CONSTANT STATE OF STRESS. THE MOST WE COULD DO IS TO PACK UP OUR BAGS AND LEAVE, BUT WE DO NOT HAVE A HOME THERE. WHAT COULD WE DO EVEN IF WE RETURNED? HERE, WHAT WE EARN BY WORKING ONLY COVERS OUR FOOD. I CONSTANTLY FIGHT WITH MY HUSBAND, DUE TO ECONOMIC DIFFICULTIES.

(TÜRKIYE FGD PARTICIPANT)





THERE IS NO PRIVATE ROOM FOR THE SOCIAL WORKER. NO PRIVATE BUSINESS PHONE. IT CREATES PROBLEMS IN TERMS OF PRIVACY.

(TÜRKIYE KII PARTICIPANT)



Türkiye Country Report

2023 IMPACT ASSESSMENT

OF UNFPA's MULTI-COUNTRY
RESPONSE TO HUMANITARIAN CRISES

VOLUME II

ASSESSMENT REPORT

