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of the

Facility for Refugees in Turkey

2016-2019/2020

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Strategic Mid-term Evaluation of the Facility for Refugees in Turkey, 2016-2019/2020

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Cover Image:

The project has major activities; namely Turkish language education, Arabic language education, catch-up and back-up classes, transportation services, assistance in stationery items, course books and clothing, awareness activities, procurement of education materials, development of a Turkish language testing system, guidance and counselling services, provision of security and cleaning staff to schools and TECs, provision of education instruments, training of teachers, training of administrative and other personnel, monitoring and evaluation.

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Acronyms

3RP	Regional Refugee and Resilience Plan
AFAD	Disaster and Emergency Management Presidency
AIDS	Acquired Immunodeficiency Syndrome
ALMP	Active Labour Market Programme
ANC	Ante-Natal Care
ASAM	Association for Solidarity with Asylum Seekers and Migrants
ASDEP	Family Social Support Programme (MoFLSS)
CCTE	Conditional Cash Transfer for Education
CEAS	Common European Asylum System
CEFM	Child, Early and Forced Marriage
CHCs	Community Health Centres
CID	Commission Implementing Decision
CM	Case Management
CMHC	Community Mental Health Centre
COHAFA	Council on Humanitarian Aid and Food Aid
CSO	Civil Society Organisation
CVME	Comprehensive Vulnerability Monitoring Exercise
DG	Directorate General
DG ECHO	Directorate General for European Civil Protection and Humanitarian Aid Operations
DG NEAR	Directorate General for Neighbourhood and Enlargement Negotiations
DGMM	Directorate General for Migration Management (Turkey)
DRC	Danish Refugee Council
EAMR	External Assistance Management Report
EBRD	European Bank for Reconstruction and Development
EC	European Commission
ECE	Early Childhood Education
ECA	European Court of Auditors
ECHR	European Convention on Human Rights
EEAS	European External Action Service
EMHC	Extended Migrant Health Centre
EQ	Evaluation Question
ESSN	Emergency Social Safety Net
EU	European Union
EUD	Delegation of the European Union (to Turkey)
EUNA	European Union's Needs Assessment
EUR	Euro
EUTF	European Union Regional Trust Fund in Response to The Syrian Crisis ('EUTF Madad Fund')
FAFA	Financial and Administrative Framework Agreement

FGD	Focus Group Discussion
FHCs	Family Health Centres
FMR	Facility Monitoring Report
FPA	Framework Partnership Agreement
FPI	Foreign Policy Instrument
FR	Facility for Refugees
FS	Facility Secretariat
FSNA	First Stage Needs Assessment
GAMM	Global Approach to Migration and Mobility
GAP	Gender Action Plan (EU)
GBV	Gender-Based Violence
GIZ	Deutsche Gesellschaft Für Internationale Zusammenarbeit
GNI	Gross National Income
GOTR	Government of The Republic of Turkey
GPA	Grade Point Average
GSS	General Health Insurance Scheme (Genel Sağlık Sigortası)
HIP	Humanitarian Implementation Plan
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HLC	Healthy Living Centre
HUMA	Humanitarian Aid Instrument
IcSP	Instrument contributing to Stability and Peace
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IFIs	International Financial Institution
IMBC	Indirect Management with the Beneficiary Country
IML	International Migration Law
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
IP	Implementing Partner
IPRG	Implementing Partner Reporting Group
IPA	Instrument for Pre-accession Assistance
İŞKUR	Turkish Employment Agency
JC	Judgement Criterion
KII	Key Informant Interview
KRG	Key Refugee Groups (i.e. LGBTI+, sex workers, and HIV positive refugees)
LFIP	Law on Foreigners and International Protection
LGBTI+	Lesbian, Gay, Bisexual, Transgender and Intersex
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MEB	Minimum Expenditure Basket

MENA	Middle East and North Africa
MFF	Multi-annual Financial Framework
MHCs	Migrant Health Centres
MHU	Migrant Health Unit
MoFLSS	Ministry of Family, Labour and Social Services (Turkey)
MoH	Ministry of Health (Turkey)
MoNE	Ministry of National Education (Turkey)
MS	Member States
MTR	Mid-Term Review
NATO	North Atlantic Treaty Organisation
NEET	Not in Education, Employment or Training
NFE	Non-Formal Education
NGO	Non-Governmental Organisation (international or national)
NNGO	National Non-Governmental Organisation
OECD-DAC	Organisation for Economic Cooperation and Development – Development Assistance Committee
OICR	Outreach, Intake, Case management, and Referral
OJT	On-the-Job Training
PAB	Pre-Assistance Baseline
PAR	Planning, Analysis and Reporting
PDFLSS	Provincial Department of Family, Labour and Social Services
PDM	Post Distribution Monitoring
PDMM	Provincial Directorate of Migration Management
PKK	Kurdistan Workers' Party
PICTES	Promoting Integration of Syrian Children into Turkish Education System
PIKTES	Promoting Integration of Syrian Kids into Turkish Education System
PSS	Psychosocial Support
PTSD	Post-traumatic Stress Disorder
PRAG	Procurement and Grants for European Union external actions – A Practical Guide
PUK	Patriotic Union of Kurdistan
RAM	<i>Rehberlik ve Araştırma Merkezi</i> (Counselling and Research Centres)
RF	Return Fund
ROM	Results-Oriented Monitoring
RF	Results Framework
RRF	Revised Results Framework
SASF	Social Assistance and Solidarity Foundation
SAW	Seasonal Agricultural Worker
SC	Steering Committee
SDA	Severe Disability Allowance
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based Violence

SIHHAT	Improving the health status of the Syrian population under temporary protection and related services provided by Turkish authorities
SSC	Social Service Centre
SSI	Social Security Institution
SME	Small and Medium-sized Enterprise
SOP	Standard Operating Procedure
SNF	Special Needs Fund
SUMAF	Technical Assistance to Support the Monitoring of Actions Financed Under the Facility for Refugees In Turkey
SuTP	Syrians under Temporary Protection
TCG	Turkish Coast Guard
TDHS	Turkey Demographic and Health Survey
TEC	Temporary Education Centre
TFEU	Treaty on the Functioning of the European Union
TL	Turkish lira
TOBB	Union of Chambers and Commodity Exchanges of Turkey
ToR	Terms of Reference
TPR	Temporary Protection Regulation
TRCS	Turkish Red Crescent
TVET	Technical and Vocational Education and Training
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UTBA	Union of Turkish Bar Association
VAM	Vulnerability Analysis and Mapping
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WGSS	Women and Girls' Safe Spaces (built into the UNFPA support for Migrant Health Centres)
YÖK	Council for Higher Education

Executive Summary



Nurse Ahmed Ali is measuring the weight and height of a month-old baby who came for "Child follow up".

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The Facility for Refugees in Turkey (the Facility) is a EUR 6 billion mechanism designed to share Turkey's burden of hosting close to four million refugees. Organised in two tranches, it coordinates the EU refugee response, focusing on humanitarian assistance and protection, education, health, socio-economic support and migration management.

Purpose and scope of the evaluation

This strategic mid-term evaluation of the Facility for Refugees in Turkey is governed by Commission Decision C (2015)9500, which requires the European Commission (EC) to carry out an evaluation of the first tranche of the Facility by 31st December 2021, in full coordination with Member States¹. The purpose of the evaluation is:

- to provide an overall assessment of the performance of the Facility to date, focusing on intermediate results measured against its objectives; and
- to provide lessons learned and actionable recommendations to improve current and future actions and strategy.

The evaluation covers the conception, design and implementation period of the first tranche, from its inception in late 2015 up to early 2021 when this evaluation was finalised. It also includes subsidiary analysis of the impact of the COVID-19 global pandemic on refugees in Turkey. Recommendations are forward-looking and, given the strategic nature of the exercise, do not confine themselves narrowly to the period of the first tranche.

Context

The year of publication for this evaluation sadly marks a decade of civil war in Syria. The impact on the region and Syria's neighbours has been profound; Turkey has become the largest host of refugees worldwide during that period. The Turkish approach to hosting refugees has been generous and progressive. Refugees can access health care and education, and enjoy significant freedom of movement. In support of this progressive policy, the European Union has mounted one of its largest ever programmes of refugee support including the largest ever unconditional humanitarian cash transfer programme, as well as support to government provision of the aforementioned services. Since 2011, Turkey has experienced both political and economic turbulence, with the economic impact of the global pandemic likely to be significant. Throughout this period, and despite often delicate political relations between the EU and Turkey, the EU's support for refugees has been unwavering.

Methodology

The evaluation is theory based, drawing heavily on standard practice within the Directorate General for Neighbourhood and Enlargement Negotiations (DG NEAR). The evaluation was conducted in four phases and used four wide ranging sector studies as the principal evidence base. The evaluation gathered primary qualitative and quantitative data, and reviewed and analysed existing data, including through an exhaustive study of available documentation and literature. In total, 557 key informant interviews took place; an online survey of 365 beneficiaries was conducted; existing household data from the *Emergency Social Safety Net* (ESSN) programme was analysed, including qualitative interviews that were re-analysed; and the team gathered information from social media. Analysis of the data used a mix of adapted contribution analysis for the sector studies, and mixed methods analysis for the strategic questions (via the evaluation matrix and sub-components). All evidence was coded according to the evaluation questions, using research software, and standard statistical methods were used for quantitative data sets. The findings were extensively triangulated and validated via a series of workshops, feedback sessions and stress testing.

The evaluation faced two significant challenges. The first round of field work was interrupted by the COVID-19 global pandemic, resulting in all subsequent data collection being conducted remotely. This was mitigated via innovative data collection methods. The second challenge was a lack of available outcome data. A good range of proxy data was found via other sources, although sometimes this was less than ideal.

Key findings

The Facility for Refugees in Turkey (the Facility) has made a truly bold and significant contribution to the welfare of Syrians and others fleeing conflict in the region. It has also been a symbol of solidarity and support for the Turkish state and people who have so generously hosted the largest number of refugees in the world.

1 https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/c_2018_1500_f1_commission_decision_en_v11_p1_968650.pdf

This evaluation has found that the Facility was unprecedented in its scale and reach and was mobilised quickly once the Member States and Turkey had reached a common understanding. Member States are emphatic in their support for the Facility. Its size and scale allowed the European Union to have an impact that would not have been possible for Member States alone (or for the Commission alone, without the additional contributions of Member States).

At the end of its first tranche, the Facility was routinely providing for the basic needs of 1.75 million refugees via the ESSN. This is the major contribution to sustaining the livelihoods of refugees in Turkey and to social cohesion, and there is reliable data that it has prevented economic deterioration and negative coping strategies. The Facility has also made major contributions to the Government's provision of health care and education to refugees, supporting the state to reach scale faster than it might have otherwise.

In both areas, Facility funding has supported the integration of refugees into the Government system. Barriers to education were addressed through measures such as catch-up and back-up classes, Turkish language classes and the highly regarded *Conditional Cash Transfer for Education* (CCTE), and additional primary health care capacity was created through investment in clinics and staff.

Refugees report being very satisfied with the services provided, particularly under the ESSN, but also in education and health. Ninety percent of households surveyed in early 2020 reported that there are no other services that they need but cannot access (in addition to health care, education and the ESSN).

The Facility also invested significantly in refugee protection, primarily through support to the new Turkish Directorate General of Migration Management (DGMM) and UNHCR for registration. Registration unlocks access to services and legal protection, and the high percentage of registrations (after the second year over 90%) is a major success. The Facility also supported specialised protection services and outreach measures.

Whilst health care coverage and education attendance are high, and despite major progress on enrolment, there are still 400,000 children out of school. While Facility support has been good, there are barriers that continue to limit access to health care provision. In the complex area of mental health, the refugees' needs have not yet been fully addressed.

Furthermore, the declining value of the Turkish lira and, most recently, the COVID-19 crisis, have jeopardised earlier gains in household income. Some vulnerable people have missed out on the ESSN benefit as a result of the demographic targeting criteria. These were put in place to enable rapid scale-up but meant that some who almost certainly should have received the cash transfer did not. A number of subsequent measures have sought to rectify this, but have not entirely resolved the issue.

Perhaps the most significant exclusions from both Facility and Turkish assistance, however, are for refugees who do not stay in their province of registration. Refugees are required to stay in their province of registration to qualify for services, but many have moved to find work. The ESSN was not designed to cover all basic needs, rather to provide a top-up, and some 70% of household income is derived from working. Despite facilitating measures, such as a reduced work permit fee and online applications, the structural problems of the labour market and the difficulties in creating new jobs mean that access to formal employment remains a challenge. Border provinces where most refugees are registered do not have the jobs, so refugees are faced with either moving for work, or staying for services. This has led to a significant group of 'out-of-province' refugees excluded from Facility and government assistance. Seasonal agricultural workers also fall into this category and, since late 2019, non-Syrian refugees do not qualify for free health care after a year in the country (with some exceptions for the most vulnerable). Tackling these exclusions in a sensitive and politically acceptable way is a major challenge for Turkey, and an area in which the EU should provide further support.

The Facility has become a model in the way that it has combined humanitarian and development assistance, and how it has worked with the Government. It has been a rapid and effective response, but in some senses has not been able to evolve. The set-up as a coordination mechanism of existing instruments allowed for the fast scale-up already noted. A small secretariat provided agility, but the strategic and governance arrangements have been limiting. The areas of intervention were defined early, at the outset of the Facility, leaving little room for major re-orientation.

The Facility has also been constrained by the implementation modalities available to it, although it has done well within these parameters. Implementation modalities for one of the key financing instruments used, the Instrument for Pre-accession Assistance (IPA), were set down early in the design of the Facility, using direct and indirect management. Direct management is a demanding tool and government counterpart ministries feel the process is challenging. The evaluation recognises that direct management provides excellent oversight, and there were no other options available for the type of assistance required. However, the Commission should reflect on whether such modalities are appropriate in refugee and crisis contexts.

The evaluation has found that there was good adherence to Commission policies within the Facility, and much of the response constitutes best practice. In particular Turkey represents an excellent example of the *Lives in Dignity* communication, although this was approved after the Facility was established. Whilst there was good alignment with the gender policies of the EC, the evaluation finds that a Facility specific gender strategy would have been appropriate given the scale of the programme. This remains a priority, as does a more coherent vision of how host communities can be best supported.

Transition planning between emergency and development channels accelerated after the European Court of Auditors report of 2018. However, uncertainty about the duration and size of future EU support has hindered new planning. Education and health services are largely unaffected by this uncertainty as the Government has pledged to provide these services regardless of external help. However, for programmes wholly supported by the EU, such as the ESSN and the CCTE, the future is much less clear. A direct grant with the Ministry of Family, Labour and Social Services (MoFLSS) in the second tranche of the Facility provides a partial way forward, but not at the scale of ESSN. The ESSN has been critical for stability and remains so in difficult economic times. Refugee protection interventions must also continue, given the ongoing needs of some particularly vulnerable groups.

Two elements of the Facility portfolio that have not progressed as fast or effectively as hoped are construction, and work in the socio-economic sector. The reasons for both these delays are well understood, and the evaluation makes some recommendations on how socio-economic work in particular might be re-focused.

Overall assessment

The Facility was unprecedented in scale and reach, and was mobilised quickly, largely meeting the needs of refugees. It made a major contribution to the basic needs of refugees, and enabled a faster government scale-up of health and education services than would have otherwise been the case. The Facility worked well with its government partners, despite sometimes challenging modalities, and has demonstrated practical support and solidarity with refugees in Turkey. Whilst the transition from emergency to development was largely smooth, the uncertainty about future funding has compromised ability to plan effectively. This should be resolved early.

Conclusions

1. The Facility was unprecedented in scale and reach, and was mobilised quickly.
2. The Facility largely met the needs of refugees, and was targeted relatively effectively.
3. The Facility is a model for refugee operations, combining humanitarian and development assistance well.
4. The Facility partnered well with Turkey, contributing additional capacity.
5. The Facility was largely coherent with key EU policies.
6. The Facility set-up enabled rapid scale-up, but has not been optimal for strategic coherence.
7. The Facility approach to host communities and some key groups has been uneven, and there is more work to be done to reach some of those least likely to access assistance.
8. The Facility was constrained by the modalities available to it.
9. Monitoring has improved through the lifetime of the Facility, and is sometimes used to strengthen programming.
10. Support for economic opportunities has been the least developed intervention so far, and construction has been delayed.

Recommendations

The evaluation makes the following recommendations to the European Commission, which are to be implemented in close cooperation with the Government of the Republic of Turkey.

Cluster 1

Reach (coverage, targeting and marginal groups)

1. Increase access to services for underserved refugees.
2. Mitigate the impact of increasing social tensions for refugees in Turkey.
3. Develop a specific gender strategy for future EU support to refugees in Turkey, drawing on the GAP III and other EC gender frameworks.

Cluster 2

Strategy (strategy and joint working)

4. If future EU funding for refugees in Turkey is made available, update the *strategic concept note* based on this evaluation and other analysis and focus future funding on measures that facilitate a gradual transition from EU assistance to Turkish support.
5. Re-design the strategic governance of any future external funding for refugees, based on lessons to date. In the event that externally assigned revenues are mobilised, re-orient the current Steering Committee toward oversight and encourage Member State involvement in working level structures.

Cluster 3

Management (structure, partnerships, modalities and M&E)

6. Review the Facility implementation structure with the aim of optimising management and reporting lines and boosting on-the-ground capacity, including in key provinces, if future EU funding for refugees in Turkey is made available.
7. Strengthen the system of data collection, analysis and outcome measurement, in order to inform strategic decision-making and accountability.

Cluster 4

Strategic recommendations for each sector

8. Increase the focus on refugee student integration into the classroom.
9. Integrate migrant health care into the mainstream health system.
10. Continue cash support to meet basic needs, with increased focus on the most vulnerable refugees, and in line with similar support to Turkish citizens.
11. Overhaul economic support programmes to match current economic and labour market realities.
12. Strengthen the mainstreaming of protection across the Facility response.



1 Introduction



Siblings with allergy complaints, Sara Dendün and her older sister Meryem Dendün are waiting for examination at the polyclinic no.4

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(photographer: Yunus Özkazanç) 2020

This strategic, Mid-term Evaluation of the Facility for Refugees in Turkey is governed by Commission Decision C(2015)9500, which requires the European Commission (EC) to carry out an evaluation of the first tranche of the Facility by 31st December 2021, in full coordination with Member States (MS)².

The **purpose** of the evaluation is:

- To provide an overall assessment of the performance of the Facility to date, focusing on intermediate results measured against its objectives.
- To provide lessons learned and actionable recommendations to improve current and future actions and strategy.

This external, impartial and independent evaluation has been designed to provide an evidence-based judgement of the extent to which the Facility has been **effective and efficient; relevant** given the needs of the refugee³ population and its objectives; **coherent** both internally and with other European Union (EU) instruments, donors and regional interventions; and has achieved **EU added-value**. In addition, the evaluation examines the **sustainability and coherence/complementarity** of the Facility. The evaluation is theory-based, and has sought to find out whether, why and how the observed outcomes for refugees in Turkey have been contributed to by the Facility's interventions.

The evaluation's **scope** includes all actions funded and instruments mobilised under Facility Tranche I (EUR 3 billion) between 2015/16 and 2020. In cases where programmes have been extended or continued into Facility Tranche II, these continuations are also evaluated. In light of the new context created by the COVID-19 pandemic, further activities outside of the Facility Tranche I scope have also been rapidly reviewed.

The Facility includes portfolios of humanitarian and non-humanitarian interventions across four sectors – education; health; socio-economic support; and protection, which the evaluation covers in a series of standalone sector reports (see Volume II)⁴. These reports include in-depth discussion and further evidence on the main findings which are summarised in this report.

The Facility's migration management interventions are also reviewed in the main report, along with cross-cutting issues of gender, refugee rights and protection, disability (including mental health), environment and the impact/response to COVID-19.

For Facility targets and results data, the evaluation has used the Facility Monitoring Report (FMR) of May 2020 (covering monitoring data up to December 2019) as its main data source on Facility outputs achieved. This was the most up-to-date information available to the evaluators at the time of the analysis, following the data collection/field phase. However, in order to ensure that the evaluation will be as up-to-date as possible when it is published, some data has been updated during the final synthesis phase of the evaluation on the basis of more recent figures, such as those included in the FMR of November 2020⁵ (which covers results up to June 2020).

Key stakeholders of the Mid-term Evaluation

- **European Commission (EC)** services and the Delegation of the European Union to Turkey (EUD)
- **The Government of Turkey (GoTR)**, its relevant line ministries and provincial representation
- **Facility implementing partners** – international financial institutions (IFIs), United Nations (UN) agencies, Red Cross/Crescent movement, Non-Governmental Organisations (NGOs)
- **Donors** – EU Member States, non-EU donors
- **Civil society** – research institutions, universities, and civil society networks
- **Service-providing staff** – doctors, nurses, midwives, teachers etc.
- **Beneficiary populations** – refugees and host communities

The evaluation covers support to refugees, both Syrian⁶ and non-Syrian, under various protection statuses. Because of its size and proportion, it has focused primarily on the registered Syrian refugee population living in urban areas (outside of camps). However, attention is also paid to the variety of situations of other types of refugees and to host communities, in line with the Facility mandate. Data collection included analysis with a national (whole of Turkey) scope, but also focused on key provinces hosting the largest numbers of refugees.

2 https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/c_2018_1500_f1_commission_decision_en_v11_p1_968650.pdf

3 There are important differences in Turkish law and in service access between asylum-seekers, different categories of international protection beneficiaries (refugees, conditional refugees, subsidiary protection beneficiaries), and beneficiaries of temporary protection. Although the Government of Turkey does not recognise all of the above categories as refugees, the term 'refugee' is used in this report very broadly to refer to all the above categories, except when specific distinctions are made.

4 The official use of the term 'Sector' has evolved throughout the lifespan of the Facility and continues to vary somewhat between stakeholders; for example, the Facility's Updated Strategic Concept Note adopts the term 'Priority Area' instead of 'Sector' for Health, Education, Socio-economic Support and Protection. In line with this evaluation's original Terms of Reference and also for consistency across all evaluation products, the team chose to apply the term 'Sector' throughout all final reports. This choice of wording does not imply a judgement on or a preference for one term over the other.

5 Available at https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/201022_fmr.pdf

6 Turkey's Temporary Protection Regulation establishes that 'Syrian nationals, stateless people and refugees who have arrived in Turkey, whether individually or as part of a mass movement of people, due to events unfolding in Syria, are eligible for temporary protection in Turkey' (Article 1). As such, the term **Syrians under Temporary Protection**, and the acronym **SuTPs**, is commonly used by the Government of Turkey, certain EC services, and Facility implementing partners to refer to any Syrian person who has arrived in Turkey after a cut-off date in 2011. This report prefers to simply use the term 'Syrians' or 'Syrian refugees' and does not use the SuTP acronym except when directly quoting an external sources.

This report is structured as follows:

 <p>Section 1 introduces the evaluation, and summarises the purpose, scope and objectives.</p>	 <p>Section 2 describes the political, economic and refugee hosting/ migration policy context in which the Facility for Refugees in Turkey was established and has operated in, as well as detailing the defining characteristics of the Facility, the extent of its objectives and the main investments made towards the achievement of these objectives.</p>
 <p>Section 3 sets out the methodological approach undertaken by the evaluation.</p>	 <p>Section 4 presents the evaluation's main findings, with an overarching summary followed by a detailed presentation of the findings by evaluation question (EQ) and structured by the judgement criteria; EQs 1-7 are strategic evaluation questions and EQs 8-12 have a sectoral focus.</p>
 <p>Section 5 presents the results of a brief assessment of the Facility's response to the COVID-19 crisis.</p>	 <p>Section 6 provides an analysis of the environmental dimension of the Facility focusing on how environment and climate change have been integrated into the Facility strategy and implementation.</p>
 <p>Section 7 presents the main conclusions of the evaluation.</p>	 <p>Section 8 includes recommendations which have been developed in collaboration with the European Commission.</p>

In addition to this report (Volume I), there are two further volumes, containing, in Volume II, four Sector Reports, covering education, health, socio-economic support and protection and, in Volume III, a supplement on COVID-19 (Annex 1), the methodology of the evaluation (Annex 2), list of documents reviewed (Annex 3), list of stakeholders interviewed (Annex 4) and the Terms of Reference for the evaluation (Annex 5).



2 Context



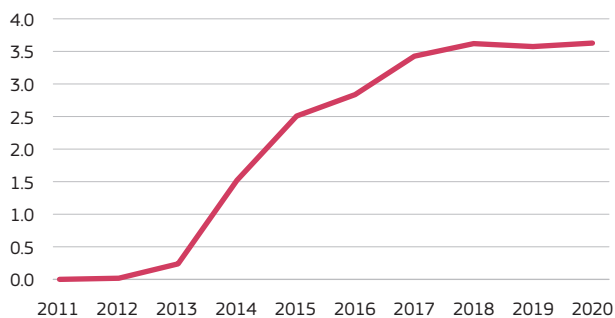
Turkey hosts 3.6 million Syrian refugees. In order to respond their needs, the EU is financing over 401 schools to be built under the Facility for Refugees in Turkey.

© 2020 European Union
(photographer: Berna Cetin)

2.1. The Syrian crisis, refugee flows and the political/migration context

The conflict in Syria, which began in 2011, continues to be the cause of the largest number of refugees and internally displaced persons (IDPs) in the world. According to government statistics: **3,650,496 Syrian refugees are registered in Turkey**⁷ which is the largest number of Syrian refugees⁸ regionally, and the largest refugee population in the world. Throughout the period of this evaluation a large majority of Syrians in Turkey have lived among host communities (rather than in temporary accommodation centres or ‘camps’); in late 2015, the United Nations High Commissioner for Refugees (UNHCR) estimated that this was the case for around 90% of Syrian refugees, and this percentage had increased to more than 98% by 2020, with the Turkish authorities reporting that just 59,645 Syrians were hosted in camps in the south east of the country⁹. In addition, Turkey’s geographic location makes it a key transit and destination country for mixed migration from other countries in the wider region. Official statistics are not publicly available for the number of non-Syrian refugees (international protection (IP) applicants) in Turkey, but UNHCR estimates that Turkey was the host country of some 330,000 refugees and asylum seekers of other nationalities in September 2020, the majority from Afghanistan, Iraq and Iran.

Figure 1 Total number of Syrian refugees registered by Turkey, 2011 – 2020 (millions)



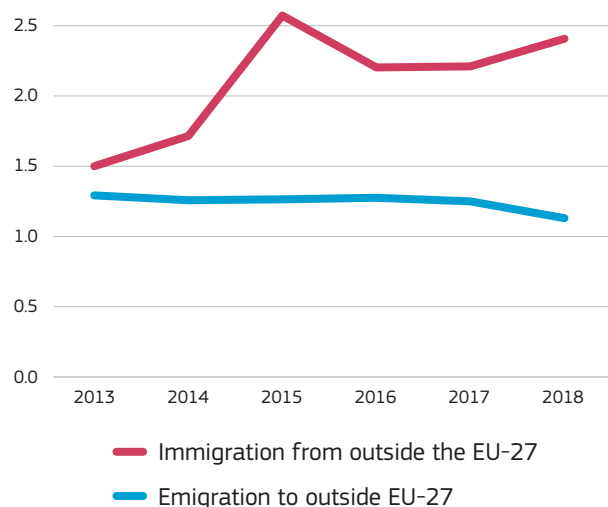
Source: DGMM

Whilst the conflict in Syria started in 2011, refugee flows into Turkey did not happen in earnest until 2013-14. Initially, Syrians seeking refuge in Turkey tended to be more educated and better off. The two countries had strong historical and trading links, especially between the cities of Gaziantep and Aleppo, and Syrian citizens would travel to Turkey visa-free. In the initial period following the onset of the conflict many of the refugees could fund their own stay and did not seek formal refugee status.

For those that did, two well-appointed camps were established in Kilis and Reyhanli.

This changed from 2013/14 onwards with the intensification of the conflict and the entry of new actors, especially Russia and Iran on the side of the Syrian government. The somewhat separate rise of radical Islamic groups, in particular Daesh (or ISIS/ISIL/IS), further splintered the conflict and complicated the dynamics, also bringing the United States into the war as part of an international coalition. This major escalation of the conflict and the siege or capture of major northern towns such as Aleppo and Raqqa sent far greater numbers fleeing to Turkey in search of refuge. In response, Turkey partially closed its borders, leading to major internally displaced person (IDP) camps in close proximity, and itself became more and more involved in the conflict, not least to counter what it perceived as the growing strength of groups it has designated as terrorists in the north of Syria¹⁰.

Figure 2 Immigrants from outside the EU-27 and emigrants to outside the EU-27, 2013 – 2018 (millions)



Source: Eurostat

7 This number is updated in real time by DGMM: this figure is as of 11th January 2021. <https://en.goc.gov.tr/temporary-protection27>

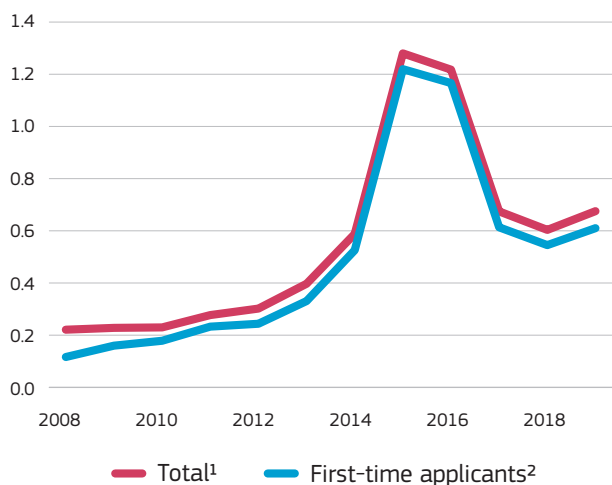
8 Turkey has retained a geographic reservation to the 1951 Refugee Convention, as a result of which most asylum seekers entering Turkey are not granted refugee status. Throughout this report and this evaluation, Syrians under ‘Temporary Protection’ (SuTPs) and non-Syrians (usually ‘International Protection’ applicants) will be referred to as ‘refugees’ or ‘Syrians’ for convenience. This does not imply that the European Commission or The Government of the Republic of Turkey recognise them formally as refugees.

9 Ibid

10 However, it must be noted that Turkey has never officially introduced new restrictions at the border and remains officially committed to an open border policy.

In 2015 this major displacement of people within Syria spilled over the Turkey's southern border and began to affect Europe in a way not previously seen. Irregular migration had already been increasing via the Mediterranean, and both Italy and Greece had begun to see significant arrivals of refugees and migrants by sea. After being forced by the conflict to leave Syria, many refugees attempted onward migration to Europe. During the 12 months to March 2016, 988,703 irregular migrants (Syrian and non-Syrian) crossed the Aegean Sea to the Greek islands¹¹. To put this figure into context, the EU-27 countries received around one million additional inward migrants in 2015, compared to 2013 and 2014 (Figure 2). Asylum applications made in the EU during 2015 and 2016, were double or triple the numbers made in 2013 and 2014 (Figure 3). A major domestic/intergovernmental crisis for the EU bloc ensued, with Member States (MS) pursuing different approaches to migrant arrivals and border management. Notably, Germany gave refuge to close to one million people during 2015, the majority of them Syrian.

Figure 3 Number of asylum applicants in the EU-27, 2008-2019 (millions)



¹ 2008-2014: Croatia not available.

² 2008: Bulgaria, Greece, Spain, France, Croatia, Lithuania, Luxembourg, Hungary, Austria, Romania, Slovakia and Finland not available. 2009: Bulgaria, Greece, Spain, Croatia, Luxembourg, Hungary, Austria, Romania, Slovakia and Finland not available. 2010: Bulgaria, Greece, Croatia, Luxembourg, Hungary, Austria, Romania and Finland not available. 2011: Croatia, Hungary, Austria and Finland not available. 2012: Croatia, Hungary and Austria not available. 2013: Austria not available.

Source: Eurostat¹²

2.1.1. The EU-Turkey Statement

In this context of increasing irregular migration from Turkey to Europe and a resulting intergovernmental crisis within the Union, European political leaders sought the cooperation of the Republic of Turkey in stabilising and formalising migration flows. Current cooperation between the EU and Turkey on the Syria crisis is shaped by agreements reached in 2015 and 2016, most notably the *EU-Turkey Statement* (18th March 2016)¹³, which built upon the *EU-Turkey Joint Action Plan* (15th October 2015)¹⁴.

In the *Joint Action Plan*, the EU Member States (not the European Commission) and Turkey agreed through a variety of intentions and actions, to increase support for Syrian refugees and their host communities in Turkey, and to strengthen cooperation to prevent irregular migration flows. Turkey agreed to open its labour market to registered Syrians and to introduce new visa requirements for Syrians and other nationalities. Turkey also agreed to enhance efforts to reduce irregular migration from Turkey to the EU by strengthening the capacity of the Turkish Coast Guard to step up the fight against illegal migrant smuggling in the Aegean Sea. The EU Member States agreed to mobilise new funds to bilaterally support the Turkish state in coping with the challenge of hosting an unprecedented number of refugees, and also to continue working with non-governmental partners to address urgent humanitarian needs. The EU-28 declared its intentions to better inform people seeking refuge in Turkey about the risks of onward irregular migration; to support the Turkish Coast Guard to combat migrant smuggling; to exchange information in order to combat smuggling networks; and to accelerate the process of visa liberalisation for Turkish citizens.

Within the framework of the *Joint Action Plan*, Turkey and the EU-28 subsequently agreed additional action points designed to 'end irregular migration from Turkey to the EU'. This aimed to break the 'business model of the smugglers', offering migrants 'an alternative to putting their lives at risk' in the *EU-Turkey Statement*. It was agreed that, from 20th March 2016, as a temporary and extraordinary measure, all new irregular migrants arriving in Greece from Turkey would be rapidly returned, providing that they were not in need of 'international protection'. It was agreed that, for every Syrian person returned to Turkey from Greece, another would be resettled from Turkey. Resettlement to the EU is decided on the basis of UN vulnerability criteria, and priority is given to refugees who have not previously attempted to enter the EU irregularly. Additional resettlements of refugees were pledged by EU Member States, on top of existing commitments and up to a limit of 54,000 people,

11 EU-Turkey Statement – Two years on, available at https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20180314_eu-turkey-two-years-on_en.pdf, accessed on 11 April 2019.

12 https://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_statistics

13 Available at http://europa.eu/rapid/press-release_MEMO-15-5860_en.htm

14 Available at <https://www.consilium.europa.eu/en/press/press-releases/2016/03/18/eu-turkey-statement/>

to safeguard the intended purpose of the agreement, i.e. to end irregular migration. This arrangement has become known as the ‘one for one policy.’ As part of the agreement, both parties agreed to ‘re-energise’ the process of Turkish accession to the EU, and work to upgrade the EU-Turkey Customs Union. The key agreements are summarised in the *EU-Turkey Statement*, point 6 relates directly to the Facility for Refugees in Turkey (words emboldened by the evaluation team):

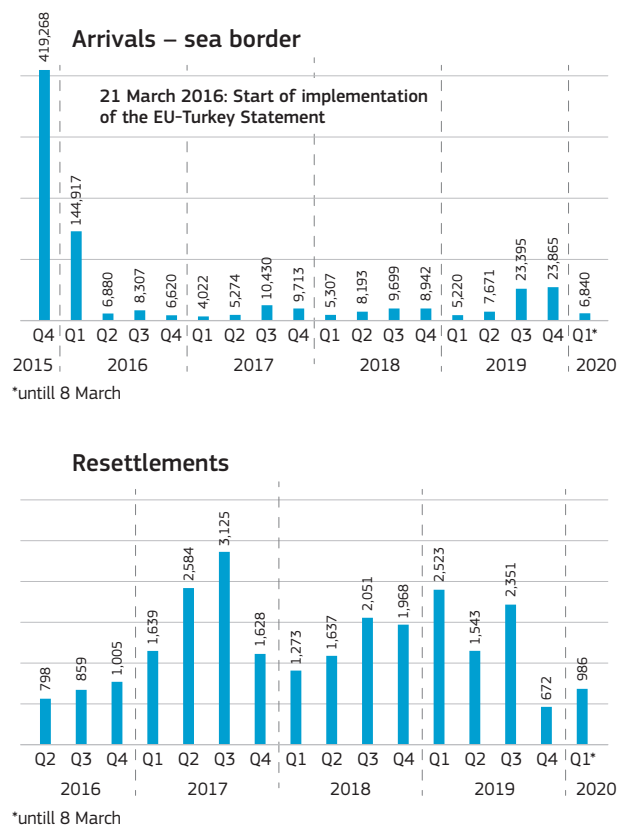
*The EU, in close cooperation with Turkey, will further speed up the disbursement of the initially allocated 3 billion euros under the Facility for Refugees in Turkey and ensure funding of further **projects** for persons under temporary protection identified with swift input from Turkey before the end of March. A first list of concrete **projects** for refugees, notably in the field of health, education, infrastructure, food and other living costs, that can be swiftly financed from the Facility, will be jointly identified within a week. Once these resources are about to be used to the full, and provided the above commitments are met, the EU will mobilise additional funding for the Facility of an additional 3 billion euro up to the end of 2018¹⁵.*

These agreements, often collectively but not formally known as the ‘EU-Turkey Deal,’ appear, at face value, to have succeeded in immediately and sustainably reducing irregular migration from Turkey to Greece and fatalities at sea. In October 2015, an average of 6,360 migrants arrived on the Greek islands each day. Between March 2016 and March 2020, an average of 105 people per day made sea crossings, representing a reduction of 94%. In the same period around 27,000 vulnerable refugees were resettled from Turkey to the EU under the Statement (Figure 4)¹⁶. In the year before the Statement, 1,145 irregular migrants lost their lives in the Aegean Sea. In the two years following the Statement this reduced to 130¹⁷. It should be noted that some academics and migration experts challenge the idea that the relationship between the *EU-Turkey Statement* and the reduction in irregular migration is 100% causal, and that the situation is more nuanced. It is possible that arrivals in Europe has already peaked and begun to decline in the winter of 2015/2016, due to their being a finite number of refugees and migrants in Turkey with the resources (to pay smugglers) and the inclination (education level, language skills, family size) to attempt to reach Europe¹⁸.

The pace of returns to Turkey from the Greek islands has been very slow, and the ‘one for one’ mechanism has not

functioned as anticipated. Although as of March 2021, 28,621 Syrian refugees have been resettled from Turkey to 20 EU Member States, just 2,735 migrants were returned between March 2016 and March 2020¹⁹, and only around 20% of these people are Syrian, according to official Turkish statistics²⁰. The slow rate of returns was due to the limited capacity of the Greek authorities to process asylum applications which, under both EU and international law, must be individually assessed. Whereas arrivals in 2015 were largely intent on reaching northern European countries and generally did not apply for asylum in Greece, those arriving in the new context resulting from both the EU-Turkey deal and the closure of the ‘Balkan route,’ are incentivised to do so. As of March 2020, and the COVID-19 pandemic, Turkey has stopped accepting returns from Greece for public health reasons, although resettlements to the EU, which had been suspended between March and May 2020 for the same reasons, resumed.

Figure 4 Arrivals by sea and resettlements under the Statement, 2015 – 2020



Source: European Commission²¹

15 EU-Turkey Statement, 18 March 2016.

16 Ibid

17 EU-Turkey Statement – Two years on, available at: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20180314_eu-turkey-two-years-on_en.pdf, accessed on 11 April 2019.

18 <https://www.tandfonline.com/doi/abs/10.1080/1369183X.2018.1468385?scroll=top&needAccess=true&journalCode=cjms20&>

19 EU-Turkey Statement – Four years on, available at: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20200318_managing-migration-eu-turkey-statement-4-years-on_en.pdf

20 DGMM, Statistics Portal, available at <https://en.goc.gov.tr/return-statistics>

21 EU-Turkey Statement – Four years on, available at: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20200318_managing-migration-eu-turkey-statement-4-years-on_en.pdf

Whilst the *EU-Turkey Statement* appears to have delivered on its main objectives, questions have been raised about its legality, and it has been heavily criticised by international human rights organisations, NGOs and asylum seekers themselves²². Critics of the Statement dispute its legality with reference to the following issues:

- The assumption that Turkey is a ‘safe third country’. The concept of a ‘safe third country’ originates in the Schengen Agreement and is defined in EU law as a country in which various procedural safeguards protect asylum seekers from harm and guarantee the right to request refugee status under the 1951 Refugee Convention. This can be challenged on account of Turkey’s human rights record, non-signature of the 1967 Protocol of the Refugee Convention which extends refugee status to non-Europeans, and simply on Turkey’s non-membership of the EU (given that the concept is defined in EU law).
- The most significant concerns are raised around **the principal of non-refoulement**, a concept defined in both European and international law. Depending on one’s viewpoint regarding whether Turkey represents a ‘safe third country’ or not, the *Statement* can be argued to breach the principal of non-refoulement; (a) when a migrant is returned from Greece to Turkey in the absence of complete, independently assessed asylum application procedure, or (b) because after a migrant is returned from Greece to Turkey they may be at risk of indirect refoulement to Syria or another

country. One counter argument to these concerns is that Turkey guarantees the option of re-application for asylum to those returnees who wish to apply.

These legal and moral questions have not been resolved in the courts due to the peculiar and ambiguous legal nature of the *EU-Turkey Statement*. Firstly, the document is a ‘statement’ (including no signatures) rather than a binding international agreement that would have had to comply with procedures laid out in the *Treaty on the Functioning of the European Union* (TFEU) and is, seemingly therefore, a simple political commitment between the parties. Secondly, the *Statement* has been legally interpreted as constituting a commitment of the EU Member States and Turkey, rather than the EU itself. The meeting of European leaders on 18th March 2016 is not considered to be part of the European Council session which began one day earlier in the same building, but a separate ‘international summit’ in which Member States of the European Union acted in their capacities as national Heads of State or Government, not as the European Council. On this basis, neither the European Council nor any of the other institutions of the European Union have entered into an agreement with the Republic of Turkey to govern migration. Consequently, the European judicial system does not have the jurisdiction to review the legality of the *EU-Turkey Statement*, and organisations and individuals that have attempted to challenge it under EU law have found their cases dismissed²³.

2.2. The Facility for Refugees in Turkey

2.2.1. Key characteristics

As outlined above, a central component of EU-Turkey cooperation in response to the Syria crisis was an EU Member State commitment to rapidly mobilise EUR 3 billion to fund jointly identified **projects** that would support Turkey to meet the various needs of Syrian refugees and host communities. The ‘Facility for Refugees in Turkey’ (the Facility) was established in November 2015, by Commission Implementing Decision (CID) 9500. The Facility has certain characteristics which are important in contextualising this evaluation’s findings. These are summarised as follows:

- The Facility is not a fund in itself, but **a coordination mechanism for the mobilisation of resources**, both from the EU budget and from Member States (as Gross National Income (GNI)-calculated ‘external assigned revenues’).

- The Facility is mandated to use the **existing financing instruments available to the Commission**.
- The ‘actions and measures’ (i.e. projects) financed must be implemented in accordance with the **financial rules and regulations** of the specific instrument in question; these vary across the instruments used.
- Although often characterised in the media as a large sum of money given by the EU to Turkey, the Facility was established to fund **projects** for the benefit of refugees in Turkey. For reasons discussed under EQ3 below, general budget support or sector budget support were not proposed or used by the Facility, neither were these modalities requested by the Republic of Turkey.

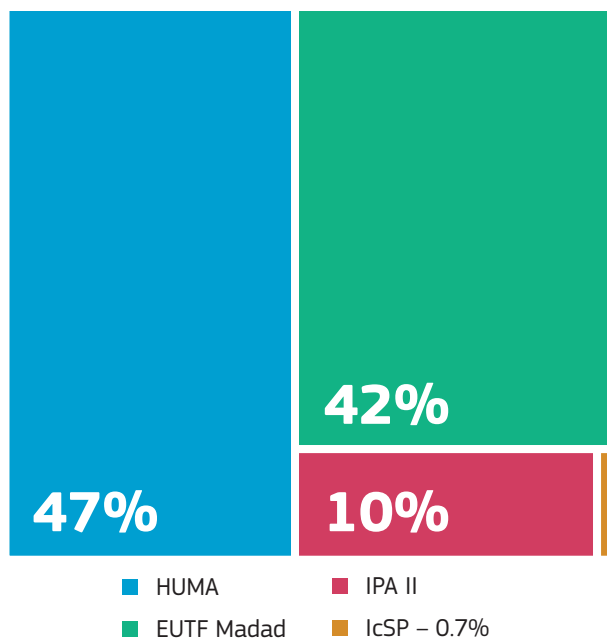
22 <https://www.europeanpapers.eu/en/europeanforum/eu-turkey-deal-violation-or-consistency-with-international-law>; <http://eulawanalysis.blogspot.com/2016/03/the-final-eu-turkey-refugee-deal-legal.html>

23 Official legal explanation: <https://eur-lex.europa.eu/legal-content/en/TXT/?uri=celex:62016T00193>. Commentary in lay person’s language: <https://djiip.org/the-eu-turkey-statement-questions-on-legality-and-efficiency/#footnote-4>

2.2.2. Financial resources and instruments

The first tranche of the Facility (Tranche I) consisted of EUR 3 billion (EUR 1 billion from the EU budget and EUR 2 billion from Member States), which was fully contracted by the end of 2017, and has an implementation deadline of 2021 (extended by 2 years following the COVID-19 pandemic in 2020). A second tranche of EUR 3 billion (EUR 2 billion from the EU budget and EUR 1 billion from Member States) was agreed in July 2018, to be committed at the end of 2019 and fully implemented by 2025.

Figure 5 Resources mobilised through the Facility by external financing instrument (Tranche I)



Source: EC

The Facility consists of both humanitarian-type and development-type assistance, funded under the first tranche via different instruments: the humanitarian aid instrument (HUMA); the Instrument for Pre-accession Assistance (IPA); and the Instrument contributing to Stability and Peace (IcSP). Part of the Facility assistance under the IPA instrument was delivered through the EU Regional Trust Fund in Response to the Syrian Crisis (EUTF) mechanism²⁴. In the first tranche, approximately EUR 1.4 billion (47%) was allocated to humanitarian aid and EUR 1.6 billion (53%) was allocated to the development strand of the Facility (technical ‘non-humanitarian’ aid). In line with a trend toward increased government ownership of the refugee response, the Facility’s second tranche has a reduced humanitarian component and a marked increase in non-humanitarian assistance (using the IPA II instrument). The IcSP and EUTF are not utilised in the second tranche.

i. HUMA

The initial global EU allocation for HUMA, within the Multi-annual Financial Framework (MFF) 2014–2020, is approximately EUR 1 billion per year. HUMA funds are programmed under the guidance of ‘Humanitarian Implementation Plans’ (HIPs), prepared annually for a given country or region. HUMA-funded actions are implemented by registered humanitarian partner organisations including NGOs and UN agencies.

The EC cannot sign HUMA contracts directly with national governments. Upon contract signature for a HUMA-funded action the EC can disburse a large percentage of the contract value to the humanitarian implementing partner.

Humanitarian assistance under the Facility is managed and programmed according to the HIPs for Turkey (and previously a regional HIP for the Syria Crisis – 2015). The Facility-specific financial resources are added to the EC’s annual humanitarian budget, with implementing partners being required to abide by the rules and regulations of Framework Partnership Agreements (FPAs) and/or the Financial and Administrative Framework Agreement (FAFA) between the European Union and the United Nations. Humanitarian funding for Turkey between 2015 and 2016 was covered by two regional HIPs focusing on the Syria crisis, and from 2016 (June onwards) and 2017 it has been covered by Turkey-specific HIPs. The activities funded are implemented by UN agencies, international non-governmental organisations (INGOs) and Red Cross/Red Crescent movement organisations who, in turn, enter into partnerships with Turkish entities often involving the Turkish Red Crescent Society (TRCS), national NGOs and liaison with government departments. The European Commission’s humanitarian service, the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), has a national office in Ankara and sub-offices in Gaziantep and Istanbul, but contracts between partners and the Commission are handled by DG ECHO headquarters in Brussels.

ii. IPA II

The IPA supports EU ‘candidate countries and potential candidates’ by providing financial and technical assistance to make the political and economic reforms that prepare countries to meet the rights and obligations associated with EU membership. IPA II was active between 2014 and 2020, and Turkey is one of seven current beneficiary countries (along with a group of six Western Balkan countries). The IPA is the primary external financing instrument used by the European Commission in its implementation of the EU’s enlargement policy. Turkey has been the largest recipient of EU pre-accession assistance (IPA II) consistently for the period of the last MFF (2014–

²⁴ The ‘origin’ of 10% of resources delivered under the Facility and through the EUTF is IPA II. Two IPA Special Measures transferred IPA funds to the Trust Fund to implement specific projects. There are further EUTF projects funded outside of the Facility that are also implemented in Turkey, which are not within the scope of this evaluation.

2020), where it was indicatively allocated EUR 3.2 billion, and it has been a significant recipient since 2007 (receiving EUR 4.1 billion under IPA I). Investments have been made across the following areas: democracy and governance; rule of law and fundamental rights; environment, climate action and energy; transport; competitiveness, innovation, agriculture and rural development; and education, employment and social policies.

The first tranche of the Facility mobilised additional IPA finance, outside of the framework of bilateral IPA assistance to Turkey, under three 'Special Measures' which covered education, health, municipal infrastructure, socio-economic support and migration management, prepared by the Facility Secretariat (FS) located in the DG NEAR, in Brussels. Further Special Measures apply to the second tranche. The Delegation of the European Union to Turkey (EUD) in Ankara is responsible for contracting, management and monitoring of projects. IPA funding within the Facility is delivered through either:

- **direct management** whereby the Commission signs contracts with a Turkish government institution for a clearly described set of activities for which the institution is reimbursed following the verification of costs incurred based on invoices submitted by the grantee. This modality is used for direct grants signed with a select number of Turkish ministries;
- **indirect management/delegation agreement** where the Commission signs contracts with third party entities that have been vetted and confirmed to have the capacity to manage EU funding to a certain standard (following a 'Pillar Assessment'). In practice, this means the Commission signs delegation agreements with international financial institutions (IFIs) or Member State development agencies/banks to help implement a project. This modality enables the Commission to delegate procurement and fund management to the pillar assessed entity.

iii. EU Regional Trust Fund in Response to the Syrian Crisis

The EU Regional Trust Fund in Response to the Syrian Crisis (EUTF) pools voluntary contributions from EU Member States, Turkey (which is also a voting board member) and the EU budget, with the aim of addressing the non-humanitarian educational, economic and social needs of Syrian refugees, and also supporting overstretched host communities and administrations. It has predominantly funded activities in Turkey, Lebanon, Jordan and Iraq in the areas of basic education, higher/further education, health, WASH, livelihoods and protection. The EUTF seeks to bridge the humanitarian-development nexus by promoting early recovery and building the resilience and self-reliance of refugees, whilst also supporting host communities. EUTF can

fund multi-annual projects and has the flexibility to contract with a wide range of implementing partners, governmental or non-governmental, national or international. The EUTF pre-dated the Facility (established in 2014²⁵) and, as such, was used to channel funding for many of the earliest projects in late 2015 and early 2016. EUTF grants are centrally managed by a secretariat (distinct from the Facility Secretariat) within DG NEAR (Brussels) and disbursed following a two-stage call for proposals. Most EUTF-funded projects within the Facility have been implemented by NGOs/CSOs or UN agencies, often in association with Turkish NGOs. The Association for Solidarity with Asylum Seekers and Migrants (ASAM) is an example.

iv. Instrument contributing to Stability and Peace (IcSP)

The IcSP funds activities in the areas of crisis response, conflict prevention, peacebuilding and crisis preparedness, as well as in response to global, trans-regional and emerging threats. Crisis response activities are managed by the Service for Foreign Policy Instruments (FPI), in cooperation with the European External Action Service (EEAS). The IcSP has been mobilised for the funding of just one project under the Facility, which aims to strengthen the operational capacity of the Turkish Coast Guard in the Mediterranean Sea.

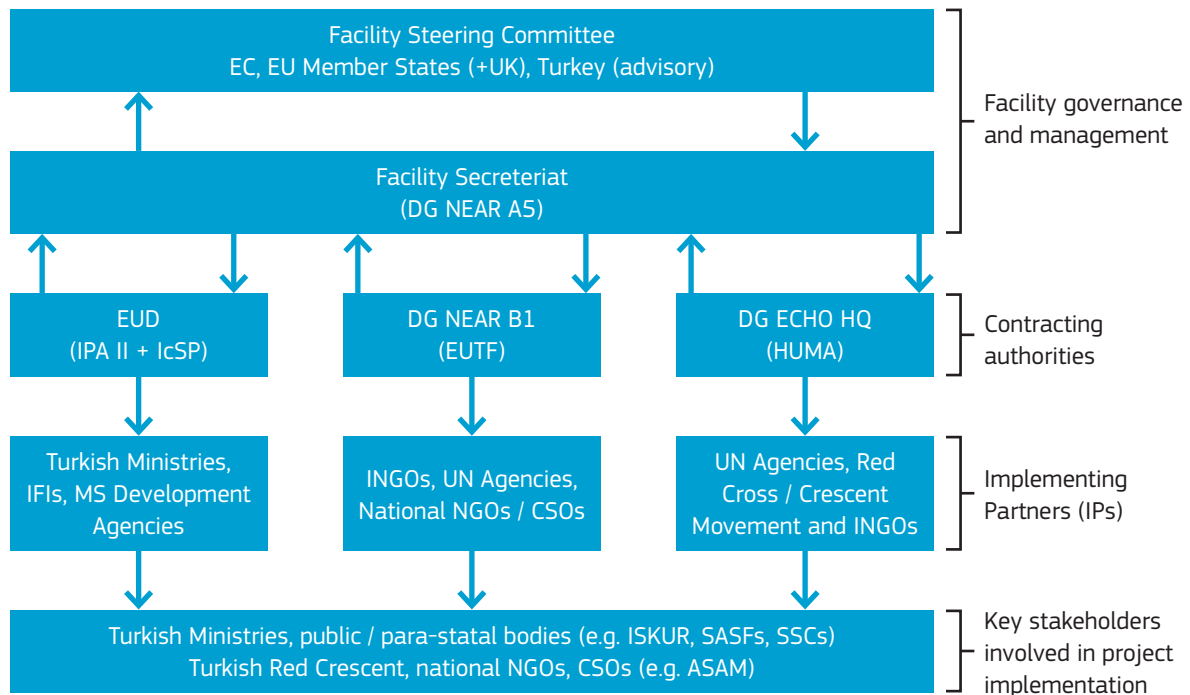
2.2.3 Facility governance, management and implementation

A number of institutions, internal and external to the European Commission, are involved in the governance of the Facility, its management and implementation.

The Facility is governed by a Steering Committee (SC), chaired by the Commission, with representation from all EU Member States, on which the Government of Turkey also participates in an advisory capacity. The SC is responsible for strategic oversight and guidance of the programming and implementation of Facility assistance. The Facility Secretariat oversees relations with and pre-accession assistance to Turkey.

25 Commission Decision of 10 December 2014 establishing the European Union Regional Trust Fund in response to the Syrian crisis, 'the Madad Fund', C(2014) 9615.

Figure 6 Facility organisational structure



Source: interviews and Facility M&E system diagram

This secretariat (in consultation with counterparts in DG ECHO) prepares and proposes the Facility strategy, prepares the legal basis of non-humanitarian Facility assistance (specifically the Special Measures and Support Measures for IPA), manages Facility monitoring and evaluation, and reports to the SC. DG ECHO HQ in Brussels adds Facility funding to its annual HIPs for Turkey. The EUTF (due to its regional scope) is managed by its own secretariat in a separate unit of DG NEAR and has its own governance structure, including an Operational Board that approves actions.

Individual actions financed by the Facility have different contracting authorities depending on the external financing instrument. The EU Delegation in Ankara is the contracting authority for Facility interventions financed under IPA II, whilst HUMA contracts are signed by DG ECHO in Brussels and monitored by ECHO staff in Turkey. EUTF actions are contracted by the EUTF Secretariat in Brussels, and monitored by EUTF Programme Managers within the EU Delegation. Within the EU Delegation, a Facility-specific section was set up for the management of Facility contracts (IPA and EUTF) and the procurement and management of technical assistance to support Facility monitoring – ‘Technical Assistance to Support the Monitoring of Actions Financed Under the Facility for Refugees In Turkey’ (SUMAF). DG ECHO also expanded its human resources in Turkey to enhance monitoring capacity.

The Turkish government is involved in the Facility, both directly and indirectly. It is consulted on, and closely associated with, the preparation of the Facility programming strategy and the identification of Facility projects. However, it is not involved in Facility contracting or financial management, which are exclusive Commission responsibilities. The Turkish government is closely involved in Facility project implementation, especially direct grants. It has appointed an entity as official liaison on the Facility. At the outset this was the Disaster and Emergency Management Presidency (AFAD), which was replaced by the Prime Minister’s Office and subsequently by the Office of the Vice President (VPO) (under the new Presidential system).

EU Member States (and the United Kingdom) follow the implementation of the Facility via the SC and also through their diplomatic missions/development agency offices in Ankara, which are briefed on a monthly basis by the EU Delegation and DG ECHO.

2.2.4. Facility objectives

According to the Commission Decision, the Facility has the following objectives:

1. *coordinate and streamline actions financed from the EU's budget and bilateral contributions from Member States;*
2. *enhance the efficiency and complementarity of support provided to refugees and host communities in Turkey;*
3. *complement actions undertaken in the EU's external financing instruments and by individual Member States*²⁶.

A basic strategic framework for the Facility was outlined in the *Strategic Concept Note* (2016)²⁷ and adapted for the second tranche in the *Updated Strategic Concept Note* (2018)²⁸. Based on a needs assessment conducted at pace in early 2016 and following consultation with the Turkish authorities and Member States, the first *Strategic Concept Note* identified the following priority areas in which to finance interventions: humanitarian assistance, migration management, education, health, municipal infrastructure, and socio-economic support. The Note did not define intended outcomes. The 'real needs' of the target population are explored under EQ1 below.

The *Updated Strategic Concept Note* (2018) categorised interventions as: education, health, socio-economic support, protection, migration management or municipal infrastructure. It more clearly outlined the sectoral outcomes that the Facility aims to meaningfully contribute to (in cooperation with the Government of Turkey):

In **education**, the Facility aims to integrate all refugee children into the formal Turkish system by the end of the lifespan of the Facility, reach out-of-school children and create safe pathways to learning, improve learning outcomes of refugee children (to equivalence with host community students), support refugees to retain a link with their culture/language, promote social cohesion in Turkey, and provide access to higher education (including vocational degrees).

In **health**, the aim is to ensure that refugees have access to comprehensive and quality primary and secondary health care services within the Turkish national health system, and to provide access to specialised healthcare services that are not available at scale in the existing system (mental health and psychosocial support (MHPSS), post-operative care and physical/physiotherapy).

In the broad area of **socio-economic support**, the Facility's short term aim is to meet the basic living requirements of the most vulnerable refugees and reduce negative coping strategies. In the medium to long term the Facility is aiming to provide refugees and host communities with access to dignified sustainable livelihoods through employment, entrepreneurship and other economic opportunities. Improving social cohesion between refugees and host communities is also specified as an aim within this sector.

In **protection**, the Facility aims to ensure that refugees are aware of and have access to national and local public services as per applicable legislation, and that national and local service providers (including municipalities) are aware of refugee rights and entitlements and are supported to respond to protection needs. Alongside this, the Facility aims to provide specialised services for at-risk, excluded and vulnerable refugees and persons of concern.






Migration management and **municipal infrastructure** are also included. However, municipal infrastructure interventions did not start until the second tranche of the Facility and are not covered by this evaluation, and migration management interventions have been moved outside of the Facility in recent years, leaving just two actions in the scope of this evaluation (see EQ12).

26 Commission Decision of 24 November 2015 on the coordination of the actions of the Union and Member States through a coordination mechanism – the Refugee Facility for Turkey (2015/c 407/07), Article 2, available at https://ec.europa.eu/neighbourhood-enlargement/sites/default/files/commission_decision_on_facility_for_refugees_in_turkey_24_november.pdf. The Commission Decision of Nov 2015 was amended in Feb 2016.

27 Available at: https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/2016_facility_strategic_concept_note.pdf

28 Available at: https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/updated_facility_strategic_concept_note.pdf

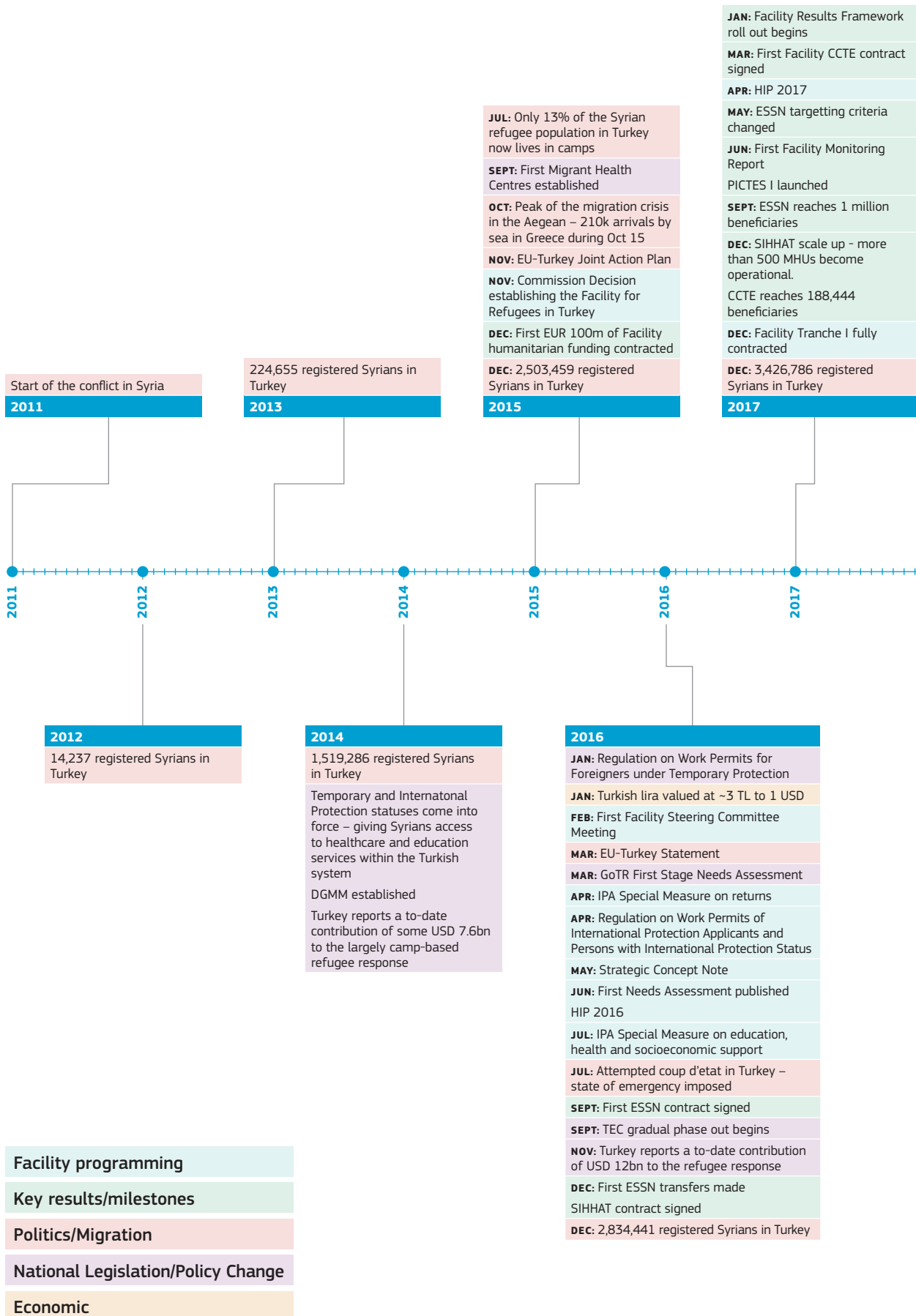
2.2.5. Summary of Facility interventions

Sector	Tranche I funding	Interventions
 <p>Socio-economic support</p>	>EUR 1.25 billion	<ul style="list-style-type: none"> • Emergency Social Safety Net (ESSN) – a nationwide social assistance programme targeting the most vulnerable refugee households – plus smaller humanitarian basic needs actions that preceded it (approximately EUR 1.1 billion) • Vocational education and labour market integration programmes (~EUR 236 million)
 <p>Education</p>	~EUR 900 million to 1 billion ²⁹	<ul style="list-style-type: none"> • Promoting Integration of Syrian Children into the Turkish Education System (PICTES) by addressing barriers to education access (direct grant to the Ministry of National Education (MoNE) of EUR 300 million) • Infrastructure (school building/improvement) projects implemented by IFIs (> EUR 400 million) • Conditional Cash Transfer for Education programme (CCTE) which makes payments to families on the condition of school attendance (EUR 85 million) • Complementary non-formal and higher education programmes
 <p>Health</p>	Estimated at around 450 million	<ul style="list-style-type: none"> • Improving the health status of the Syrian population under temporary protection and related services provided by Turkish authorities (SIHHAT) to increase and improve access to primary and secondary healthcare services in the form of Migrant Health Centres plus Extended Migrant Health Centres and Community Mental Health Centres (direct grant to the Ministry of Health (MoH) of EUR 300 million) including medical equipment for secondary health care facilities (EUR 68.5 million) and vaccination programme (EUR 48 million) • Infrastructure (two new public hospitals) implemented by IFIs (EUR 90 million) • Training of Turkish and Syrian healthcare workers implemented by WHO (23 million) • Specialised services implemented by INGOs (mental health and psychosocial support, post-operative care and rehabilitation) (approximately 40 million)
 <p>Protection</p>	Estimated at between EUR 150 million and EU 200 million	<ul style="list-style-type: none"> • UNFPA-implemented healthcare projects, for example <i>Women and Girls' Safe Spaces (WGSS)</i> and sexual and gender-based violence (SGBV) work • UNHCR-implemented projects which aim to support the Turkish Directorate General for Migration Management (DGMM) in the implementation of the Turkish legal framework for the protection of refugees, in particular by promoting registration (EUR 68 million) • Referral to and provision of specialised services for the most vulnerable people, the provision of information, awareness raising on refugee rights and obligations, protection monitoring, activities delivered through community centres, social service centres and legal aid
 <p>Migration management</p>	EUR 80 million ³⁰	<ul style="list-style-type: none"> • Support to strengthen the operational capacity of the Turkish Coast Guard (EUR 20 million grant). • Construction of a removal centre, upgrading others and supporting migrants accommodated in them (EUR 60 million grant to DGMM)

29 Depending on whether technical and vocational education for older teenagers and adults is included as education or socio-economic support.

30 Migration management IPA projects were later separated from the Facility.

Timeline



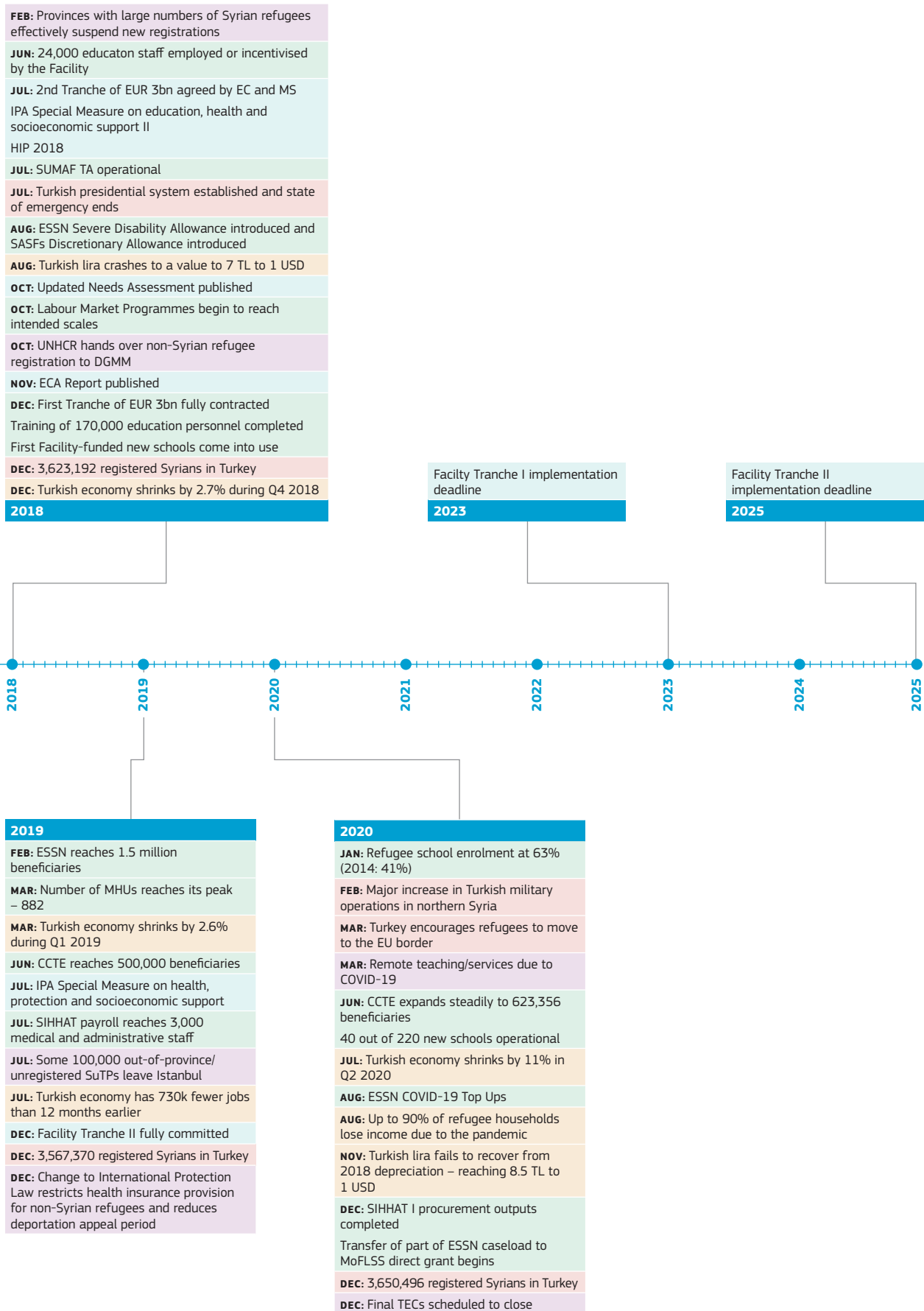
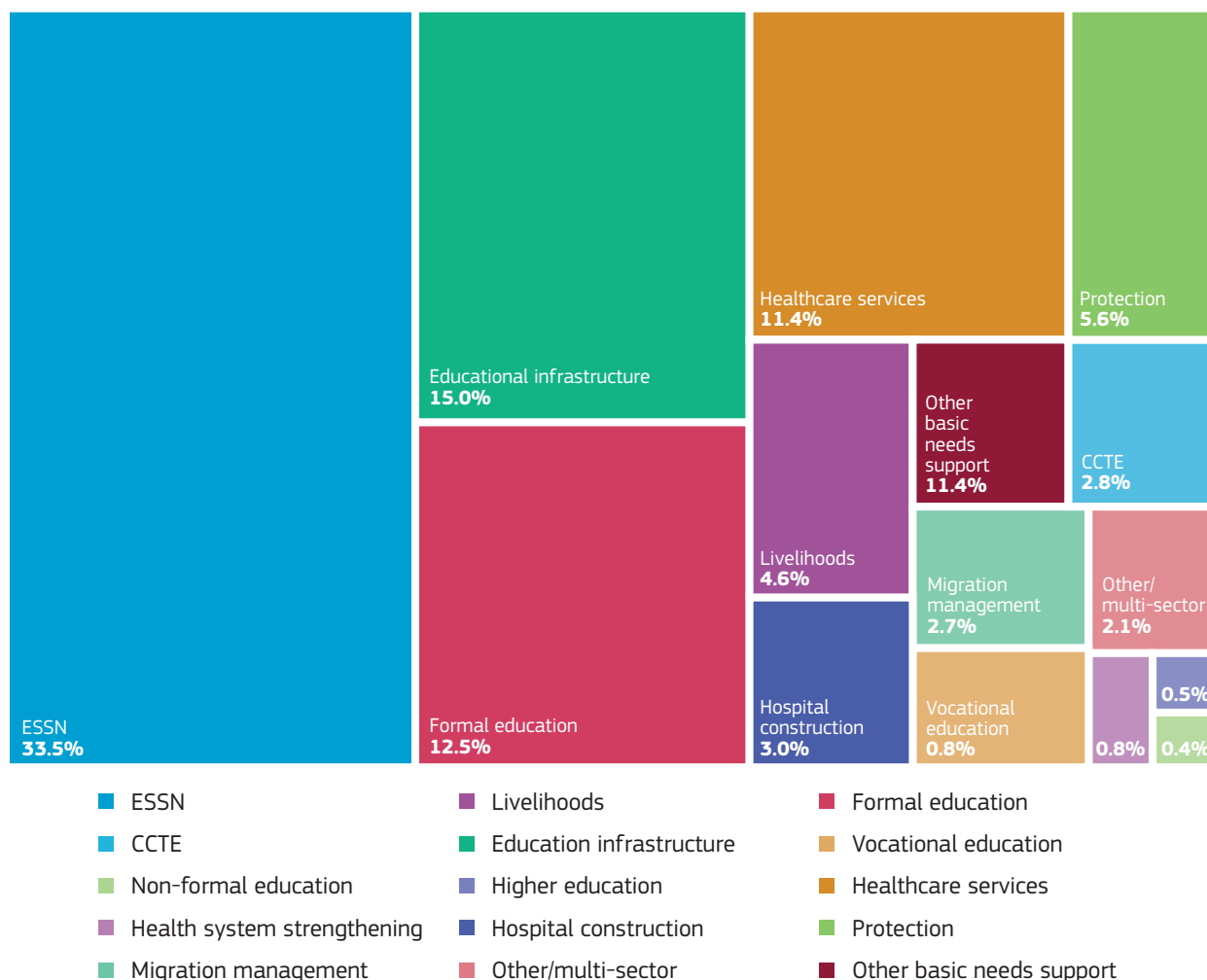


Figure 7 Breakdown of Facility support across sectors³¹



Source: EC

2.3. The political and socio-economic situation in Turkey

Since the Facility's creation in 2015, there have been a number of contextual developments within Turkey that have had a bearing on the Facility's implementation and the situation of refugees in Turkey.

2.3.1. Attempted coup d'état and aftermath (2016 – present)

Turkey has experienced political upheaval since 2016. An attempted *coup d'état* against the Turkish government of

President Erdoğan was staged in July 2016 by elements within the armed forces. In response, the EU issued a statement of condemnation and called for 'a swift return to Turkey's constitutional order with its checks and balances and stress the importance for the rule of law and fundamental freedoms to prevail'³². This was reiterated a year later by High Representative Mogherini and Commissioner Hahn, echoing their 'full support to the democratically elected institutions of the country'³³.

31 Healthcare projects funded by the Facility have been categorised as either 1) 'hospital construction', 2) 'healthcare services' or 3) 'health system strengthening'. The first represents the grants to construct two new hospitals. The second includes healthcare supply projects which provide services, salaries, equipment, facilities, medicines and vaccinations etc. The third includes three grants to WHO, which mainly provide training programmes for refugee healthcare workers to facilitate their integration into the Turkish system, and training to Turkish healthcare workers which aims to improve the care they provide to refugee patients. Many Facility projects are multi-faceted, so categorisation in this way is not an exact science, however it does provide an indication of the different investment strategies used. Furthermore, construction and supply projects could also be understood to be strengthening the Turkish health system.'

32 Joint statement by High Representative/Vice-President Federica Mogherini and Commissioner for European Neighbourhood Policy and Enlargement Negotiations Johannes Hahn on the situation in Turkey, https://ec.europa.eu/commission/presscorner/detail/en/STATEMENT_16_2555; Statement by the President of the European Commission, the President of the European Council, and the EU High Representative on behalf of the EU Member States present at the ASEM Summit on the situation in Turkey, https://ec.europa.eu/commission/presscorner/detail/en/STATEMENT_16_2554

33 Statement by High Representative/Vice-President Federica Mogherini and Commissioner Johannes Hahn a year after a coup attempt in Turkey https://eeas.europa.eu/delegations/india/29890/statement-federica-mogherini-and-johannes-hahn-year-after-coup-attempt-turkey_en

Following the attempted *coup*, the Turkish government declared a state of emergency, which was noted with concern by the EU³⁴ and included a derogation from the European Convention on Human Rights (ECHR)³⁵. Since the introduction of the state of emergency, the Turkish government has significantly overhauled the country's governance structure in terms of the relationship between its political institutions and the personnel within them. Civil and political rights were suspended and there have been widespread arrests and detentions.

Shortly after the re-election of President Erdoğan in June 2018, the state of emergency in Turkey expired and the derogation from the ECHR was withdrawn. The changes to Turkish governance have, however, been significant. A combination of constitutional reform (to a presidential system in 2018 following a referendum in 2017), ongoing reform of the public administration, has centralised political and administrative power³⁶. In particular, a 2017 reform of the constitution reduced judicial and parliamentary oversight of the executive and abolished the position of Prime Minister³⁷.

A significant consequence of the attempted *coup* has been that the Government has constrained the operating space of international organisations and NGOs. The Government issued a decree following the *coup* that withdrew the operating permits for several national and international organisations, resulting in the immediate freeze of activities and abrogated contracts. Protection and health NGOs were particularly affected by these measures, including many DG ECHO partners. However, the major structural Facility programmes that worked primarily with government intermediaries (ESSN, CCTE, SIHHAT, PICTES, DGMM/verification, etc.) were able to resume activities with little hindrance after brief delays.

Throughout 2017 the Government introduced a number of further measures to limit the operating space for NGOs³⁸. Some NGOs were pursued by the authorities for irregular employment of refugees and the Government started screening NGOs working on Facility projects and refusing some operating permissions. DG ECHO was not able to sign agreements for four protection projects³⁹. Regulations were enforced requiring organisations to have specific permissions to operate in their sector and

in their province. As part of this regulatory tightening, protection NGOs were informed that they no longer had permission to conduct household visits or outreach programmes.

Similarly, NGOs operating community centres have had to examine the services they can offer. They are no longer permitted to offer health, education or technical training, psychosocial support (PSS) and legal services that are not officially approved as meeting national standards. The widespread exception to this trend was TRCS, which (together with the Union of Turkish Bar Associations (UTBA)) enjoyed a special status in Turkey as an auxiliary organisation with a special legal status⁴⁰.

2.3.2. Economic instability (2018 – present)

In addition to political upheaval, since 2018 Turkey has experienced a period of economic instability⁴¹. In recent decades, Turkey had enjoyed a prolonged period of economic growth. As a result, large segments of the population had moved upward to better jobs, leaving a structural labour deficit in informal work such as construction, textiles and agriculture that has been largely filled by migrants. Turkish economic growth has been driven in large part by external credit and fiscal stimulus, producing a large current account deficit, high inflation averaging over 10%, and a vulnerability to shifting global market confidence.

A recession in 2018 led to a severe depreciation of the Turkish lira. In the summer of 2018, the *lira* experienced its largest depreciation against the dollar since 2001. This had a major impact on consumer prices as well as the balance sheets of firms with large foreign-denominated debt stock⁴². The World Bank (2019) estimated that, between July 2018 and July 2019, the economy lost around 730,000 jobs; 450,000 in construction, 130,000 in agriculture, 100,000 in industrial sectors and 50,000 thousand from service sectors⁴³. An unknown but significant number (estimated between one and two million) of refugees work informally in the Turkish economy, and a large majority of refugee households report that labour is their primary source of income. With the economic slowdown in 2018 and 2019, the percentage of refugee households that report

34 https://eeas.europa.eu/headquarters/headquarters-homepage/7283_en

35 https://www.coe.int/en/web/portal/news-2016/-/asset_publisher/StEVosr24HJ2/content/secretary-general-receives-notification-from-turkey-of-its-intention-to-temporarily-suspend-the-european-convention-on-human-rights

36 https://ec.europa.eu/commission/presscorner/detail/en/COUNTRY_19_2781

37 <https://www.hrw.org/news/2016/07/22/dispatches-turkeys-state-emergency>

38 <https://www.thenewhumanitarian.org/news/2017/04/27/Turkey-steps-crackdown-humanitarian-aid-groups>

39 European Court of Auditors. (2018). *Special Report: The Facility for Refugees in Turkey: helpful support, but improvements needed to deliver more value for money*, para 47.

40 KII

41 <https://www.imf.org/en/News/Articles/2019/12/27/pr19491-turkey-imf-executive-board-concludes-2019-article-iv-consultation>

42 Akcay & Gungen (2018) Lira's Downfall is a Symptom: the Political Economy of Turkey's Crisis 1 <https://criticalfinance.org/2018/08/18/liras-downfall-is-a-symptom-the-political-economy-of-turkeys-crisis/>

43 World Bank (2019) Turkey Economic Monitor October 2019: Charting a New Course

<http://documents.worldbank.org/curated/en/429091572623015810/pdf/Turkey-Economic-Monitor-Charting-a-New-Course.pdf>

labour as one of their three primary sources of income declined⁴⁴, and the purchasing power of cash assistance with transfer values denominated in *lira* (e.g. the ESSN) decreased (see EQ10 for in depth analysis).

The Turkish government responded to the recession with more credit expansion, the use of monetary reserves to prop up the *lira*, and fiscal stimulus. While enabling a return to growth relatively quickly, economic vulnerabilities of stressed corporate balance sheets, reliance on external finance, and dwindling central bank reserves persist. The *lira* crisis has had a more positive impact on project implementation, insofar as it created significant savings on grants denominated in euro. This created budgetary space for extra activities, but also helped Facility projects to quickly reallocate funds to respond to an even more significant economic crisis created by the COVID-19 pandemic.

2.3.3. COVID-19 pandemic

Following the spread of the COVID-19 pandemic to Europe during the first quarter of 2020 and the resulting restrictions on movement and economic activities, the Turkish economy experienced its biggest fall on record in the second quarter of 2020 of 11% of GDP⁴⁵. The Turkish economy remains very fragile with a widening current account deficit and the central bank relying on already severely depleted dollar reserves to defend the *lira* against another fall⁴⁶. Refugees have been particularly affected by the economic consequences of COVID-19. The sudden loss of informal jobs has hit refugees hard because they nearly all depend on informal labour to survive⁴⁷. Also, refugees reliant on informal labour cannot benefit from government COVID-19 relief, and yet they are experiencing other COVID-19 related pressures such as increased prices and evictions. According to the noted academic Franck Duvell, it is anticipated that the vast majority of previously marginal but surviving informal workers will need to resort to negative coping strategies⁴⁸. In the long run, the interruption in education might have a serious long-term impact. Some children who were already struggling might just drop out altogether if catching up with missed school becomes impossible⁴⁹. A separate chapter on the consequences of COVID-19 for refugees can be found in Section 5 of this report.

2.3.4. Refugee policy changes

Major policy changes have also been implemented in relation to refugees. Examples include the switching of responsibility for temporary accommodation centres from AFAD to DGMM, announcement of camp closures, halting the registration process in Istanbul, and changing health insurance regulations for non-Syrians. These policy shifts are often positive: the decision to phase out Temporary Education Centres (TECs) and admit refugee children to Turkish schools was a very welcome measure for refugee welfare and protection⁵⁰.

2.3.5. EU-Turkey relations

Turkey has been and remains a critical partner and ally of the European Union for numerous reasons, of which three stand out as being of particular relevance to the Facility context.

- **Geography** – Turkey is a large country (in terms of both land area and population) which shares land and sea borders with three EU Member States (Greece, Bulgaria and Cyprus) and is a land bridge between EU territory and the Middle East and North Africa (MENA), Eurasian and Central Asian regions.
- **Economy and integration** – Turkey has been on a pathway to accession to the European Union since the signing of the Ankara Agreement in 1963. Turkey formally applied to join the EU in 1987 and had candidate status approved by the European Council in 1999. In recent decades Turkey has been the largest recipient of EU funding that aims to support candidate countries to meet the conditions required for EU membership (IPA). Turkey and the EU participate in a joint Customs Union.
- **Security** – Turkey is a Member of NATO, along with the majority of EU Member States.

Turkey's relations with the EU have deteriorated significantly since 2016 across all of these areas. The political responses of the Turkish government to the attempted *coup* have been a key factor in an increasingly strained relationship and sharpening of rhetoric⁵¹. The June 2019 conclusions of the Council of the EU recognised that 'Turkey remains a candidate country and a key partner in many areas' but concerns over the rule of law and on fundamental rights meant accession

44 Comparing cross-sectional datasets PDM3 (Feb-April 2018) with PDM7 (Jan-Apr 2019) collected from ESSN applicants, households reporting labour as one of the three main sources of income decreases from 90.7 per cent to 83.8 per cent for ESSN applicants overall and from 87 per cent to 80.2 per cent for ESSN beneficiaries.

45 <https://www.ft.com/content/172194d0-3a91-457e-9faf-bae73b455d17>

46 <https://www.ft.com/content/172194d0-3a91-457e-9faf-bae73b455d17>

47 KIIs

48 German Journal of Forced Migration and Refugee Studies, vol. 4, issue 1, 2020 *Turkey: The Coronavirus-Emergency and its Impact on Refugees*, Franck Duvel.

49 KIIs

50 KIIs

51 <https://www.reuters.com/article/us-turkey-referendum-europe-idUSKBN16T13E>; <https://www.dw.com/en/erdogan-accuses-eu-of-crusade-against-islam/a-37979126>

negotiations had ‘come to a standstill’⁵². The European Parliament has called for a ‘formal suspension’ of the accession process.

The unilateral military action by Turkey in Syria has also drawn criticism from the EU⁵³. The *EU-Turkey Statement* and its various provisions has, at times, found itself influenced by these wider political movements⁵⁴.

Aside from the conflict in Syria, Turkey and the EU are divided on a host of other regional and geopolitical issues. Gas exploration by Turkey in the Eastern Mediterranean in 2020, following a widely criticised bilateral agreement on an ‘exclusive economic zone’ with Libya’s Government of National Accord which was dismissed by the EU and other regional actors as ‘illegal’, threatens to reopen historic conflicts with NATO-ally Greece. Relations between the EU and Turkey have weakened as a result. European Council conclusions of October 2019 expressed concern over Turkey’s drilling activities and unilateral military activities in North East Syria⁵⁵. In January 2020, the EU announced targeted sanctions against Turkey over the issue⁵⁶. The two sides also remain at odds over the long term future of the divided EU Member State, Cyprus, and tensions have recently been exposed over Turkish support for Azerbaijan’s military intervention in the disputed, Armenian-majority territory of Nagorno-Karabakh.

The Facility has represented the best of EU-Turkey

relations between 2016 and 2020, and in spite of political division, technical cooperation has remained possible and projects have been implemented. However, as the Facility is part of a wider political deal between two major powers, and is implemented in close partnership with the Turkish state, it cannot be fully extricated from political issues. This became particularly apparent in March 2020, when following the killing of 33 Turkish soldiers in the Idlib province of Syria, refugees were actively encouraged to move to the border. This led to the set-up of an informal camp at one of the Greek-Turkish border crossing points, hosting close to 25,000 migrants and refugees. Later in March, the Turkish authorities organised transport for the migrants and refugees away from the border area and closed the borders with Greece and Bulgaria except for commercial traffic because of the outbreak of the COVID-19 pandemic. Nevertheless, the Turkish Minister of Interior indicated that this move did not mean a change in Turkey’s policy to allow irregular migrants’ exits over its borders and the Government had no intention to prevent anyone who wishes to leave Turkey. While the EU acknowledged the increased migratory burden and risks Turkey had been facing on its territory and the substantial efforts it was making in hosting refugees, it strongly rejected Turkey’s use of migratory pressure for political purposes. The political conditionality of the funding coordinated through the Facility is a contextual consideration for this evaluation.

2.4. Regulatory frameworks for refugee hosting in Turkey and the EU

2.4.1. EU asylum and migration framework

The Treaty base for EU migration policy can be found in Article 67(2)’s provisions for a common policy on asylum, immigration and external border control. Article 78 adds provisions for temporary protection. Article 79 includes measures to combat illegal immigration and trafficking. Article 79(3) provides for creating agreements with third countries in managing migration. Finally, Article 80 requires policy measures to be underpinned by solidarity and a fair sharing of responsibility, including financial, between Member States. Since 2005, the Global Approach to Migration (GAM) has provided an overarching policy framework that has placed an emphasis on handling external migration through relations with non-EU countries⁵⁷. At the height of the refugee crisis in 2015, the *European Agenda on Migration* was adopted largely as

a crisis response strategy⁵⁸. Updating this, and hoping to move from the ad hoc to a renewed long term framework, in September 2020 the Commission launched the *New Pact on Migration and Asylum*⁵⁹.

The scope of the EU’s asylum and migration framework can be roughly divided between managing internal migration through the Schengen Area, developing a common asylum system, managing irregular migration and external border protection, the legal resettlement of refugees, and partnerships with third countries. Related to external migration, a number of tensions and conflicts have framed the development of policy since the 1990s. First, there has been a growing politicisation and hostility to immigration across Europe. Since 2015, immigration has been among the most salient issues reported in Eurobarometer surveys. While amidst the pandemic in 2020 it has dropped to its

52 Council conclusions on enlargement and stabilisation and association process <https://www.consilium.europa.eu/en/press/press-releases/2019/06/18/council-conclusions-on-enlargement-and-stabilisation-and-association-process/>

53 <https://www.consilium.europa.eu/en/press/press-releases/2019/10/09/declaration-by-the-high-representative-on-behalf-of-the-eu-on-recent-developments-in-north-east-syria/>

54 <https://uk.reuters.com/article/us-syria-security-turkey-europe/turkeys-erdogan-threatens-to-send-syrian-refugees-to-europe-idUSKBN1WP1ED>

55 <https://www.consilium.europa.eu/en/press/press-releases/2019/10/17/european-council-conclusions-on-turkey-illegal-drilling-activities-and-mh17/>

56 <https://www.consilium.europa.eu/en/press/press-releases/2020/01/31/declaration-by-the-high-representative-on-behalf-of-the-eu-on-the-alignment-of-certain-third-countries-concerning-restrictive-measures-in-view-of-turkey-s-unauthorised-drilling-activities-in-the-eastern-mediterranean/>

57 <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:52011DC0743>

58 <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1529566464275&uri=CELEX:52015DC0240>

59 <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1601287338054&uri=COM:2020:609:FIN>

lowest level since 2014, it is still in the top three most salient issues⁶⁰. Since the 1990s, governments across the political spectrum have built political agendas around restricting immigration and asylum⁶¹. Second, there have been growing north-south tensions between European Member States over responsibility for border protection and east-west tensions over asylum processing and resettlement. Finally, migration and asylum policy in Europe has developed in the context of a prolonged human tragedy of lives lost in border crossings from Lampedusa to Lesbos and lives on hold in asylum detention centres and ad hoc camps from Calais to Moria.

In relation to asylum, the foundation of the EU's Common European Asylum System (CEAS) is the Dublin Regulation (now in its third iteration as Dublin III)⁶². The regulation determines that an asylum-seeker is normally required to make a claim in the first EU state they enter. The system has caused considerable strain within the EU by placing a disproportionate burden for processing asylum claims on countries with an external border – notably Italy and Greece. European Commission proposals in 2016 for a mandatory refugee quota system to distribute the burden of receiving refugees was opposed by *Visegrad* countries Czech Republic, Hungary, Poland and Slovakia. In 2020, the *New Pact on Migration and Asylum* has attempted to break the deadlock through a proposed mandatory 'system of flexible contributions' where countries can choose between accepting refugees or sponsoring the return of rejected asylum seekers in other Member States⁶³. Human Rights Watch has highlighted how, as a result, 'the priority of return and deportation dominates the proposal', compared to earlier proposals where the emphasis was placed on distributing reception⁶⁴.

The focus on deportation matches the limited focus in the EU's Common European Asylum System (CEAS) on developing safe passages for refugees into Europe. Decisions over immigration is a national competence and 'there is no prospect of this changing'⁶⁵. Since the 1990s, most Member States have been more concerned with restricting immigration than facilitating it. Despite a series of plans since 2015 on opening legal pathways for resettlement, the numbers have been in the mid-tens of thousands (far lower than the scale of migration pressures) and several key pledging targets have been missed⁶⁶.

Within the EU's focus on building external protection, a key area of cooperation has been curbing irregular migration and strengthening the EU's external border protection. The fight against irregular migration has internal and external components. Externally, border control has undergone a significant development since 2016 in scope and the allocation of responsibility. Since 2005, the European agency Frontex was responsible for coordinating external border controls between Member States. The actual delivery of external border protection was, however, the responsibility of Member States with an external border themselves.

Internally, the growing emphasis on the return of irregular migrants and rejected asylum seekers has meant a growing emphasis on the EU returns infrastructure. The regulatory base for returns is a 2008 directive on returning illegally staying third-country nationals and a 2013 directive on international protection⁶⁷. The rate of return has, however, been decreasing in recent years, down to 29% in 2019⁶⁸. The lack of a functioning return infrastructure has left a significant population of irregular migrants in Europe with very limited access to basic services⁶⁹. In response, the Commission's new proposals of September 2020 have placed a strong emphasis on improving the returns infrastructure, including appointing an EU Return Coordinator and new proposals in spring 2021 for a strategy on voluntary returns⁷⁰.

This focus on strengthening return and external borders has paralleled with another increasingly central component of the EU's policy – the externalisation of migration management to third countries. The externalisation of migration policy has developed since at least 2005 with the GAM framework and the relaunched framework in 2011, the *Global Approach to Migration and Mobility* (GAMM). As part of the 2015 *Agenda on Migration*, this was further updated as the *Partnership Framework on Migration*. The 2015 EU-Turkey arrangement has been a notable example of such externalised migration management. Other examples have included cooperation with Libya over maritime border control – which Human Rights Watch has criticised for contributing to the abuse of migrants⁷¹. Additionally, the EU's partnerships with Niger on migration control has raised similar concerns over human rights abuses⁷². The September 2020 proposals from the Commission proposed 'a change of paradigm in cooperation with non-EU countries' towards 'tailor-made

60 https://ec.europa.eu/commission/presscorner/detail/en/IP_20_1975

61 A notable exception is Germany in 2015 which opened its borders to refugees amidst a growing migration crisis.

62 <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32013R0604>

63 https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1706

64 <https://www.hrw.org/news/2020/10/08/pact-migration-and-asylum>

65 <https://doi.org/10.1080/1369183X.2015.1103033>

66 <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52019DC0126>; <https://www.infomigrants.net/en/post/13638/how-the-eu-s-resettlement-plan-is-failing-to-meet-its-goal>

67 <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A32008L0115>; <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32013L0032>

68 https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-of-life/statistics-migration-europe_en

69 <https://www.cgdev.org/blog/eu-migration-pact-why-effective-asylum-returns-are-necessary>

70 https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1706

71 <https://www.hrw.org/report/2019/01/21/no-escape-hell/eu-policies-contribute-abuse-migrants-libya>

72 <https://www.infomigrants.net/en/post/11371/niger-the-eu-s-controversial-partner-on-migration>

and mutually beneficial partnerships⁷³. In contrast, Human Rights Watch has observed that the proposals change little from earlier partnerships in terms of pressuring third countries through development assistance to carry European burdens of migration management without guarantees for the humanitarian protection⁷⁴.

2.4.2. Turkish asylum and migration framework

In the last three decades, Turkey has become a major hub of transit migration between sites of conflict in Iraq, Afghanistan, Pakistan and, more recently, Syria and Europe⁷⁵. In the last decade Turkey has been transitioning from a 'net emigration' to a 'net immigration' country⁷⁶.

Turkey is an original signatory of the *1951 Refugee Convention*. While a party to the Convention, Turkey is one of few countries which maintains a geographical reservation to the *Convention* that does not grant refugee status to anyone from outside of Europe. Instead, asylum seekers entering Turkey must apply for resettlement to a third country. Legal changes in 1994 meant that asylum seekers would be given 'temporary protection' in Turkey before resettlement. The process of resettlement for asylum seekers takes many years. This geographic reservation does not affect Turkey's obligation to principles of non-refoulement under the *Convention*.

The opening of EU accession talks since 1999 placed the development of Turkey's regulatory framework on migration on the national political agenda, with a particular emphasis on the EU's concern with irregular migration. Rather than necessarily drive a convergence with the EU *acquis* over migration, the accession process opened migration as an issue of strategic political interest for Turkish authorities⁷⁷.

The key recent reform to Turkey's legislation on foreigners, asylum and migration was the 2013 *Law on Foreigners and International Protection* (LFIP), which came into force in 2014. The reform was in part as a policy choice to move towards the conditions for EU accession, but also to cope with the rapidly-growing number of Syrian refugees. The LFIP set out a bold and generous protection framework, notably creating

a distinction between international protection and temporary protection⁷⁸, providing registered refugees in both categories with free access to most government services, and creating a Directorate General of Migration Management (DGMM) within the Ministry of Interior. The changes were felt by Turkish authorities to shift to migration to a more 'rights-based approach' organised by a new civilian authority in the DGMM⁷⁹. Registration with state authorities is a crucial requirement for persons to be covered by the LFIP (Law 6458)⁸⁰, and any non-citizen in Turkey without a valid visa (Article 11), residence permit (Article 19) or refugee registration (Article 69) can be accommodated at removal centers and removed from Turkey.

Since the LFIP application in 2014, DGMM has rapidly built up its capacities, barely keeping up with the increase in refugee numbers. Some key landmarks in DGMM's evolution were: the decision to create a centralised registry of Syrian refugees (2015); the creation and staffing of a network of provincial migration management offices; the decision (2016) to validate the earlier ad hoc registrations of Syrians and update them in a computerised database; the assumption of responsibility for registration of non-Syrian refugees and also refugee status determination (2018); and the assumption of responsibility for the temporary accommodation centres (refugee camps, until 2019 under the authority of AFAD).

The Turkish hosting framework has benefited from the support of international agencies, notably UNHCR and European Commission. UNHCR has been a long-term partner with the Government, supporting refugee registration and legislative development since long before the Syrian crisis. The agency has supported DGMM since its creation and is the only international organisation with a relationship that allows the provision of technical and material assistance to the Government in refugee matters, making it the partner of choice for international donors, including the Commission⁸¹.

73 https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1706

74 <https://www.hrw.org/news/2020/10/08/pact-migration-and-asylum>

75 Canefe, N. (2016). Management of irregular migration: Syrians in Turkey as paradigm shifters for forced migration studies. *New Perspectives on Turkey*, 54, 9-32. doi:10.1017/npt.2016.6.

76 Franck Düvell, 'Turkey's Transition to an Immigration Country: A Paradigm Shift,' *Insight Turkey* 16, no. 4: (2014): 87-104.

77 Norman, K. P. (2020). Migration Diplomacy and Policy Liberalization in Morocco and Turkey. *International Migration Review*. <https://doi.org/10.1177/0197918319895271>

78 There are important distinctions between these two refugee categories. In essence: Temporary Protection status is provided to Syrian refugees as a group (there is no individual refugee status determination) and provides them with access to a wide range of services as well as some access to formal employment. In theory, Syrian refugees can register to live anywhere in Turkey, and can access services only in their province of registration. Non-Syrians are provided with International Protection status after a more onerous registration and status determination process, they can access the same services as Syrians except that health insurance now lasts only for one year, they do not generally have access to the formal labour market, and they should live in designated 'satellite cities,' which for the most part are not major urban centres or in the regions heavily populated by Syrian refugees.

79 Norman, K. P. (2020). Migration Diplomacy and Policy Liberalization in Morocco and Turkey. *International Migration Review*. <https://doi.org/10.1177/0197918319895271>

80 https://www.unhcr.org/tr/wp-content/uploads/sites/14/2017/04/LoFIP_ENG_DGMM_revised-2017.pdf

81 Other organisations, including IOM, work with DGMM with regard to DGMM's mandates for irregular migration and human trafficking.

i. Syrian refugees in Turkey

Since the beginning of the Syrian conflict in 2011, Turkey operated an 'open door' policy towards Syrian refugees. Turkey's geographical reservations to the *1951 Refugee Convention* meant Syrians in Turkey are not recognised as refugees. Instead, when Turkey opened its borders to Syrians in 2011, Syrians were treated as 'guests'. While driven by a widespread feeling of solidarity and cultural affinity, the guest status left Syrians in Turkey in a legally ambiguous position concerning their rights and the obligations of the Turkish state.

The situation of Syrians has incrementally been formalised, most notably through the LFIP. Syrians in Turkey have a status of 'temporary protection'⁸². Temporary protection includes access to basic social services and a commitment to no forced return. To obtain their rights and access to services in Turkey, refugees are obliged to register with authorities. There is strong evidence that nearly all Syrians in Turkey who want to register are registered.

While most Syrians are registered, few are able to enjoy the full benefits of protected status. Importantly, access to health, education and social services is limited to the province of registration. A large but unknown number of Syrians with temporary protection status have moved outside of their province of registration, usually in search of work. The number of Syrians hosted in each province or region of Turkey is a matter of some debate, but there is a broad consensus that Syrians have moved in significant numbers from the border provinces of Southeastern Anatolia to the agricultural and industrial provinces of the Mediterranean region, Central Anatolia and especially Marmara (Istanbul).

Syrians have made up an increasingly large portion of the labour force in Turkey, concentrated in the informal sectors. Findings from the World Bank have suggested that the massive increase in refugees in Turkey has had a net positive effect on average Turkish wages⁸³. In 2016, the *Regulation on Work Permit of Refugees under Temporary Protection* expanded the ability of refugees in Turkey to access work permits, which had previously been a relatively closed process, although it has been noted that this reform has had little effect on regularising

refugee employment, with the vast majority remaining in the informal sector⁸⁴.

The relationship between Syrians and their hosts in Turkey has become more complicated since 2016. There is an enduring overall solidarity and goodwill of the Turkish population towards Syrian refugees. However, it has been noted in recent Syrian Barometer reports that there has been a decreasing level of acceptance and solidarity towards Syrian refugees alongside the politicisation of the issue⁸⁵. A notable example of this politicisation of refugees in Syria was a decision in July 2019 by the Governor of Istanbul to remove unregistered refugees from Istanbul, four weeks after winning the Istanbul re-run municipal election, prompting the movement of some 100,000 people to other provinces⁸⁶. As the conflict in Syria becomes protracted and without an end in sight, Syrians in Turkey are increasingly viewing their residence in Turkey as permanent⁸⁷.

Thus far, the President has remained firm in his commitment to provide safe haven to Syrians in Turkey. However, despite the extraordinary reception that the Government and people of Turkey have provided to refugees to date, there is no guarantee that this positive reception will last forever.

The ability of Syrians to enter Turkey has become more challenging in recent years⁸⁸. Increasing military action on the border region makes movement dangerous. In addition, there have been suspensions of registrations in certain provinces by the Turkish authorities⁸⁹. Turkey has also begun to promote returns to Syria, and supposedly voluntary returns to Syria have been reported as a result of Turkish government coercion⁹⁰. UNHCR reports that they have observed voluntary return interviews of over 34,000 Syrian families in 2019⁹¹ while DGMM is said to have reported a much larger number, between 315,000⁹² and 371,000⁹³. According to the Turkish government, since 2015 more than 400,000 voluntary returns to Syria have been registered by the authorities. Despite the Government's expressed optimism that as many as a million Syrian refugees would want to return to a 'safe zone', the measured preference of Syrian refugees is much less positive. The voluntary repatriation intentions of Syrians have changed dramatically in the last two years, between the Syria Barometer 2017 (16% do

82 <https://www.refworld.org/docid/56572fd74.html>

83 <https://elibrary.worldbank.org/doi/abs/10.1596/1813-9450-7402>

84 Düvell, F. (2018). The 'Great Migration' of summer 2015: analysing the assemblage of key drivers in Turkey. *Journal of Ethnic and Migration Studies*, 1-14. doi:10.1080/1369183x.2018.1468385.

85 <https://reliefweb.int/report/turkey/syrians-barometer-2019-framework-achieving-social-cohesion-syrians-turkey-july-2020>

86 Following the 22 July 2019 instruction to Syrians to return to their provinces of registration, approximately 100,000 Syrians left Istanbul (about 35,000 of whom returned to their provinces of registration, about 65,000 others were directed to other provinces where registration was open. Source: media reports, for example <https://www.dw.com/en/Turkey-nearly-100000-unregistered-Syrians-removed-from-istanbul/a-51888092> ; Several interviewees estimated the number of removed Syrians as 100,000: KILs.

87 <https://reliefweb.int/report/turkey/syrians-barometer-2019-framework-achieving-social-cohesion-syrians-turkey-july-2020>

88 However, it must be noted that Turkey has never officially introduced new restrictions at the border and remains officially committed to an open border policy.

89 <https://www.hrw.org/news/2018/07/16/turkey-stops-registering-syrian-asylum-seekers>

90 <https://www.amnesty.org/en/documents/eur44/1102/2019/en/>

91 <https://reporting.unhcr.org/sites/default/files/UNHCR%20Turkey%202019%20Operational%20Highlights.pdf>

92 (2019). *Sent to a war zone: Turkey's illegal deportations of Syrian refugees*: Amnesty International.

93 Statement by President Erdogan at the Global Refugee Forum in December 2019.

not plan to return to Syria under any circumstances) and Syria Barometer 2019 (52% would not return)⁹⁴. Problematically for the future situation of Syrians in Turkey, the Syria Barometer reports that the opinion of Turkish citizens seems to be moving in the opposite direction: that the more comfortable Syrian refugees feel, the less comfortable Turkish citizens feel.

ii. Non-Syrian refugees in Turkey

Besides Syrians, Turkey is host to a sizeable but unknown number of refugees and asylum seekers from other countries. While little is formally known about non-Syrian migrants in Turkey, there are known to be a large number of Afghans, Pakistanis, Iraqis, Iranians, Georgians, Chinese Uyghurs, Uzbeks, Palestinians, Nigerians and others⁹⁵. DGMM does not provide statistics for non-Syrians (persons under international protection): the last official number provided by UNHCR at the moment of handover of non-Syrian registration to DGMM in October 2018 was 368,000, and the most recent estimate is that there are around 330,000 registered non-Syrians in Turkey⁹⁶.

For decades, non-Syrians were registered by UNHCR (through their local partner ASAM), and assigned to a limited number of satellite cities⁹⁷, with the aim of dispersing non-Syrians across the country and avoiding the major metropolitan areas where resources were already stretched. Since registration of non-Syrians has been taken over from UNHCR by DGMM, it has been managed in a decentralised way through Provincial Directorates of Migration Management (PDMMs). The handover has had two further consequences that are of growing concern. First, the rate of non-Syrian registrations has slowed down dramatically⁹⁸ and registration backlogs have increased⁹⁹. Second, it has been reported that PDMM decisions have become more arbitrary¹⁰⁰, and a variation in registration practices has quickly emerged between different nationalities of asylum-seekers, with Afghans clearly the most disadvantaged¹⁰¹.

The position for non-Syrians in Turkey is far more precarious than for Syrians. Non-Syrians face increasing difficulties with registration since this was taken over by DGMM. In particular, Afghans experience systemic barriers to registration and protection in Turkey. Most refugee programmes are designed to support Syrians. As a result, the information and services available to non-Syrians are more limited. This is compounded by the fact that most non-Syrians are living in satellite cities which, by design, are not in the provinces where Syrians are concentrated and which, therefore, have far fewer internationally-funded service providers.

Legislative changes enacted on 24th December 2019 have also placed increased pressure on non-Syrians, including a change to the LFIP, which shortens the appeal period prior to deportation from 15 to 7 days – rendering it almost impossible for asylum-seekers facing a removal order to obtain legal assistance¹⁰². A further change has meant international protection status-holders lose their state health insurance after a year – a decision that in some cases has been applied retroactively with the effect of immediately cutting off their access to free health care (with some exceptions for the most vulnerable refugees).

94 Migration and Integration Research Centre, (2020) Syria Barometer 2019, Ankara.

95 IOM data shows that in Istanbul there were several nationalities of irregular migrants in early 2019, for example over 40,000 irregular Turkmen, 25,000 irregular Uzbeks, 15,000 irregular Pakistanis, and 6,000 irregular Nigerians.

96 UNHCR, 2020: https://reporting.unhcr.org/sites/default/files/UNHCR%20Turkey%20Fact%20Sheet%20-%20September%202020_1.pdf

97 The number seems to vary each year but is around 62 in 2019.

98 The KII consensus was that DGMM is still keen to register and regularise Syrian refugees, albeit not in all locations (as discussed). But at the same time, fewer non-Syrians were coming forward for registration for fear of apprehension.

99 Five KIIs and AIDA (2020). *Country Report: Turkey*. There is speculation that the slowdown in registration is a deliberate policy to keep non-Syrians in limbo in order to encourage their onward movement (<https://www.asylumineurope.org/reports/country/Turkey/registration-asylum-application>) although other observers feel that there is also a genuine lack of capacity especially given that registration is now conducted nationwide by PDMMs, many of which are not sufficiently prepared for this sensitive work (KIIs).

100 AIDA (2020). *Country Report: Turkey*, citing a Turkish Government Court of Auditors report on DGMM.

101 Several interviewees were unanimous in this opinion, although there is no evidence of a government policy regarding Afghan asylum-seekers. There were reports of Afghans not being granted international protection status but instead being asked to apply for residence permits (or be sent to administrative detention for deportation). Residence permits only provide short-term protection and do not provide access to the same range of social services as international protection status-holders. See <https://www.asylumineurope.org/reports/country/Turkey/registration-asylum-application>. Several interviewees reported that Afghans are pushed by PDMM to go to a different province to register (KIIs). Afghans are also, by far, the largest group of refugees with recorded apprehensions: 201,437 in 2019, according to DGMM.

102 Confidential KIIs



3 Methodology



Paediatrician Ahlem Özmen is examining a 5-month-old infant.

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(photographer: Yunus Özkazanç) 2020

The evaluation is based on the OECD-DAC evaluation criteria of **relevance, effectiveness, efficiency, sustainability** and **impact** and the EU-specific criteria of **coherence and complementarity** and **EU-added value**. The evaluation team and the European Commission agreed twelve evaluation questions, each of which addressed one or more of these criteria. The evaluators have used a conventional mixed methods approach, to collect and analyse the data that provide the basis for answering the evaluation questions. It combined the analysis of secondary data, generation of primary data (qualitative and quantitative), and embraced a participatory approach to design, validation and findings. The evaluation was theory-based, (re)constructing and testing an intervention logic for the Facility to see whether EU inputs led to the desired outcomes, and whether the assumptions made about how this might happen have held true.

The evaluation draws heavily on four standalone, sectoral studies mirroring the four main areas of Facility Tranche I expenditure; **education, health, socio-economic support** and **protection** led by experts in each of the areas. The sectoral evaluation questions (EQ8-12) correspond to the evaluation criteria of **effectiveness**, asking to *what extent the Facility interventions have contributed to the intermediate outcomes set out in the reconstructed intervention logic(s)*. Naturally, in a complex environment where external factors also inevitably influence the observed and measured outcomes, direct attribution of results to the Facility is problematic. Therefore, the evaluation employed contribution analysis to establish the contribution that the Facility might plausibly have made. In addition to the sectoral studies, the evaluation also has an important strategic component, based on a synthesis of findings of the sector studies and further original data collection, analysis and triangulation.

For both the sectoral and strategic components of the evaluation a wide variety of primary and secondary data collection methods and sources were used.

- 426 purposively sampled **key informant interviews (KIIs)** with EC, MS/non-EU donors, Turkish government, IFI, NGO, UN agency and academic/civil society stakeholders.
- **Field observations** in Turkish provinces and interviews with 131 service-providing **staff and beneficiaries**.
- **Social media** comments ‘scraped’ from two active Facebook pages run by TRCS (ESSN) and UNHCR Turkey¹⁰³.
- An **online survey** of 365 beneficiaries including questions on service provision by sector and on awareness of refugee rights and obligations, followed by in-depth **phone interviews** with a sample of 38 participants.

- **Household survey datasets** collected for the ESSN – Pre-Assistance Baseline Survey (PAB), Post Distribution Monitoring Surveys (PDMs) and Comprehensive Vulnerability Monitoring Exercises (CVMEs) – see box below for further detail.
- **Facility action documentation and monitoring data**, including strategic documentation, previous evaluations, disaggregated monitoring data (from SUMAF and HOPE¹⁰⁴) and aggregated monitoring data collected against the Facility Results Framework.
- A review of **academic literature** relevant to the topic of migration and refugee hosting/assistance in Turkey.
- **Focus group discussion** transcripts from late-2017, originally collected for a mid-term evaluation of the ESSN, commissioned by the World Food Programme (WFP).

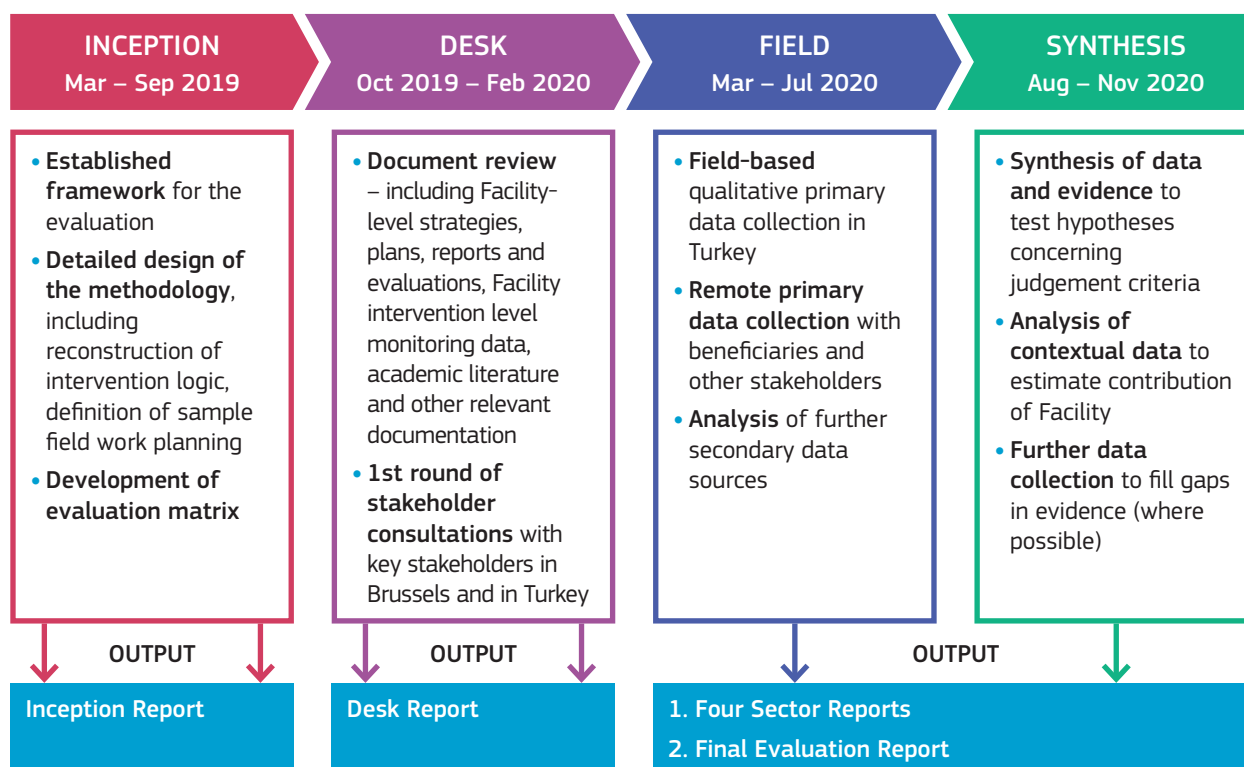
Quantitative household survey data analysed for this evaluation

PAB and PDM surveys are representative of the ESSN applicant population and allowed the team to look at the trends for applicant population over time using cross-sectional data. PAB is a baseline survey of the applicant population pre-assistance and includes beneficiaries and non-beneficiaries of the ESSN, though it does not include any of the ESSN non-applicant population. These surveys are collected by phone interviews and are hence shorter and more concise. CVME3, CVME4 and CVME5 are representative of the whole refugee population in Turkey; hence they provided valuable insights about the overall refugee population. These surveys are collected face-to-face and provide more detailed information about the refugee population compared to PAB and PDMs. Volume III Annex 2 provides further detail on the data sets used.

¹⁰³ The ET cannot guarantee the veracity of social media profiles. However, scraped data is triangulated by other quantitative and qualitative data sources in the evaluation confirming that the data provide an illustration of some of the issues at stake.

¹⁰⁴ ECHO’s financial management database (Humanitarian Office Programme Environment).

Figure 8 Evaluation phases, activities and outputs



The geographic scope of the data collection varied by method, source and sector. Some data collected was national in its scope (e.g. survey data) whilst others (e.g. KIIs) focused on a sample of five provinces: **Gaziantep, Sanliurfa and Hatay/Adana**¹⁰⁵ (high refugee density border provinces), **Istanbul** (as the largest and most urban refugee-hosting area) and **Osmaniye** (a lower density refugee-hosting province)¹⁰⁶.

Documentary sources were reviewed against the EQs, judgement criteria and indicators set out in the evaluation matrix (see Volume III Annex 2), allowing the evaluation team to develop hypotheses to be tested during the collection of primary data. All primary qualitative information gathered was manually coded using a qualitative research software package in a way that helped the evaluation team to assess the evidence against the evaluation matrix and allowed for full consideration of all sectoral level evidence by the strategic component of the evaluation.

Quantitative analysis methods were also used throughout the evaluation, most extensively to interpret data from PAB, PDM and CVME surveys. Indices were constructed for ‘consumption coping’, ‘livelihood coping’, ‘food consumption score’ and ‘assets owned’ and a variety of statistical methods were subsequently used to provide evidence against different indicators within the evaluation

matrix. Data obtained from the online survey was cross-tabulated with demographic data to enable comparisons and the evaluation also used quantitative data to make estimations of the financial cost of providing services to refugees in Turkey, so as to contextualise Facility support. To inform certain evaluation indicators the team also collated and carried out original analysis of Facility monitoring data, collected by SUMAF.

Triangulation and synthesis of the data described above was enabled through the use of a common evaluation framework and set of indicators; the variety of analysis methods employed; a flexible and iterative approach to key informant interviews; and extensive triangulation with the perspectives of beneficiaries who were consulted in a variety of fora, enabling the evaluators to compare micro-level testimonies expressed by individuals against much larger and more representative samples. The sequencing of the evaluation design, fieldwork and production of written products, described in Figure 8, allowed the findings of the sector studies to feed into the strategic questions, and enabled the production of a final report containing a series of robust conclusions and actionable recommendations.

Limitations and data gaps are detailed in Section 1 of all four of the evaluation’s sector reports (Volume II). However, there are two main challenges and limitations

¹⁰⁵ Adana largely replaced Hatay for health and education fieldwork due to disruption caused by Turkish military operations in Idlib, Syria.

¹⁰⁶ The exception to this structure was the Protection sector fieldwork, which due to its unique scope and particular interest in support to non-Syrian refugees, also consulted protection and migration stakeholders in **Izmir, Ankara, Konya, Mardin, Karabük, Ordu, Sakarya, Yalova, Düzce** and **Kırıkkale**. The evaluation was also required to diverge from the geographic sample by its use of focus group discussion data from a previous evaluation of the ESSN conducted in late 2017, which had sampled **Istanbul, Hatay, Sanliurfa, Izmir** and **Afyon**.

that were common across the whole of the evaluation exercise: disruption to data collection (primarily, but not exclusively, due to COVID-19) and *availability* of and *access* to data.

Two major situations had an impact on in-person fieldwork; (i) Turkey's military operation in Syria and (ii) the global spread of COVID-19, both of which coincided with fieldwork dates. Turkey officially announced its fourth military operation named 'Spring Shield' on 27th February 2020, in Idlib, the week before the start of the education and health sector fieldwork. Given this development across the border from Hatay, and the unavailability of health staff to meet with the evaluation team in that province, the evaluation team decided to replace Hatay with Adana as one of the sample provinces.

The second risk for the health and education teams emerged with the global COVID-19 outbreak, which led to some cancellations of the arranged interviews in the field during March 2020. Education and health sector fieldwork was largely completed, in-person, before the major restrictions on movement and gatherings in response to the pandemic were introduced. The final week of interviews for education and health sectors were carried out remotely by the international team, and through face-to-face interviews and visits in Adana and Istanbul, by the local team. Further interviews for the protection, socio-economic support, migration management and strategic level fieldwork were conducted through video conferencing and phone calls rather than travelling to and/or within Turkey. The impact of COVID-19 was mitigated to a certain extent by the willingness of key informants from the EC, Member States, INGOs, IFIs and UN agencies to meet via videoconference. However, the switch to remote methods did reduce the opportunity for the evaluation team to conduct in-depth interviews with senior representatives of line Ministries, the Office of the Vice President of Turkey (overall Facility liaison point for the Government) and provincial governors and mayors. Successes in attempting to reach these stakeholders by remote methods, were limited. However, overall, as the numbers of key informants, staff and beneficiaries interviewed suggests, COVID-19 was not as limiting to the evaluation exercise as some may have feared when the crisis escalated in March 2020.

Perhaps the greatest challenge brought about by COVID-19, however, was that of reaching Facility beneficiaries; the team's approach to mitigating this is detailed in the box opposite.

Data access and availability in this evaluation has been constrained in two main ways. Firstly, the Government of Turkey, according to national law, maintains strict protocols around the sharing of personal data. Certain statistical information held by Turkish government institutions, which would have been useful for the

evaluation, was not made available due to government-wide policy and practice, based on the *Law on Protection of Personal Data No. 6698 of 7 April 2016*¹⁰⁷. These constraints are detailed in the sectoral reports (Volume II). Restrictive policies on data sharing do not apply exclusively to the Turkish government institutions. Similarly, certain reports prepared by the EUD in Ankara, such as the External Assistance Management Reports (EAMRs) and accurate data on the rate of disbursement to projects, were requested but not made available to the evaluation team.

Impact of COVID-19 on fieldwork methodology

Fieldwork planning in Turkey originally included a series of focus group discussions (FGDs) with beneficiaries. Following the outbreak of COVID-19, the evaluation team had to consider both the health and safety of the evaluation team and the risks that convening FGDs would pose to beneficiary participants. While key informants could be consulted through remote video-conferencing methods, it was not possible to conduct FGDs in this manner. Therefore, with the help of research specialists in the evaluation team, an alternative approach was agreed with the EC to capture the perspective of beneficiaries through a range of alternative, innovative methods. These included an online survey distributed to refugees, a 'protection' awareness quiz, follow-up, in-depth telephone interviews and analysis of opinions and perspectives on frequently visited social media platforms. With permission, the evaluation team also re-analysed WFP survey data and re-visited earlier beneficiary focus group discussions in order to extract and analyse relevant data relevant to this evaluation's lines of enquiry.

The second major constraint in terms of data was about *availability* – whether the data actually exists. This evaluation has been limited in the extent to which it has been able to measure progress at 'outcome' level. This is because Facility monitoring has mainly been able to collect and aggregate data at the level of 'outputs'. To take an example from the education sector, the evaluation has the data and evidence confidence to conclude that 'participation' in education has substantially increased as a result of Facility interventions. However, due to limited data availability and access the evaluation is not able to make a robust conclusion in relation to 'improved learning outcomes' for refugee students.

A more detailed elaboration of the methodology for the evaluation as a whole is presented in Volume III, this also contains a list of all documents reviewed and stakeholders interviewed.

107 <https://www.dataguidance.com/notes/turkey-data-protection-overview>



4 Key findings of the evaluation



The flagship project “Promoting Integration of Syrian Kids into Turkish Public Education System” (PIKTES), implemented by the Ministry of National Education (MoNE), aims to increase refugee children’s access to public education. The programme activities notably focus on adjusting to needs of additional students by supporting teachers’ salaries, and procurement of education material and stationary.

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(photographer: Berna Cetin)

4.1. Strategic evaluation questions

4.1.1. EQ1: To what extent are the Facility strategy and interventions responding to the real needs of the target population and of the hosting country?

Rationale

This question asks whether the Facility strategy and actions funded are in line with the identified needs, particularly as set out in key instruments such as the needs assessments. There are two judgement criteria (JC) relating to alignment with the needs assessment and alignment with national policy priorities.

Summary

The Facility has contributed significantly to meeting the basic needs of 1.75 million refugees through the *Emergency Social Safety Net* (ESSN)¹⁰⁸. The Facility has also invested heavily in supporting the Turkish health and education systems to deliver services to refugees, and has supported the protection of refugees in partnership with the Turkish government (DGMM) and UNHCR. Together these are major contributions to responding to the needs of refugees in Turkey.

The degree to which these interventions meet the ‘real needs’ of the Syrian, or other refugee populations cannot be determined quantitatively. There is no standard definition of humanitarian need; nor was there a baseline taken at the point where the Facility started. The difficulty of quantifying need is further complicated by a lack of outcome data.

In humanitarian settings there is no clear, universally accepted way of determining needs. Looking across standard definitions, accepted good practice, regional comparators and accepted living conditions in Turkey, the needs of Syrians are being reasonably well met¹⁰⁹. It is also the case for development needs that there is no single, standard definition. Rather, there are complex metrics for the relevant sectors¹¹⁰. However, alignment with the country’s priorities is considered best practice and the Facility was well aligned with Turkey’s expressed priorities.

The Facility – and Turkey – took a sector-based approach to needs. This is quite normal in both public policy and aid policy. Health, basic economic support, education and legal protection are well established fundamentals in refugee contexts and were well aligned with the needs of refugees in Turkey.

Whilst the sectors chosen were good, there were exclusions where people did not fit within the rules, or were socially marginal. With good provision of services and a safety net, inclusion and exclusion becomes a major issue. In the first few years of the response there were a large number of refugees who were excluded from some Facility support because they were unregistered. With the advances in registration from 2018 to 2019, by 2020 the largest cohort who are underserved are now the out-of-province refugees (see EQ2 for further discussion on this). A smaller group of underserved refugees are the non-Syrians, in particular those who are not registered.

i. Judgement criterion 1.1 The Facility strategy and interventions are based on a comprehensive and independent assessment of the needs of the target population.

The Facility strategy¹¹¹ and its interventions are well aligned with the comprehensive needs assessment (EUNA1¹¹²), commissioned by the EC, conducted in April 2016 and published in June of the same year. This needs assessment was itself influenced by a similar exercise undertaken by the Government of Turkey in March 2016, entitled ‘First Stage Needs Assessment Covering 2016–2018 Period for Syrians with Temporary Protection Status in Turkey’ (FSNA).

The first EUNA was based on secondary data and key informant interviews, and was a relatively rapid exercise, at least compared to the scale and complexity of the population and their situation. The second needs assessment in 2018 was more comprehensive, but both relied heavily on key informants within government and agencies, and neither had the resources to carry out primary research or full access to government data.

Moreover, many of the key programming decisions had already been made by the time the findings of EUNA1 were presented in 2016, and the broad contours of the EU support had already been signposted in agreements signed the previous year. Article 3 (2) of the Commission Decision establishing the Facility directs it to focus on six main priority areas: humanitarian assistance, migration management, education, health and socio-economic support¹¹³.

108 The Facility Monitoring Report up to 31 December 2018 published in May 2019 reports that 1,519,591 people were receiving the ESSN at this date: the August 2019 WFP fact sheet reports that this has increased to 1.67m. They report a total number of 2,553,305 receiving some form of benefit but the details relating to the support provided to the ‘approximately 1 million’ additional refugees are not listed.

109 In the most extreme situations of humanitarian need, health and well-being can be reduced to the crude mortality rate (CMR). A CMR of 2/10,000/day is generally considered the emergency threshold. In Turkey the situation of Syrian refugees, as far as we know, was never in or even near to this emergency threshold.

110 Globally there are Sustainable Development Goals, but countries have their own development indicators, as do donor agencies.

111 Rather than a single over-arching Facility strategy, there is a series of high-level decisions and strategic concept notes. Whilst this is not written down in one single over-arching document entitled ‘Facility strategy’ the contours of this approach can be traced through the high-level Commission decisions, the Joint Action Plan, the EU-Turkey Statement, DG NEAR Special Measures, the ECHO Management Framework and the HIPs, and the EUTF Operational Criteria.

112 The 2016 EU contracted Needs Assessment is here abbreviated as ‘1’ to distinguish it from the second, follow-on exercise in 2018, elsewhere referred to as ‘2’.

113 Commission Decision C(2015)9500 as amended by Commission Decision C(2016)855.

In its 2018 report¹¹⁴, the European Court of Auditors (ECA) found that, ‘the Facility appropriately addressed the main needs of refugees, except those needs related to municipal infrastructure and socio-economic support’. However, it also found that the decision on the amount of EUR 3 billion was not so much related to need, and was instead, ‘the result of a political decision agreed between EU Member States and Turkey’. This evaluation has concluded similarly that the EUR 3 billion in the first tranche was well allocated to address the main needs of the refugees, but whether the actual amount was right is harder to judge. Turkey has consistently maintained that its expenditure is much higher, in the tens of billions of euros.

This evaluation agrees with the ECA report that the EUNA1 was comprehensive but with some limitations, and that it addressed the priority needs of the vast majority of the refugees. This evaluation also finds, however, that whilst the EUNA contained some valuable insights, and useful analysis within the sectors, the choice of sectors themselves was not made on the basis of any comprehensive needs assessment.

The influence of Turkey in defining the priorities of the Facility was both implicit and explicit. Arguably the most important decisions were those allowing refugees to move and settle outside camps, and to provide access to health and education services. These decisions were in line with international good practice and with the policies of the Commission. Given that refugees could access health and education through state systems, the logic of supporting these government systems was compelling.

Turkey also had a more direct influence in that it was a key partner in the negotiation of the main framing documents (*Common Understanding, Statement*) and, through the FSNA process, also had a significant impact on the type of support within the sectors (largely shaping the EUNA). The implication is clear – Turkey was already spending heavily in these areas, asked for and received EU support to share this burden. Through their involvement in the design process, the relevant ministries also heavily influenced the focus and detail of the support.

The ESSN was also in advanced negotiation by the time the EUNA1 was finalised¹¹⁵. The World Food Programme (WFP) evaluation of the ESSN presents the primary rationale for the scheme as being rooted in Turkish social assistance policy. It also notes that it is ‘anchored in national social assistance policy and institutions’, making use of the extensive network of Social Assistance and Solidarity Foundations (SASFs). Ministers and senior officials were ‘present and active’ at every stage of the ESSN¹¹⁶.

Whilst the ESSN may not have been based on a detailed socio-economic analysis, it is clear that most refugees at the point of its inception were living below the poverty line. The ESSN evaluation reports that a ‘2015 survey conducted in South East Turkey confirmed the relevance of the programme, as 93 percent of refugees were found to be living below the Turkish poverty line and households struggled to meet a range of essential needs due to a chronic lack of income’¹¹⁷.

Where the EUNA – and therefore the Facility needs assessment process – probably had the greatest gaps was in areas outside the already agreed sectors. There are several assumptions implicit in the report that probably do not hold true and are not really addressed. The greatest of these is the assumption that refugees will largely stay in the border provinces near to Syria, and therefore this is where the majority of refugee-related investment needed to be.

The Facility benefited from good quality, regularly updated data from DGMM on the provinces of registration of Syrians under Temporary Protection (SuTPs). In line with DGMM SuTP registration data, the provinces that are most frequently referenced as ‘target’ or focus provinces by action documents and reports, are located in the Southeastern Anatolian, Mediterranean, Marmara and Central Anatolian regions. Further to this, these provinces are also those most frequently targeted by Facility actions. Therefore, it is clear that the Facility strategy is focused on meeting needs in the provinces where the most Syrians are understood to be located. Non-Syrian refugees are assigned to live in a limited number of satellite cities, generally not the same cities where Syrians are concentrated, and these cities were neither analysed by the EUNA1 nor included in Facility targeting.

However, there is some question as to whether the DGMM data on the province of registration is a reliable indicator of where refugees are presently residing. Anecdotally, there is a general agreement amongst key stakeholders that quite significant numbers of refugees, in particular economically active men, are registered in one province of Turkey but residing, temporarily or permanently, in another. Turkish government data on this secondary movement of refugees is not available. However, evidence to support such anecdotes can be found in a series of baseline studies on migration conducted by the International Organisation for Migration (IOM) in late 2018 and early 2019¹¹⁸. This data suggests that certain provinces in Southeastern Anatolia are hosting declining numbers of Syrian refugees, while provinces further west in the country, with large cities, have hosted and are hosting many more refugees than DGMM registration data suggests (see Figure 9).

114 ECA (2018). *Special Report: The Facility for Refugees in Turkey: helpful support, but improvements needed to deliver more value for money*.

115 Biehl (2016). *Needs Assessment Report for the Preparation of an Enhanced European Union Support to Turkey on the Refugee Crisis*.

116 WFP (2018). *Evaluation of the DG ECHO funded Emergency Social Safety Net (ESSN) in Turkey November 2016-February 2018*.

117 WFP (2018). *Evaluation of the DG ECHO funded Emergency Social Safety Net (ESSN) in Turkey November 2016-February 2018*.

118 https://rovienna.iom.int/sites/default/files/publications/DTM_Baseline_Assessment_Round_II_ENG_digital.pdf;

https://displacement.iom.int/system/tdf/reports/IST_Baseline_Assessment_Phase5_ENG_29012020.pdf?file=1&type=node&id=7733

Figure 9 Differences between DGMM data and IOM migration study data

Province	Region	Registered Syrians (DGMM – early 2019)	Syrian migrants (IOM baselines late 2018/early 2019)	Discrepancy
İstanbul	Marmara	547,716	963,536	+ 415,820
Bursa	Marmara	174,770	211,694	+ 36,924
İzmir	Aegean	144,802	151,075	+ 6,273
Konya	Central Anatolia	108,234	88,343	- 19,891
Mersin	Mediterranean	201,607	163,115	- 38,492
Gaziantep	Southeastern Anatolia	445,154	323,109	- 122,045
Şanlıurfa	Southeastern Anatolia	430,237	234,752	- 195,485

Source: DGMM and IOM baseline studies

Most major Facility actions target a fairly long list of provinces that are known to host a large number of refugees or are even national in their scope. It was very important for non-Syrians and for Syrians in less populated provinces that the ESSN and CTE were designed as national programmes. However, there are a few actions which are more geographically concentrated/focused. Notably, two large financial allocations have been made for the construction of new hospitals in Kilis and Hatay. This mid-term evaluation is not able to comment on how appropriate this investment might eventually be, but it was suggested by some key informants that these decisions may not have foreseen the significant movement of the Syrian population from the border provinces to western cities. Similarly, the effectiveness of the Facility's strategy of investment in permanent education infrastructure in certain provinces/towns could also be undermined in the future by the mobility of the Syrian population.

Another major assumption is that the Syrian population is relatively homogenous; in fact, there are sub-segments such as seasonal agricultural workers who do not fit the typology presented in the needs assessment. As noted above, the timing was not ideal. Some major projects were signed before the 2016 needs assessment was finalised and published, and the EUR 3 billion plus EUR 3 billion package had been committed prior to an independent assessment of the level of need¹¹⁹.

Available data (largely from the ESSN at this stage) suggests that refugees are broadly satisfied with the areas supported, however, and the high level of uptake of education and health services would confirm this. In addition to healthcare, education and the ESSN, a large majority of households surveyed in early 2020 (CVME5) reported that there are no other services that they need but cannot access¹²⁰.

There appears to be a reasonably high level of satisfaction with the health and education services provided, at least as indicated by the proxy of demand for such services. As of Q1 2020, 96% of refugees reported seeking medical treatment and receiving care if and when a member of their household was ill, and in 88% of these cases care was sought at a government facility (doctor or hospital), which was an increase from 89% seeking care (and 74% at a government facility) in Q2 2018¹²¹.

Data from the ESSN's pre-assistance baseline (2017) shows that 75.6% of ESSN applicant households had a preference for cash assistance, rather than vouchers, food or a mixture of cash and vouchers¹²². In terms of satisfaction with how ESSN beneficiaries are selected, the most recent CVME analysis shows that only 5.7% of ESSN beneficiaries are not satisfied with the targeted approach, whereas 32.2% of non-beneficiaries and 20.1% of non-applicants are dissatisfied¹²³.

There is evidence of satisfaction with the ESSN benefit decreasing over time. During 2018 the percentage of ESSN beneficiaries who were 'very satisfied' with the value of the transfer decreased from 65.9% to 44.5%¹²⁴. Analysis of the real terms value (purchasing power) of the benefit suggests that inflation and currency devaluation are closely linked to falling levels of satisfaction.

These statistics indicate general satisfaction with the types and range of services available to refugees, and low demand for additional services, but they do not necessarily indicate low levels of unmet need. For example, just 0.2% of respondents reported needing mental health services but not being able to access them, yet this evaluation has gathered a range of qualitative and quantitative evidence that suggests mental health is a significant area of unmet need.

119 KII ST12, ST16

120 WFP. 2020. *Comprehensive Vulnerability Monitoring Exercise (CVME) Round 5*. Ankara.

121 CVME 3 (2018) and CVME 5 (2019/20).

122 PAB 2017

123 WFP. 2020. *Comprehensive Vulnerability Monitoring Exercise (CVME) Round 5*. Ankara.

124 Although more than 95% remained moderately satisfied or better. PDM 3 and PDM 5 (2018).

A significant area where the needs are high and are not (yet) being met by the Facility is access to the labour market, where Facility monitoring reveals significant lack of progress in relation to socio-economic targets. Here the analysis underpinning much of the programme strategy and direction has proven to be flawed. Access to the formal labour market – the area in which the vast majority of Facility labour market programmes have focused – has not been available to refugees. Instead, most have worked in the informal sector (see EQ10 for further discussion on this), which is considerable in Turkey and where Syrian labour is tolerated by the Turkish population.

In the CVME5 survey, some 37% of refugees consider a ‘lack of opportunities’ to be the most significant barrier to employment. In spite of this, Facility actions have focused primarily on the supply side, on increasing employability, while failing to consider the demand side and whether formal employment opportunities are available¹²⁵.

Although protection was not identified as a specific priority in the FSNA or the EUNA1 (in EUNA1 it was embedded within a general category of ‘humanitarian assistance’), the Facility has provided important support to meeting refugees’ protection needs. The Facility approach and programme were framed by DG ECHO’s analysis and assessments and by those of its partners. Evidence gathered for the protection-related analysis of this evaluation (see EQ11) shows that the Facility clearly addressed the main protection needs of Syrian and non-Syrian refugees, although it was only able to fully satisfy those needs for refugees who were registered and in-province.

ii. Judgement criterion 1.2 The Facility strategy reflects the evolution of national policy priorities on migration and refugees and the Facility’s sectors of focus (education, health, socio-economic support and refugee protection)

The Facility has generally been aligned with Turkish policy, not least because the foundation documents (*EU-Turkey Statement* and *Joint Action Plan*) were jointly developed. As already highlighted above, the key technical documents framing the intervention areas – the needs assessments of 2016 and 2018 – are also based on data and analysis carried out by Turkey, further reinforcing policy alignment¹²⁶. With a substantial portion of the Facility channelled through Turkish systems, particularly in health and education, there is a high degree of policy alignment guaranteed.

The Facility might also be thought of as aligning with the spirit of Turkish policy. The progressive policy of allowing refugees access to key services, allowing relative freedom of movement and supporting the establishment of a safety net all aligned well with EU policy and the latest best practice in refugee situations. The mix of humanitarian and development instruments contained within the Facility spoke to this progressive policy; working through government services also allowed for a scale that was probably impossible through any other mechanism.

Whilst the overall policy alignment has been significant, it is important to recognise that policies have evolved and changed over the period of the Facility. Mostly the Facility has adapted to these changes, although sometimes such adaptations have been reactive rather than planned. Certain areas of policy have been less aligned – for instance in socio-economic support – and in some areas, notably protection, there is also an element of advocacy that looks to shape policy rather than follow it.

A strong and clear example of this evolution is the closure of the Temporary Education Centres (TECs), widely seen as a positive policy change on the part of the Turkish government. Decisions were made on this rather quickly within central government, and this required the Facility to re-direct funds away from supporting TECs and into such measures as catch-up classes and the *Accelerated Learning Programme* (ALP) within the mainstream system¹²⁷. Principals and Ministry of National Education (MoNE) officials interviewed during this evaluation expressed great satisfaction with the ALP, praising its thorough planning and documentation, and the fact that large numbers of students can achieve equivalency and transfer into public schools, if they are at the right age for grade¹²⁸. Similarly, Facility interventions in the health sector adapted to evolution in the policy context, quickly transitioning from support to humanitarian healthcare services in border refugee camps delivered by INGOs to a national scale direct grant to the Ministry of Health (MoH) in support of the Migrant Health Centre model.

The Facility’s protection actions during the first tranche were also largely aligned with national policies, in particular supporting the Government push for registration. There was an explicit link within the ESSN design to encourage refugee registration, and significant investment in communicating the links between registration and access to benefits and services. The 2016 HIP project with UNHCR (DGMM) was EUR 43 million, at that time the second-largest EU-funded humanitarian project ever, demonstrating that the Facility went ‘all in’ with its support for refugee registration in Turkey.

125 KII SES 24, SUMAF Monitoring Report: Employability and Vocational Skills Development, May 2020.

126 In fact, Turkey did not endorse the NAs and publicly disagreed with their findings KII ST16.

127 KII E02, E10; European Commission (July 2018). ANNEX to the Commission Implementing Decision amending Commission Implementing Decision C(2018) 4960 final of 24.7.2018 on the adoption of a special measure on education under the Facility for Refugees in Turkey. Brussels: EC, p. 3.

128 KII E27, E36

The changing context has also required flexibility on the part of the Facility.

Following the attempted *coup* of July 2016, a number of restrictions were placed on (I)NGOs and refugees. As a result, some international and national organisations were no longer able to work in the refugee response. In 2018, refugee registration in Istanbul and Hatay was effectively suspended, as were some inter-provincial transfers, especially in Istanbul¹²⁹. Previously loosely applied regulations on household outreach and on the collection of personal data on refugees, and more recently, local decisions to remove refugees who are outside their provinces of registration, were tightened¹³⁰. The Facility was able to move resources around to adapt to the new government policy.

There have also been ongoing disagreements between the EU and Turkey about the focus and balance of efforts in the Facility. This was most sharply expressed in disagreement over the socio-economic support sector. During the early part of the Facility, the Government felt such programmes might create more competition for jobs at a time when Turkish unemployment was rising, and that this support could be perceived as helping refugees to get jobs, potentially at the expense of Turkish citizens. As an example of this, during the 4th Steering Committee (SC) meeting, Turkey noted that the socio-economic allocation was too high and requested EUR 100 million be transferred to health instead¹³¹. This request was rejected by the SC. Later, after the economic downturn, the Government became more open to the idea of socio-economic programmes as a way of helping Turks as well as the Syrians¹³².

Where the Facility perhaps could have done more, although this is the most challenging, is in shaping Turkish policy and priorities. Some of the Facility supported work with NGOs for unregistered refugees and marginalised groups (e.g. *Dom*, LGBTI+) are examples of activities that address gaps in government policy. Furthermore, in some areas the Facility is actively advocating for changes to government policy, for example advocacy for government services to refugees who are out-of-province, and advocacy for NGOs to be able to conduct outreach in order to target services to the most vulnerable. The Facility should think best about how it can leverage its wider support for policy to influence change in some of these key areas.

4.1.2. EQ2: To what extent has the Facility contributed, and is at present contributing, to creating an environment of equal opportunities for all, in particular for the most vulnerable groups of population as per the 'no-one left behind' and protection principles?

Rationale

This EQ looks at targeting and the extent to which marginalised and vulnerable groups, and those with special needs are being served. It reflects EU policy, in particular the *new European Consensus on Development* but also the *European Consensus on Humanitarian Aid*. The EQ has five JCs looking at overall targeting, gender and age, disability, protection mainstreaming and whether unregistered and non-Syrian refugees are being equally served.

Summary

The Facility has effectively reached a large number of refugees in Turkey. The significant resources available to the Facility, and the generous policy of Turkey to provide a welcoming environment with free health care and education, mean that most refugees can access the assistance and services they need. Coverage has been best for Syrians, and is adequate (but reducing) for non-Syrians.

There are broadly two ways of talking about targeting in the Turkish context. The first is to consider whether the refugees with the greatest personal and economic needs are reached, including whether assistance is progressive. The second is to consider eligibility for benefits and whether the eligibility rules exclude particular segments of refugee society.

On the first of these, both education and health care were freely available and, while there were some gaps in coverage, essential services were provided to the vast majority of refugees. There was evidence of a conscious effort on the part of the Facility to remove remaining barriers. The ESSN was designed to be progressively targeted, although the economic homogeneity of the refugee population and vulnerability to poverty as a result of flux across quintiles, reduced the effectiveness of targeting over time.

129 <https://www.hrw.org/news/2018/07/16/turkey-stops-registering-syrian-asylum-seekers>

130 See Protection Report p.34.

131 Minutes of the 4th Steering Committee Meeting, KII ST05.

132 KIIIs



The EU is working closely with the Ministry of National Education (MoNE) to build schools across Turkey.

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(photographer: Berna Cetin)

The Facility's emphasis on a large scale safety net and access to government services meant that issues of inclusion and exclusion became especially pertinent. Key marginal groups such as LGBTI+ did find access more challenging, but the largest group that risked exclusion from benefits were those out-of-province, usually because they had moved to find work. This community includes seasonal agricultural workers. The Facility did make some effort to reach this group by supporting verification, but government policy makes reaching these groups more difficult. Arguably more could be done in terms of advocacy.

Although the numbers are somewhat smaller, there is evidence that a substantial and probably increasing number of non-Syrian refugees are also not accessing essential services, especially since recent changes in government policy have expressly limited their health insurance.

Finally, a third area where there have been mixed results from the Facility is in targeting host communities. The construction of new schools and hospitals will undoubtedly benefit host communities, perhaps more so than the refugees, and arguably the provision of bespoke refugee services such as the Migrant Health Centres (MHCs) has taken the pressure off the existing primary health care system, again indirectly benefiting the host community (and largely funded by the Facility). However, there were also activities, such as the provision of school transport exclusively to refugees, where a more balanced provision of services would have been more effective for social cohesion, and for inclusion of refugees within the Turkish social fabric.

i. Judgement criterion 2.1 The targeting of host communities and Syrians under Temporary Protection is appropriate

The Facility for Refugees in Turkey has primarily reached registered Syrians. The Facility came about largely in response to the Syrian crisis, and much of the assistance has been concentrated in provinces that border Syria and that have high numbers of Syrians¹³³. Almost 90% of Syrian refugees are registered in just 15 (of 81) provinces, which are either close to the Syrian border or are major urban areas elsewhere in the country. Analysis of provinces by Facility action shows that the provinces with the greatest numbers of refugees are the most frequently targeted by Facility actions in general, and also by the largest Facility actions.

Many programmes have been deliberately targeted at Syrians: in education, school transport exclusively targeted Syrian children; in health, the bilingual patient guides in hospitals and clinics were primarily Arabic-speaking and largely looking after Syrians; and the creation of the Migrant Health Centres with the inclusion of Syrian medical professionals in the health care system are both measures largely focused on registered Syrians.

The ESSN and CCTE also have a large majority of Syrians in the caseload, but because they followed the UN and EU 'one refugee approach' they were nationwide programmes that made clear efforts to include non-Syrians. According to Facility monitoring data, at the end of 2019, 91% of refugees receiving ESSN (or other monthly resource transfers) were Syrian and 9% were

133 See EQ1 for relevant statistics.

non-Syrian. This is similar to the ratios in the general refugee population¹³⁴, as DGMM currently records 3.6 million Syrians in Turkey¹³⁵ and the number of non-Syrian international protection applicants is probably over 300,000¹³⁶, meaning that Syrians are roughly 90% of the refugee population.

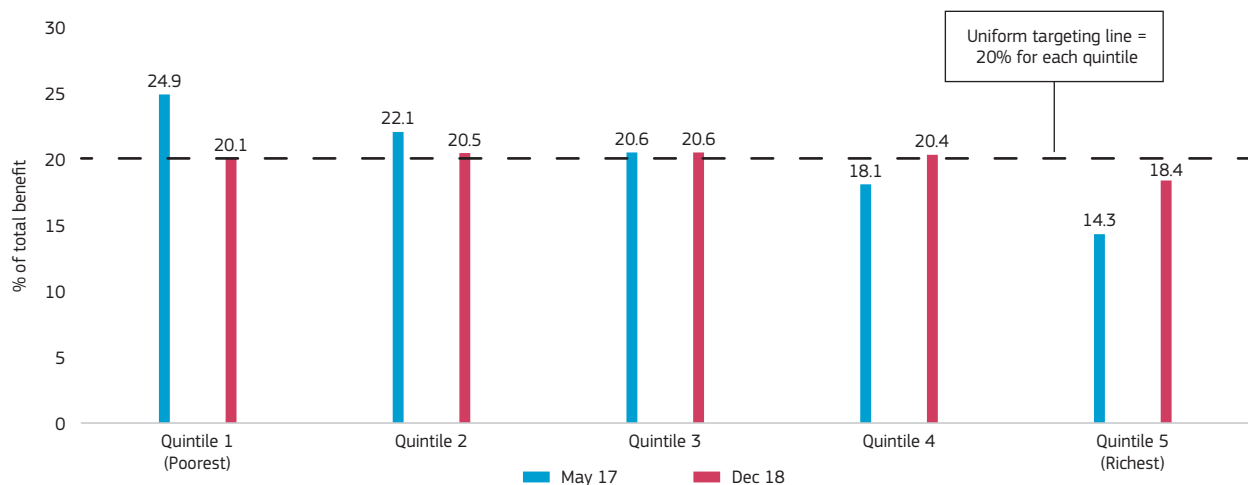
Beyond the headline conclusion that Syrians are well targeted as a group by the Facility and the Turkish authorities, the evaluation team has a number of technical observations regarding the extent to which targeting of assistance was fair, equitable and relevant.

In education, the Facility, working with and through the Ministry of National Education (MoNE), concentrated on trying to get as many children into the education system as possible, alongside ensuring the system had the capacity to accommodate them without a loss of quality. The push for enrolment was highly successful¹³⁷, although there are an estimated 400,000 refugee children still out-of-school. This was achieved by addressing barriers to education such as language, transport and poverty. The latter was achieved through an expansion in the CCTE programme, a pre-existing Turkish scheme of education incentives that was rolled out to refugee school children with funding from the Facility.

In health, targeting was not done on a socio-economic basis. Instead, particular groups and public health concerns were targeted, such as pregnant and lactating mothers for ante and post-natal care, and vaccinations of key communicable diseases. These appear to have been largely successful efforts and have contributed to good national level outcomes (for Syrian women at least) as evidenced by the Turkey Demographic and Health Survey 2018 (TDHS 2018)¹³⁸ which found an insignificant gap between the coverage of ANC for Syrian women compared to the host community. Regression analysis for this evaluation using the ESSN data shows that wealth is not a factor in accessing health services. Between 2018 and 2020 the percentage of refugees accessing health care has risen from an already high 90% to 95%, with almost all of this via government services¹³⁹.

The ESSN set out to reach the most vulnerable refugees. In various Humanitarian Implementation Plans (HIPs) the EU noted the relative economic homogeneity of the population, which became more homogenous over time¹⁴⁰. In the first ESSN evaluation¹⁴¹, analysis using the pre-assistance baseline showed a mildly progressive targeting, with 25% of the benefit going to the poorest quintile compared to 15% going to the richest. By the time of the second ESSN evaluation, this progressive targeting had disappeared, and the distribution was more or less 20% going to each quintile (see Figure 10).

Figure 10 % ESSN benefit distributed across PAB quintiles



Source: WFP 2020, ESSN Mid-Term Review 2018/2019, https://reliefweb.int/sites/reliefweb.int/files/resources/ESSN%20MTR%20Final%20Report_EN.pdf

134 ET analysis of SUMAF indicators. If this is limited to just the ESSN it is 11% non-Syrian. The 'other monthly transfers' reported in the FMR are actually from all the cash programmes that preceded the ESSN.

135 <https://en.goc.gov.tr/temporary-protection27>

136 The last official number provided by UNHCR at the moment of handover of non-Syrian registration to DGMM was 368,000. The most recent estimated number of registered non-Syrians is **328,000** (in UNHCR's 2020 appeal document).

137 See EQ8 for relevant statistics and sources.

138 Hacettepe University Institute of Population Studies. (2019). *2018 Turkey Demographic and Health Survey Syrian Migrant Sample*. Hacettepe University Institute of Population Studies, Ankara, Turkey.

139 CVME analysis comparing CVME3 and CVME5.

140 See for example HIP 2018.

141 WFP (2018). *Evaluation of the DG ECHO funded Emergency Social Safety Net (ESSN) in Turkey November 2016-February 2018*.

Over time, the difference between poor and rich refugees – already fairly slim – has decreased to the point where there is little difference across the population. This is reinforced by a tendency for people to slip in and out of poverty (churn). The consequence of this is that, although the Facility and the relevant Turkish and international partners managing the ESSN went to some lengths to try and target the poorest, as time has gone on this has become increasingly difficult.

The Facility also aspired to target host communities, as part of its broader remit to support Turkey. This evaluation has not seen a ‘host community support’ strategy, nor are there sector plans for host community inclusion, or a clear funding envelope. Instead, several projects in each sector have benefits for the host community – some labelled as such, but most not. There are also some examples where host communities were specifically not included.

Chief amongst the projects that will benefit host communities are the building and supplying of schools and hospitals. The two hospitals in Kilis and Hatay will benefit both communities, as will the schools¹⁴². As part of the SIHHAT programme, the Facility has also invested in a substantial amount of medical equipment that is distributed nationwide by the Ministry of Health. This too will almost certainly have benefited the host community and, although a budgetary breakdown showing what goes to each community is not available, at least 20% of expenditure benefits secondary health facilities (in refugee dense provinces), which are provided for the benefit of everyone. It can also be argued that Migrant Health Centres take some burden off Turkish regular primary health care, thus also benefiting the host community.

ii. Judgement criterion 2.2 The Facility has targeted unregistered and non-Syrian refugees

The Facility has made efforts to target unregistered and non-Syrian refugees. Efforts have been particularly successful in increasing registration for Syrians, and although precise data is not available, there is a broad consensus that, by 2020, the levels of unregistered Syrian refugees are very low¹⁴³.

Registration was a conscious strategy on the part of the Facility, in support of the Government of Turkey. Investments were made in strengthening registration capacity (helping DGMM scale up via UNHCR); and in ensuring that assistance programmes enhanced the

incentives for registration. The ESSN was seen as a central part of this strategy. From the beginning, there was robust communication on the need for refugees to register in order to access the safety net, as well as health and education services that were generously provided free to Syrian refugees by the Government, with registration as the only precondition. Over the time period of the first tranche of the Facility, registration has increased to the point where it covers most of the Syrian population.

In terms of their vulnerability, the Protection Sector Report of this evaluation found evidence that unregistered Syrians are not, on average, poorer than registered Syrians, and that unregistered Syrians can access some health care through the emergency units of hospitals. However, the children of unregistered refugees are much more likely to be out of school, even though some children can attend school with ‘guest student’ status (without academic credits). CVME4 (2018) recorded just 4.3% enrolment in school in households where no one is DGMM registered, compared to 61.8% when every household member is registered¹⁴⁴.

Registration has been more challenging for non-Syrian refugees¹⁴⁵ who are covered by different provisions of the *Law on Foreigners and International Protection* (LFIP), and who follow a different registration process. The Government of Turkey does not publish the statistics on non-Syrian refugees, but it is clear that there are significant numbers of asylum-seekers who continue to cross into Turkey and apply for asylum. In 2019 alone there were 56,417¹⁴⁶ applications (down from 114,537 the previous year)¹⁴⁷.

The Facility has made strenuous efforts from the outset to include non-Syrian refugees in the two main cash programmes, and data from both ESSN and CCTE shows that non-Syrians are included as much as Syrians¹⁴⁸. This is enabled by the **nationwide scope** of ESSN and CCTE. This inclusive coverage of ESSN and CCTE is a major achievement for the Facility given the registration constraints noted above.

Inclusion of non-Syrians in health care had a setback in 2019, when the Government amended the regulations to cease paying the health insurance premiums for international protection applicants one year after the date of their registration. This had the retroactive effect of immediately ending health insurance for non-Syrian refugees registered more than a year before the decision¹⁴⁹, and the distress this created was reflected

142 Kilis E01, H14, H15

143 Kilis H01

144 WFP Turkey (2020) *Comprehensive Vulnerability Monitoring Exercise (CVME) Round 4*, Ankara.

145 KII ST23, H10

146 Of these the largest number was from Afghanistan, with Iraq and then Iran following. 2019: Afghanistan – 35042, Iraq – 15532, Iran – 3558, Others – 2285.

147 <https://en.goc.gov.tr/international-protection17>

148 KII E60, ST19a

149 <https://en.goc.gov.tr/on-general-health-insurance-of-the-foreigners-who-are-the-beneficiaries-of-international-protection>

in the survey data collected for this evaluation¹⁵⁰. At the same time, data from the Facility monitoring show that non-Syrians are not accessing the Migrant Health Centres (1% non-Syrians to 99% Syrians). In education, the only data disaggregated by nationality is for the CCTE, where 85% of recipients are Syrian and 15% non-Syrian¹⁵¹.

The largest numerical group that finds itself unable to fully access services and benefits, as previously outlined, is that of the out-of-province refugees. Under the Turkish system, Syrian refugees are required to register in the province where they arrive in the country, or which they were residing in when systematic DGMM registration started in 2015. For this reason, the majority of Syrian refugees are registered in the border provinces of Hatay, Gaziantep, Sanliurfa and surrounding provinces. Non-Syrians are directed to designated ‘satellite cities’ for registration (generally not in the same locations as Syrians), and thereafter should remain in those cities for the duration of their stay in Turkey.

This evaluation has examined several reliable sources¹⁵² to hypothesise that Syrians have moved in significant numbers from the border provinces of Southeastern Anatolia to the agricultural and industrial provinces. Even after the removals from Istanbul starting in July 2019, there could still be over 500,000 refugees and irregular migrants in Istanbul, mostly Syrian, without being registered as residents there¹⁵³.

Analysis for the ESSN suggests that 60% of refugees’ income is derived from paid employment¹⁵⁴. For those who do not receive the ESSN, this rises to over 90%. As there are very few people working formally (60,000 work permits were approved by 2019), this means that the overwhelming majority of refugees are working in the informal sector.

As can be seen from the types of employment refugees are finding¹⁵⁵, these are primarily associated with large urban centres, and also with itinerant agriculture labour. Refugees are dependent on income from employment, they can only work in the informal sector, the vast majority of these jobs are in the big cities and in remote rural areas – and so refugees are moving to the big cities and agricultural areas to find work.

A likely consequence of the ‘out-of-province trap’ is that those refugees most likely to find work will move to the cities, and those charged with family care will stay behind in their registered province. The evaluation could

not find evidence on the incidence of split families, but there are glimpses in the data that suggest that it is widespread. For instance, refugee men do not access health care in MHCs at the same rate as refugee women (16% compared to 84% in the age group 18-49)¹⁵⁶. In qualitative data – interviews with refugees – an explanation given is that men are at work when the clinics are open (MHCs and FHCs are only open Monday-Friday during normal working hours)¹⁵⁷. However, the same data also shows that the vast majority of refugees continue to access their health care through hospitals, which are available to out-of-province refugees. One explanation for the discrepancy could be that men are less likely to seek health care in-province (in MHCs) because they are working out-of-province, and therefore can only access health care through emergency units in hospitals.

Another significant group of refugees whose circumstances exclude them from services are seasonal agricultural workers, some of whom are also ethnic minority *Dom*. Most agriculture workers live in tents and do not have a fixed address that is needed for *nüfus*¹⁵⁸ registration, they live in isolated farming settlements where services are not available at all, and they also move frequently between provinces. Because the Facility is linked to government systems, it has not found ways of targeting this population, other than with minor and ad hoc support through NGOs. Together with Afghans, seasonal agriculture workers are probably the least included refugee group in Turkey, and they are also very vulnerable on a number of levels (although perhaps not straightforwardly ‘the poorest’ since they are all employed, including the children).

iii. Judgement criterion 2.3 The Facility’s response is equally relevant to men, women, girls and boys and to different age groups

Facility reporting shows a good gender balance in education, more women receiving health care than men, and an even gender distribution of ESSN and CCTE. In terms of age there is a small percentage of older people receiving benefits from the Facility, but this appears to reflect that the refugee population has fewer elderly – because few older people made the journey to Turkey.

Within the sectors there is some differential distribution of participation and benefits according to gender and age, as discussed in more depth in the sector chapters of this report. Some of the more important variations are in health, where services are overwhelmingly delivered

150 Reference the survey; <https://en.goc.gov.tr/on-general-health-insurance-of-the-foreigners-who-are-the-beneficiaries-of-international-protection>

151 Evaluation team analysis of data collected by SUMAF.

152 See Protection Sector Report for the most detailed treatment of this subject.

153 KII ST19a

154 WFP. (2020). *Comprehensive Vulnerability Monitoring Exercise (CVME) Round 5*. Ankara.

155 See EQ10 and the SES Sector Report in Volume II for more on this – basically factory and agricultural work as well as petty trading and unskilled labour. Source: WFP livelihoods report.

156 Percentage of men and women seeking health care in the Syrian refugee population. Source: SUMAF raw data (to 31/12/2019).

157 KII H35

158 Turkish identity card.

to women and girls in the 13-49 age group, presumably also reflecting healthy mothers accompanying small children. In education, data shows that girls are slightly disadvantaged in secondary school, and that older children usually drop out of education, with boys leaving to work and girls leaving for child, early and forced marriage (CEFM) or domestic work. Men participate less in community centre group activities, and importantly participate less in psychosocial support programmes. Regarding ESSN and CCTE, which have an even distribution of benefits between the sexes and which generally favour families with more children and elderly, there is little data available on the intra-household distribution of benefits. For the socio-economic programmes there is more variance: more women follow life skills and informal vocational training, more men receive job support services, and more women take Turkish classes.

All of the data cited above is at the level of what might be termed 'inputs', or at best 'outputs' (see EQ4). Without robust 'outcome' data, it is difficult to draw conclusions about the differential effects of the refugee experience and of the Facility response in terms of men and women, or across the age groups. For example, there is no regular information shared by MoH on access to health services outside MHCs, and so we do not really know whether certain age groups in the refugee cohort have better health outcomes than others, and if so why (and whether the Facility has had any impact on these). Neither do we know whether the support the Facility and its partners (including government) provide has different outcomes for men and women, or whether the Facility even sought gendered outcomes.

Underlying this lack of clear understanding of gender and age results is the lack of clear gender and age strategy on the part of the Facility. Although the Commission has a number of policies regarding gender equality in the development and humanitarian space¹⁵⁹, and the proposals sampled by the team provided the required gender analysis (albeit of varying quality), the evaluation team could not find an overarching Turkey-specific strategy to guide decision-making, and to shape services and benefits to achieve a particular set of (gendered) outcomes. This would seem to be an important gap in the EU's largest refugee response. Furthermore, if the Facility had had such a strategy, then it would have been easier for the evaluation team to assess its results.

As discussed under EQ11, there are some serious protection risks that have a gendered dimension, for example gender-based violence (GBV), CEFM, (male) child labour, and poor access of LGBTI+ refugees to support and services. Notwithstanding the absence of an overall gender analysis and strategy, the overall conclusion of

the protection analysis is that the Facility has made reasonable efforts to address all four of these particular gender risks, through entire or partial projects specifically addressing these vulnerabilities. These projects have not always succeeded in meeting all of the needs, but generally speaking they have done what they can within the span of control of the projects, and are unable to do much more because of the constraints of the Turkish social support system.

It is with these constraints in mind, and considering what can reasonably be achieved in the social and operating context of Syrian refugees in Turkey, that the evaluation team concludes there were no major gender or age gaps or biases in Facility coverage. The Facility's response has largely been relevant to men, women, girls and boys, and to different age groups, according to their needs.

iv. Judgement criterion 2.4 The Facility's response has adequately reflected the needs of persons with disabilities

The Facility's response to the needs of persons with disabilities has been uneven, with the issue taken seriously in some programmes and not so well covered in others. The one exception is mental health, where the evaluation team concludes that more is needed across the board, despite some good efforts by the Facility.

Disability is one of the eligibility criteria for receipt of the ESSN (meaning households with a disabled family member can receive the ESSN)¹⁶⁰, and these criteria were changed after the programme was launched to improve disability access. In 2018, the ESSN also started to provide additional top-ups called the Severe Disability Allowance (SDA) for ESSN eligible persons with severe (more than 50%) disability. Subscription to the SDA programme increased rapidly after its launch, with beneficiary numbers doubling between August 2018 and May 2019. Subscription rates have since slowed and, as of September 2019, 7,584 households received the SDA, short of the 10,000 beneficiaries target originally envisioned. The slowing of the sign-up rates indicates that most of those able to meet the requirements of the application process have signed-up¹⁶¹.

Disability support is also a target service provided by the Ministry of Family, Labour and Social Services (MoFLSS) Social Service Centres (SSCs). While the initial proportion of disabled beneficiaries was quite high (3.5%) in 2018, by 2020 this had declined to 1.5%. As with the reduction in ESSN subscription over time, this might not reflect a reduction in service, but rather a reduction in demand as the most important cases of disability had been addressed first.

¹⁵⁹ The Gender Action Plan II (2016-2020) in the development space, and DG ECHO's *Thematic Policy Document 6: Gender: Different Needs, Adapted Assistance* (2013).
¹⁶⁰ Initially this was two disabled family members but criteria were revised in 2018.

¹⁶¹ Ibid

There was no specific programme for disabled children in schools in the first tranche of the Facility, something that has been remedied in the second tranche. Statistics are gathered on disabled children accessing education, which show rather low figures (the accuracy of these cannot be determined). The Facility has invested – together with Ministry of National Education and UNICEF – in inclusive education modules aiming to strengthen provision to disabled children. The Facility has also funded scholarships in higher education for disabled refugee children¹⁶². Nevertheless, in the online survey for this evaluation, of the 72 refugee parents who answered this evaluation's survey question on disability, 14% stated that they had a child who was living with a disability. Of those, only 44% stated that their child was attending school¹⁶³.

Health programmes have been most effective in terms of provision of specialised treatment of trauma and post-operative care, where some 20,000 people have been treated¹⁶⁴. The majority of these were disabled patients¹⁶⁵. There is also disabled access being supported in the two hospitals under construction with Facility support. However, the online survey for this evaluation found that people with disabilities had problems accessing health care, because of transport or, more commonly, due to hastily converted MHC buildings.

Whilst provision for people with physical disability has been well considered by the Facility (even if challenges still remain), mental health care has proven a much greater challenge. Some services, in particular for anxiety disorders such as post-traumatic stress disorder (PTSD), are not available at scale in the Turkish mental health system. Furthermore, there are language barriers to accessing existing services (psychiatry), and (in accordance with Turkish law) mental health professionals are not amongst those refugees allowed to work in the health sector (though refugees do have access to Turkish mental health professionals). Whilst there were school counsellors funded by the Facility to address issues of trauma and mental health in schools (and these were evaluated positively by the Education Sector Report – Volume II), what data there is suggests that the problem of mental health among the student population is much larger than the support currently available.

v. Judgement criterion 2.5 The Facility has ensured mainstreaming a protection approach throughout all sectoral interventions.

Regarding the 'mainstreaming of protection' in other sectors, it helps to clarify what this means in practice. First of all, any service received by a refugee and

which provides them their rights (including basic needs, education and health services) has protection value, even if 'protection' is not the primary intent. However, it is also possible to implement projects in any sector in ways that are conscious of the protection risks and benefits of different approaches, that consider inclusion and exclusion, that are sensitive to what helps or hinders social cohesion, and that enhance their protective value. This is protection mainstreaming. When activities are 'protection mainstreamed' there can be a protection analysis to inform the activity, more vulnerable individuals and groups can be targeted or accommodated, and activities can be shaped to provide greater protection benefit. Protection mainstreaming is not limited to a strict humanitarian frame – it will be achieved if actors apply two widely-understood principles: (1) 'do no harm', and (2) 'leave no-one behind.' In the analysis below, we examine how well protection was mainstreamed in each of the Facility sectors.

In health, the main protection concern was whether refugees were unable to access essential services because of being unregistered or out-of-province. For the most part, refugees were able to access appropriate and adequate health services, especially if they were registered and in-province. In addition, there is evidence that even refugees who were unregistered and out-of-province were able to access essential services through the emergency units of hospitals. However, two important gaps in service, beyond the control of the Facility, were the removal of most non-Syrians from health insurance coverage as a result of the regulatory changes of late 2019, and the lack of adequate mental health services in Migrant Health Centres.

Education is a key dimension of child protection. Children who are in school, especially secondary school, are much less likely to engage in child labour, or CEFM. In the Facility, the main mechanism aiming for education retention was the UNICEF-implemented CCTE project, in partnership with TRCS, MoNE and MoFLSS. This was a creative approach to the problem of dropout, but had three shortcomings from a protection perspective. On the one hand, the outreach component only reached families who already had children in school and who were at risk of dropping out: it did not aim to reach most of the 400,000 out-of-school refugee children in Turkey, and who represent a lost generation that could have profound impacts upon refugee and Turkish society for generations to come¹⁶⁶. Secondly, the number of children assessed was only a fraction (13%) of the number of children in school. A third concern about CCTE, from a protection viewpoint, is that the size of the cash incentive including the motivational top-up (which the EU could not

162 KII E05

163 Evaluation team's Online Survey Analysis Results, September 2020, slide 22.

164 SUMAF

165 Health Sector Report (Volume II).

166 Although beyond the scope of this evaluation, UNICEF has been funded under Tranche II to focus on school enrolment. Also, out-of-school children were not the primary target of the CCTE. During home visits of CCTE beneficiaries, a total of 15,696 out of school children were identified and supported (source: UNICEF report – HOPE database).

control as it was pegged to the incentive provided by the Turkish system) was too small to offset the opportunity cost of child labour. In the end, it is possible that the effect of CCTE was to provide a cash supplement to families whose children were always going to attend school (because of parental values and family resources), and had some effect on retention, but limited effect on enrolment of children facing substantial poverty, distance or cultural barriers.

There were also protection challenges within the school system, as children had difficulty adapting to formal education in a foreign language, sometimes after several years out-of-school. Parents identified their two major in-school protection concerns as teacher bias and bullying. Facility partners made efforts to counter this, in particular by training and financing school counsellors to support refugee integration, and mobilising refugees (especially former teachers) as volunteers with the role of supporting children and helping parents negotiate with the Turkish school system.

Regarding the socio-economic sector, the cash payments provided by ESSN to 1.75 million Syrian and non-Syrian refugees have had a huge protection benefit: they have allowed the vast majority of refugees in Turkey to meet their basic needs and have greatly reduced the prevalence of what the protection community describes as 'negative coping strategies' – activities including child labour and CEFM, debt, survival sex, begging and crime – that are all acute protection risks. While it is true that a number of refugees are excluded from ESSN because they are unregistered or out-of-province, this is not such a serious protection risk as it might seem at first – because the poverty distribution of the refugee population is now so even that refugees who are excluded from ESSN are not poorer than those who are included. So the residual protection issue is *how many* people are covered by ESSN (which is simply a question of resources), rather than *who* is included.

There are, however, two ways in which ESSN could have provided greater protection benefits. The first is that the process of ESSN registration provided an opportunity to undertake a protection needs assessment of every refugee applicant. It would have been possible to screen over three million refugees (all the applicants to ESSN) and from there refer them to additional protection services. This was proposed by UNHCR but their proposal to implement ESSN was not selected. In the end, most refugees did benefit from a protection assessment through other means, but those other means each had shortcomings and were not as efficient or effective as a protection assessment attached to ESSN registration would have been. A second protection issue with ESSN was that the demographic eligibility criteria of the programme created incentives for families to misrepresent their family structure in order to qualify for the programme (see the Protection Sector Report in Volume II). This protection risk was known by the

ESSN teams during the first phase of ESSN, but was not rectified in the second or subsequent phases, and it remains a protection risk within ESSN today.

Finally, the evaluation team considered the protection risks of irregular work. On the one hand there is no doubt that the tough regulatory constraints on obtaining work permits resulted in more than a million refugees working irregularly – without the normal protection of labour law concerning minimum wage, working conditions, minimum age, etc. Refugees in seasonal agriculture work might not have been technically irregular workers, but still experienced many of the same problems of harsh working conditions and low wages. However, the evaluation team also found that the authorities are quite tolerant of irregular work, especially Syrians, and do not usually subject irregular workers to dismissal, detention or removal. This tolerance of irregular work is vital to refugee survival in Turkey, and this evaluation argues later that the EU should consider a strategy of improving the protection conditions of irregular work, rather than a conventional strategy of encouraging all refugees to enter the regular (permitted) workforce.

4.1.3. EQ3: To what extent, and how, have the institutional set-up, programming approach and implementation procedures of the Facility influenced its capacity to generate the expected outputs and contribute to the achievement of outcomes and impacts? What other factors – political, organisational, human, technical or financial – have influenced the performance of the Facility?

Rationale

This EQ evaluates the institutional systems that support the delivery of the Facility's strategy. It examines the mix of instruments and modalities, as well partnerships and institutional structure. The EQ has six JC, looking at timeliness, instruments, procedures, HR and risk management.

Summary

The Facility has disbursed the first tranche on time, delivering a large range of services with partners. Whilst the institutional set-up was ad hoc, and had to be assembled rapidly from existing capacities, it appears to have largely delivered. For all three of the major instruments used, contracting and disbursement from the Commission was as fast, or faster than comparable contexts. IPA in particular was five times faster than normal, suggesting highly efficient contracting.

Implementation effectiveness and efficiency has been more mixed. Whilst all funds were contracted smoothly and ahead of time, sometimes this did not translate into projects implemented in a timely way. This was particularly the case for construction projects. At the

same time, there were major achievements in getting the safety net (ESSN), health and education projects off the ground and running smoothly. All went to scale in an appropriate timeframe and delivered for refugees. The Facility should be congratulated on these achievements, as should the Turkish government.

The choice of instruments was determined at the outset, as were the modalities under which monies could be disbursed. As early as November 2015, the Commission Decision establishing the Facility had determined that instruments already operational in Turkey were to be used, and that direct and indirect management with international organisations as well as trust funds were the preferred ways of operating. These were not always the most efficient ways of working, demanding high levels of human resource and administration. They did deliver accountability and quality guarantees, however, giving confidence to the EU Member States that their funds were being well used.

The choice of partners was well made by the Facility during the first tranche, mixing government, development banks and the UN. All had unique advantages and the combination often worked well. Partners, especially the Government of Turkey, were involved in the design and identification of projects, as well as their implementation. More could have been done, however, to involve refugees themselves in the design and identification of projects.

The Facility is a coordination mechanism and, as such, combines already existing instruments overseen by teams from primarily two Commission services, DG ECHO and DG NEAR. These have worked well together, in a complementary fashion. The Facility Secretariat is small and agile and has performed well. The continuing necessity to combine humanitarian and development approaches in a protracted setting requires closer cooperation, and the institutional set-up makes management and strategy setting difficult at times.

The Facility has managed to function well in a difficult political environment, achieving effective implementation despite sometimes tense relations between the EU and Turkey. The complex and fragmented nature of management and governance has not allowed the Facility to influence policy as it arguably might have, including issues that affect implementation.

i. Judgement criterion 3.1 The institutional set-up is conducive to timely, effective and efficient implementation

The Facility was established with speed and responsiveness in mind, and it has delivered on this objective as well as possible, within the limits of the overall operating model of the Commission. It has also been efficient within the constraints established at its formation. The institutional set-up has a few salient characteristics.

- Existing instruments and trust fund (IPA, HUMA, EUTF, IcSP).
- A Steering Committee comprised of EU Member States and various Commission services.
- A small coordinating secretariat based in DG NEAR in Brussels.
- A dedicated section within the EU Delegation to Turkey Cooperation.

The Facility is a coordination body. It does not have specific procedures regarding implementation of the projects. Each instrument follows its own rules and regulations, including provisions for flexibility during identification, formulation and implementation. This means that flexibility is largely similar to other contexts where implementation of interventions happens through IPA, EUTF and humanitarian aid.

The use of existing instruments allowed the Facility to begin work immediately. This was especially true for humanitarian assistance, with the HIP for 2015 already able to absorb Facility funding. In fact, the Facility appears to have topped up funds for some existing humanitarian projects¹⁶⁷, meaning that together with one large EUTF funded UNICEF action also contracted in December 2015, over EUR 100 million had been contracted by the end of 2015.

The European Court of Auditors (ECA) report of 2018 notes that IPA funds were contracted up to five times faster than normal in Turkey. It also shows that trust fund allocations were faster than counterparts elsewhere in the world, and that humanitarian funding was particularly rapid in its scale-up. For IPA funds, it suggests that two large direct grants to government ministries (health and education) and most of the other funding through the UN and IFIs meant rapid absorption. Government, IFIs and UN agencies were large enough to handle large grants, and these partnerships enabled rapid disbursement from EU accounts¹⁶⁸.

167 See for instance: https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/hip_syria_2015_version_4.pdf; <https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/HIP%20V2%20FINAL.pdf> and https://ec.europa.eu/echo/sites/echo-site/files/hip_turkey_2016.pdf

168 *ibid*

The light touch Facility Secretariat meant that things could be done very quickly, due to streamlined decision making. Combined with the use of existing ECHO and IPA programming infrastructure, this meant that partners could be identified and contracted fast, and discussions with Turkish counterparts could be expedited.

The evaluation did not have access to internal EU documentation on contracting speed or disbursements. These internal management reports (EAMRs) normally detail the amounts of funding actually being drawn down by partners, rather than merely contracted. This is one of the areas where the narratives between the EU and their Turkish partners begins to diverge, with the Commission maintaining they have been exceptionally fast, and the Turkish claiming that many aspects of Facility assistance have been unacceptably slow.

In fact, the main divergence is a question of disbursement speed vs payment speed, with both 'sides' in this debate (overly) relying on one of these metrics to prove their point¹⁶⁹.

The minutes of the first education steering committee of the *Education for all in Times of Crisis* projects¹⁷⁰ in September 2018 makes this point well, with a government representative telling the meeting that 'we consider the actual disbursements and real expenditure' and citing as an example the development banks – 'active money transferred to the Syrians is 10% via KfW ... the World Bank is worse than it; 5% [with] 90% of 5% disbursed for administrative expenses.'

The veracity of these claims cannot be confirmed as the disbursement data was not shared, but the broad point is clear – in terms of speed, both views have an element of truth. The EU counts contracting and disbursements to partners as money spent (and these are its rules, so this is correct); the Turkish authorities count actual money spent by implementing partners on goods, services and works as disbursement (this is also logical).

Whilst the details are not available, it is quite straightforward to identify areas where disbursements have almost certainly gone to plan, and areas where this is not the case. ESN, CTE, PICTES and SIHHAT all need regular disbursements (to pay refugees, teachers or health workers) so, once set up and running, large elements of these programmes will have been on track.

The ESN had reached its target caseload of a million people served by the end of 2017. This clearly requires regular and ongoing payments meaning allocation and disbursement is effectively the same. In health, Migrant Health Units also scaled up to their target number by the end of

2017. Recruitment of staff was slower, reaching a payroll of more than 3,000 in mid-2019. Provision of equipment to secondary facilities has been much slower, only completed in mid to late 2020.

In education more than 24,000 educational personnel in PICTES schools, catch-up and back up classes or Temporary Education Centres (TECs) had been taken on by June 2018. CTE had reached 188,444 beneficiaries by the end of 2017 and expanded steadily to a cumulative total of 623,335 beneficiaries as of June 2020. Close to 170,000 education personnel had been trained by the end of 2018.

Whilst Facility basic needs, health care and education programmes were relatively fast, socio-economic support programmes have been slower in all respects. A very small amount of skills training was able to get underway in 2017, but programmes did not start to accelerate towards targets until 2019. Progress slowed again in the first half of 2020 due to disruption and restrictions brought about by the COVID-19 pandemic. However much of this slow implementation can be explained by the initial reluctance of Turkish authorities to be seen supporting Syrian refugees into work. Later, with a 50-50 emphasis on host communities, there was greater support.

The area where progress has undoubtedly been far slower (and presumably therefore disbursement has also been slower), is in construction. Neither the two hospitals nor a significant proportion of the schools are built as this evaluation is being completed, meaning that almost five years later there are minimal results to show for these investments. The majority of school improvement work was not carried out until the calendar year of 2019, and the construction of 180 prefabricated and permanent schools is still ongoing at the time of writing, with just 40 schools operational (as of 30th June 2020).

The concentration on rapid contracting and disbursement arguably led to the large inclusion in the portfolio of construction projects – almost EUR 500 million was allocated in the first tranche of the Facility for schools and hospital building. This was around 40% of the IPA funding. However, although Facility money was moved off the EU books into the development banks¹⁷¹, this did not mean the results materialised in a timely way.

There are many individual reasons for slow progress outside of the control of the Facility. Land initially made available proved to be no good for construction; the Turkish lira crisis affected the availability of construction firms; and procurement and procedures between several large institutions proved cumbersome¹⁷². Neither is there any doubt that this is what the Turkish side wanted – if

169 KII ST20

170 Steering Committee meeting of Education for all in Times of Crisis i & ii and Education Infrastructure for Resilience projects 12.09.2018 – Ankara.

171 KII ST12, ST22, ST20

172 KII ST01, ST22

anything the Government would have been happy with more rather than less construction¹⁷³. Nevertheless, it is important to reflect on whether, in the end, such large investments in construction in a fast-moving refugee crisis were wise.

ii. Judgement criterion 3.2 The Facility set-up is conducive to choosing the appropriate mix of funding instruments and programming modalities for interventions

The Facility is well designed in terms of the mix of funding instruments. The humanitarian aid instrument, managed by DG ECHO, can respond quickly to needs and vulnerable populations, and has good experience of refugee contexts. The IPA instrument, managed by DG NEAR, is configured to work with and through governments and international financial institutions, meaning it is better at structural solutions. These two modes of action are highly complementary, and the Trust Fund also enabled fast action and facilitated contracting with NGOs¹⁷⁴.

The Facility set-up was largely determined in early decisions by the Commission and the EU Member States and based around existing instruments already active. The same is true for funding modalities, which were laid out in the Commission Decision establishing the Facility, the Common Understanding and confirmed in a discussion on rules and procedures in the first Steering Committee in February 2016. These specify the use of direct and indirect management with international organisations and trust funds. Furthermore, the *EU-Turkey Statement* specified that the Facility would fund projects, in reality further constraining the options available under the various instruments¹⁷⁵.

The modalities chosen for the implementation of the Facility appear to be coherent with the ways of working of the various instruments prior to its establishment. ECHO continued to use its HIPs, although it did introduce a Turkey specific programme, and the EUTF simply expanded its portfolio.

This was not entirely the case for IPA and especially the way it worked with government. For IFIs, delegation agreements under 'indirect management' were used, which is a normal way of working. However, the 'Special Measures' providing the legal basis for these contracts allowed for them to be awarded without open tender. Instead, in an effort to save valuable time, the Commission selected partners during the programming phase, based on their expertise and experience. These

partners were selected from a 'pool' of so-called 'pillar-assessed' entities, i.e. organisations that had met the criteria for managing EU funding. This allowed the Commission to delegate much of the administrative, procurement and monitoring process to the partners. All this was within the regulations and allowed for the timely disbursements outlined above in JC 3.1.

For the Government partners the modality chosen was 'direct management', making use of 'direct grants'. For both health and education, this modality was selected during the programming. Given that the Turkish government was already providing these services, this makes perfect sense in the judgement of this evaluation. The choice of direct management, however, involves administrative processes with which the Government of Turkey had to become familiar.

The IPA II mid-term evaluation had this to say about both:

The delays that are common in Indirect Management with the Beneficiary Country (IMBC) have accumulated in Turkey to a point where over 600 million € of IPA I and II funding is classified as backlog... as more funds are programmed, so the pressure on the IMBC will mount. Alternatives to IMBC are not obvious for Turkey. BS [Budget Support] is not considered acceptable while more use of direct management modality would be very demanding to introduce, both administratively and financially¹⁷⁶.

It is interesting to note that budget support is not considered acceptable. The EU programmed EUR 10.6 billion via budget support in 2019¹⁷⁷, the largest recipients of which were sub-Saharan African countries (41%). They were followed by the European Neighbourhood countries at 22%. Moreover, the IPA instrument itself has financed budget support in four countries, meaning that this modality is in theory an option. Clearly there are requirements for budgetary transparency that are associated with budget support, and interviews for the evaluation suggest this was a key hurdle. One key informant confirmed that Turkey does not meet the criteria for budget support and suggested that it may not even want to as it would involve an unacceptable level of intrusion into the policy execution and budgetary decision making¹⁷⁸.

In terms of the direct management modality, the evaluation heard a great deal of dissatisfaction from government partners about this way of working¹⁷⁹. It requires a very demanding level of administration and finance on both the EUD side and the Turkish ministries.

173 3rd Steering Committee minutes. Request by government to move socio-economic assistance into construction.

174 KII ST21

175 EU-Turkey Statement, March 2016.

176 Particip consortium. (2017). *External Evaluation of the Instrument for Pre-accession Assistance (IPA II) (2014 – mid 2017)*, p.18.

177 Budget support trends and results. EU. 2019. ISBN 978-92-76-08817-2.

178 KII ST12, ST17, SES36, ST20, ST22

179 KII E18

It is perceived as very rigid, with only items eligible for reimbursement paid for¹⁸⁰. The Commission chose the direct management modality for the two major grants to the Ministries of Health and Education because it allowed for the efficient and effective integration of EU support with the Turkish education and health care systems. It was aware that this would be demanding, but ensured that refugees could be integrated into existing systems effectively, without the need to set up parallel ones. The direct management modality allows for a great level of detailed oversight of expenditure.

Despite direct management providing a high level of detail for oversight, the integration of refugees into national systems could have been achieved via other less cumbersome and contested means. As budget support was not available for reasons set out above, there must be a question as to whether the EU needs other tools for this type of situation. Ultimately, a level of trust has to be placed in the partner that they will do the right thing. In such situations, a greater level of trust would enable much faster working and may even lead to greater levels of transparency. This was the finding of the budget support report produced by DG NEAR in 2019 and cited above.

The main projects where the direct management modality was used were PICTES and SIHHAT. The education project did not experience major difficulties as a result of the direct management modality, despite the challenges. The project was delivered on time, something the Commission attributed to the project management model deployed by MoNE¹⁸¹ and also the procurement framework chosen. Whilst SIHHAT chose to use the EU procurement guidelines (PRAG), PICTES used Turkish Public Procurement Law¹⁸².

Both ministries (health and education) had to establish dedicated project management units (PMUs) to deal with the administrative load generated by direct management. In education this was done in-house; for health, a PMU was set up outside of the normal Ministry of Health (MoH) structure¹⁸³. The EU Delegation believes that their lack of familiarity with the Ministry, and lack of authority to get paperwork delivered on time, slowed down the process. The evaluation also heard from the Commission that the inflexibility constantly referred to by Turkish Ministry counterparts was because of their lack of familiarity with the procurement guidelines of the EU, rather than the rules themselves being the problem¹⁸⁴.

The rationale for the modalities deployed, as outlined above, was made very early in the lifetime of the Facility. Humanitarian aid is not really the right instrument for what is, effectively, a social protection mechanism. It was right for the set-up, but thereafter needed a medium to long term vision that was just not available on an annual planning cycle¹⁸⁵. The IPA instrument is first and foremost about EU accession; about supporting states to implement the *acquis*. It has no knowledge or expertise of refugee situations (law, institutions, solutions); neither does it have the procedures to support flexible and adaptive large-scale service delivery¹⁸⁶.

iii. Judgement criterion 3.3 The Facility involves relevant stakeholders in the identification and design of interventions as part of its programming approach

The identification and design of interventions took place according to the rules and procedures of the individual instruments. This was decided in the first Steering Committee with the (approved) rules of procedures [sic]. Stakeholders are different for each, with key humanitarian partners involved in consultations around the framing of HIPs, EU Member States involved in the IPA Committee and donors and partners involved in the EUTF¹⁸⁷.

In addition to this set of stakeholders, the Government of Turkey has been an important partner throughout, and a key stakeholder in all design and identification. This influence has been exerted in a variety of ways, through formal negotiation, and also via mechanisms such as the EU needs assessment (EUNA). The Government has been particularly active in the identification and design of interventions in the two large Ministry support projects, PICTES and SIHHAT. The broad areas of support within these projects derive from the EUNA which itself is based on a Turkish government process (see EQ1). At the implementation level, this is also the case, with these Ministries involved in every aspect of programme design and identification. Government was also intimately involved in the ongoing strategic guidance of these projects via processes such as the *Education for All* Steering Committee.

180 KII H01, H27, H35, H04, H05, H18, H20, H35, ST09

181 KII ST01, H47

182 KII E18, H20, H47

183 KII ST01, H18

184 KII H47, ST01

185 KII ST19

186 KII ST16, ST12

187 The Constitutive Agreement establishing the trust fund (Ref. Ares (2019) 1662639 – 13/03/2019) establishes two boards – a trust fund board to establish and review strategy, and an operational board to decide on allocation. Each donor to the fund with a minimum contribution of EUR 3m is invited to be on the operational board.

The design of ESSN was also a highly collaborative process, with the Facility, the Government and the implementing agencies all involved. WFP brought international expertise, experience of working to scale and a strong focus on monitoring for effectiveness and accountability. The Turkish Red Crescent Society brought the linkages with government and local infrastructure, an understanding of the context and the capacity to be able to respond to a rapid roll-out and to continue to scale up. The Government set the policy environment and provided some of the implementation infrastructure; the Facility provided the finance and convened the partners.

At times, government influence may have been dominant. A number of respondents suggest that the ESSN benefit level was set too low, but that politically it could not be set higher as it would appear that Syrians were receiving more benefits than Turkish citizens. Clearly there are multiple forces at work in such a decision, and many would argue that it is the job of politicians to make these difficult choices, and it is also the Turkish prerogative to do so.

Some EU Member States wanted to be more involved¹⁸⁸. They felt that their own development ministries had expertise and experience that could have improved both the implementation of the Facility and the relationship with Turkish authorities. Some interviewees contend the UN was considered by the Commission as an implementing partner, rather than taking advantage of the unique UN agency normative roles¹⁸⁹. Concerns have also been raised in SC meetings that NGOs are being shut out of opportunities, which has had repercussions on delivery, particularly of humanitarian projects. The Turkish delegation at SC meetings¹⁹⁰ explained that the restrictions on some INGOs were related to unauthorised data collection and work being carried out in provinces that had not been approved.

The Facility does not appear to have actively sought out the views or the feedback from refugees, refugee based civil society agencies, or civil society groups based in and around these communities¹⁹¹. The absence of the refugee voice from the design and identification process may be the most significant flaw. Whilst this was understandably difficult at the onset, with rapid scale-up the priority, with refugees still arriving and moving around, as the Facility became more stable, this element could have been more systematically included. Humanitarian partners are asked to identify accountability to affected populations systems, but this falls short of the Facility itself having a strategy for outreach and consultation.

iv. Judgement criterion 3.4 The choice of partners is conducive to timely and effective implementation

The choice of partners and the rationale for their choosing has been partly covered in the preceding questions, and especially JC3.4 above. With a very large sum of money to spend, and a need to move quickly, Facility funds found their way to a high proportion of the entities working with Syrian refugees.

Broadly, the choice of partners has been dictated by the instruments and the context. Within the Facility, the humanitarian instrument can only work with accredited humanitarian partners – NGOs, Red Cross/Crescent and UN agencies. The IPA instrument within the Facility works mostly through and with government, and tends to work through development banks and EU Member States' development agencies (although it can also work with UN agencies and even NGOs). The EU Trust Fund is the most flexible of the three, able to work across the spectrum of partners.

Both the humanitarian and non-humanitarian strands of the Facility have chosen partners whose remit is consistent with the focus of Facility interventions. For the humanitarian work, many of the most active humanitarian NGOs and UN agencies were already working with Syrian refugees, and DG ECHO was already funding some of these through its Humanitarian Implementation Plans (HIPs). IPA too, has a long history of working with the Turkish government and Ministries, including some of the same Ministries (such as MoNE) that received Facility funding.

Preceding sections of this evaluation question (JC3.1 above) have made the point that the development banks offer certain advantages administratively. Their 'pillar assessed' status means the considerable risks associated with construction (quality, fraud) can partly be mitigated by confidence in their procedures. This status means that procurement can be delegated to them, and money disbursed can be counted as spent. Along with their ability to absorb large allocations, this makes them attractive partners given the priority to spend money fast and accountably. The slow implementation of both the construction projects and the socio-economic support actions under the banks poses questions about their effectiveness in an emergency context. Both of these areas have experienced significant hurdles to implementation beyond the control of either the Commission or the Banks. It is also the case, however, that organisations familiar with refugee contexts and emergency settings have been better able to navigate such situations.

188 KII ST24, KII ST09, KII ST13, ST05

189 KII ST14

190 Steering Committee Meeting Minutes.

191 KII ST25

The Government provides health and education to the refugees, and so are really the only partners in these areas, aside from some technical support from agencies like UNICEF. Again, the detail of how support was delivered is covered in depth in the preceding section. However, it is worth noting that the modality (direct management) made it necessary for bespoke project management units to be established in both the health and education ministries. EU Delegation staff reflect that the education department model seemed to work better – it was integrated in the department and staffed with civil servants – whereas health was an external unit staffed by consultants. The evaluation did not forensically examine these models, but it is definitely the case that PICTES (education) disbursed its funds in a timelier fashion¹⁹².

The Turkish Red Crescent (TRCS, or *Kızılay*), was another large partner of the Facility, although in all cases indirectly. The Facility funded the TRCS to run the ESSN (via WFP), the CCTE (via UNICEF) and various protection programmes (UNICEF, UNFPA). Whilst TRCS was funded indirectly, for many of the programmes they were intimately involved in the programme design and negotiation, with ECHO, WFP, TRCS and Ministry of Family and Social Policy (now the Ministry of Family, Labour and Social Services) meeting regularly.

v. Judgement criterion 3.5 The Facility has successfully managed organisational, human and technical factors that influence performance

The Facility is a coordination mechanism with a small secretariat in Brussels housed in DG NEAR, a dedicated section in the EU Delegation (EUD) and ECHO technical staff in Ankara, Gaziantep and Istanbul. The whole mechanism is nominally overseen by the Steering Committee comprised of EU Member States that meets roughly quarterly.

As a result, the Facility is not an organisation in its own right. The Facility Secretariat has a strong ‘dotted’ management line to the EUD staff (in the cooperation section three, COOP3), but does not actually manage these staff. This is where the technical experts for each of the three main sectors overseen by NEAR/EUD are located (education, health and socio-economic support). In each sector there are 2-3 people reporting to the head of COOP3. There are also two M&E staff in the Head of Cooperation’s team, who oversee (jointly with M&E colleagues in Brussels) a contracted-out team charged with the day-to-day monitoring of actions.

DG ECHO has a separate structure for implementing its Facility projects, and works differently in that it contracts in Brussels whereas NEAR does this in Ankara. ECHO has a larger team of technical experts, and also two sub-offices in Gaziantep and Istanbul where the majority of refugees are. The ECHO technical experts are responsible for the monitoring, dialogue with partners and situational analysis.

There is what might be characterised as ‘light touch’ interaction between the two services teams in Turkey¹⁹³. There are monthly meetings¹⁹⁴ but, beyond these, DG NEAR staff do not make regular visits to ECHO sub-offices, and the technical experts are not involved in appraising each other’s proposals or programme designs. There is, of course, and as might be expected, a formal level of interaction – attendance at SC meetings, workshops on transition strategies, joint missions with visiting dignitaries and so on. At the outset, the DG NEAR and DG ECHO teams worked closely together on the pilot project that framed the ESSN¹⁹⁵, so there was interaction in some areas, although this diminished as implementation became more time consuming and complex.

This set-up worked well for the rapid programming of funds that was needed. Using established personnel and procedures, having a light touch secretariat, investing in partners who were already delivering all meant rapid scale-up. Beyond this, however, the structure is arguably sub-optimal. It makes strategic thinking complex, and it constrains the Facility’s space to be adaptive and flexible. The Facility is highly flexible within already approved actions; but allocating and transferring new funds to new projects or partners is more challenging. The evolutionary and ad hoc arrangements made sense at the onset of the Facility but have arguably left the management somewhat fragmented¹⁹⁶. There are multiple channels of information and oversight¹⁹⁷. The two services appear to collaborate well together over Facility matters, but they are not co-located either in Brussels or in Ankara; neither are the majority of the systems harmonised.

Within each of the dedicated Facility teams there is a high level of output and dedication. The evidence of the high amount of throughput of funds with a relatively small staff suggests these are teams working at a very high level of effectiveness¹⁹⁸. The evaluation team observed a high workload for the teams involved, and a considerable amount of political pressure to achieve. In the circumstances this is a job done well.

192 KII ST01

193 KII ST16

194 The evaluation team has not seen minutes or schedules of these meetings, so it is hard to say with confidence the exact frequency, attendance, subject matter, decision making status and so on.

195 KII SES27. IPA 2 made a contribution to EUTF in 2015 which was in turn used to finance a pilot cash programme with WFP in camps. This was planned in conjunction with an early humanitarian action supporting WFP under the Syria HIP 2015.

196 KII ST21, ST22

197 KII H02

198 KII ST22, ST17, ST01

Whilst the dedication, commitment and high achievement of the staff is not in question, it is clear that there is a worrying potential for knowledge gaps between the various elements of Facility implementation. A good example is in the (planned) transition of the ESSN to the MoFLSS. Over the last three years of implementation there is a huge body of knowledge that has been built up on targeting methods, vulnerability profiles, benefit levels, exclusion and inclusion errors and other technical aspects. This will not automatically be integrated into the DG NEAR management of the new direct management grant. It will require effort on the part of all concerned to make sure lessons learned are carried over – the current structure almost works against this happening. Similarly, many lessons have been learned about child protection (in education) or providing benefits to mobile populations that broadly come under the rubric of ‘protection’ and may not automatically be carried into the Facility Tranche II portfolio and certainly not beyond.

Moreover, the EUD currently only has offices in Ankara, and yet the situation in Gaziantep and the surrounding refugee hosting province is so different, as is also the case in Istanbul. It is, therefore, a major advantage to have staff located in those locations. Neither classically ‘IPA’ nor, obviously, ‘humanitarian’ but a staffing structure that has sector experts posted in offices outside Ankara, would enable a richer insight on the real situation in these locations, and facilitate a more effective dialogue with partners, local authorities and refugees.

Any next tranche of the Facility, or similar support, gives an opportunity to address such structural issues, and to think again about the optimal configuration of offices, reporting structures, and even the concept of a coordinating secretariat. The creation of a new section in the EU Delegation was not universally popular. Several senior Commission staff interviewed for this evaluation questioned whether it was the only model available. These same respondents reflected on whether an ‘agency’, or ‘task force’ model might ultimately have worked better¹⁹⁹, although this would have incurred greater administrative costs.

vi. Judgement criterion 3.6 The Facility has successfully managed political factors that influence performance

The Facility has found it challenging to manage the political factors at play during the period of its existence. The Facility is part of a wider political agreement between the EU and Turkey, as encompassed in the *EU-Turkey Statement*. This agreement is itself part of the landscape of political relations between these two allies and neighbours; Turkey and the EU have a history of close collaboration spanning decades.

Since 2015 the relationship has deteriorated²⁰⁰, and this has affected the environment within which the Facility has been operating. It has made the communications environment more difficult, with rather sharp rhetoric on both sides, at times²⁰¹. This means that, for both the EU and Turkey, there is a delicate judgement being made about which issues to prioritise, and which issues should receive less attention. Some areas of cooperation can become very challenged, whilst others proceed rather well despite apparent tension²⁰².

The Facility has generally fallen into this latter category of proceeding rather well despite other factors. Whilst Turkish officials can be quite critical of the performance of the Facility in public, this has not hampered the smooth operation of the main programmes²⁰³. At a working level, relations are cordial, and pragmatism on both sides has allowed programmes to be delivered successfully. In this sense, it could be said that the Facility has managed the political factors affecting performance relatively well, or rather the political factors have not had a major impact on the smooth running of the Facility.

There is another level on which this is not the case, however, which might be described as the strategic level. The first tranche of the Facility is based quite faithfully on the higher-level documents that frame it. Where there has been agreement on how to proceed – education as a good example – the programmes have been implemented on time and with good effect. Where there have been political challenges, however, this has definitely slowed down implementation²⁰⁴. Two clear examples of this are in municipal infrastructure and the socio-economic support sector. In the original scheme for Facility Tranche I, a fairly large component of municipal infrastructure was foreseen. This did not happen and is only now being included in Facility Tranche II.

199 KII ST21, ST22, ST20, ST24

200 KII ST17, ST20

201 KII ST26, ST20, ST22, ST04

202 KII ST11

203 KII ST20, ST17, ST19, ST06, ST05, ST03, ST01, ST22

204 KII ST11

There appear to be several reasons for this. First, it is an open question as to whether there were projects ready to go, with some respondents suggesting the proposed projects did not meet development banks' criteria²⁰⁵. Key informant interviews suggest that the EC wanted to use the EBRD for municipal infrastructure and that meant that they had to use blended finance (i.e. loan and grant components). Turkey preferred only grants at the time, although they are apparently much keener on blended finance now as it can leverage much more total investment²⁰⁶. There is also a suggestion that the Facility was ambivalent about municipal infrastructure as a priority area initially²⁰⁷. In the end, this EUR 200 million was still spent on infrastructure as it was transferred to education, for construction of schools.

In the socio-economic support sector (SES), interviews²⁰⁸ suggest that the delay in implementation was due to a political reluctance on the part of the Turkish to be seen to be supporting jobs for Syrians, at a time of high Turkish unemployment and informal sector working. As mentioned earlier in this report, only after the *lira* crisis of 2017-18 was the Government more supportive of these SES programmes, and then on the condition that it included Turkish job seekers.

More broadly still, there is a strong sentiment from stakeholders very closely involved with the Facility that it somehow manages to 'punch below its weight'²⁰⁹. These same stakeholders point to the fact that the Turkish lead on the Facility is in the Office of the Vice-President and has both seniority and considerable authority over the relevant bodies of government involved in implementation²¹⁰. On the Commission side, however, neither the Facility Team Leader nor the Head of the Turkey Unit have the same level of authority and, as outlined in the previous section, thus have 'all of the responsibility and none of the authority'. The Facility Secretariat and the Facility itself is a coordinating entity, bringing together the relevant services and instruments, but not 'managing' them, at least not in the formal hierarchical sense.

Commission officials interviewed for this evaluation point to the regular visits of the EU High Representative and other high-level officials who are able to make interventions on difficult issues that need resolution, and the presence of the Ambassador who is able to engage at a political level.²¹¹

Whilst this is clearly the case, it could be argued that there is a gap between high level intervention to resolve issues that have become blocked and working level

relations where negotiations can take place but only within quite narrow parameters. The Steering Committee of the Facility should, in theory, be able to help the Facility decide when to introduce new elements, prioritise or deprioritise certain aspects and take certain positions on key issues. However, this has not been the case, resulting in the Facility taking a rather cautious approach, generally having to be extremely careful in how it relates to the Turkish government, particularly publicly. Interviews with senior EC officials further confirmed that the EUD has to choose carefully whether, and to what extent it pushes on policy issues relating to refugees, which range from NGO regulations and data-sharing, which are rather sensitive issues in the Turkish context, to even more challenging topics, such as so-called safe zones or out-of-province refugees²¹².

4.1.4. EQ4: To what extent did the Facility Results Framework and monitoring/reporting approach contribute to a coordinated and coherent Facility response and to adapted management and learning?

Rationale

This EQ relates to the monitoring systems set up by the Facility and the reporting of results. It also seeks to understand whether and how analysis from monitoring and evaluation findings was used to adapt programmes and strategy. The EQ has four JCs looking at reporting of results, monitoring and reporting feeding into adaptive management and learning at Facility level, monitoring at action level, and evaluation leading to adaptive management and learning.

Summary

The Facility Results Framework (RF) was not in place when the first tranche of the Facility was launched: it was developed in late 2016, then refined and rolled out by the Facility Secretariat at the beginning of 2017, in parallel to some interventions already being contracted and implemented, and after most of the humanitarian portfolio was already in place. During 2018 and 2019, the separate programming systems of the different Facility instruments were brought progressively together, and common objectives were agreed – in particular while planning for Facility Tranche II. Even though detailed planning was not done jointly from the start, from early 2017 selected results indicators from all instruments were gathered and reported against the Facility Results Framework. Initially, collection of data from the implementing partners was done by the

205 KII ST01

206 KII ST20

207 KII ST16

208 KII SES1, ST08, ST05, SES4, P27

209 KIIs ST24, ST26, ST25, ST13, ST10, ST07, P08, E65, E66

210 KII ST17, ST06, ST04, ST02

211 KII ST20, ST03, ST19

212 KII SES27, E63, H49, P01, P03, P27, SES1, SES16, SES36, ST19

Commission's M&E teams in the field and shared with the Facility Secretariat, for analysis and preparation of the Facility Monitoring Report (FMR). However, since 2018, the Facility Secretariat has been supported by a technical assistance contractor for monitoring (SUMAF) which monitors the actions in the development portfolio, and prepares the overall FMRs by integrating monitoring data provided by the humanitarian programme. Over the same period, coordination and coherence have also strengthened, and the quality of Facility-level reporting has improved overall. The evaluation team concludes that it is unlikely that the 2020 level of comprehensive reporting and coherent monitoring would have been possible without the substantial combined efforts of all EU services and the support of SUMAF.

The extent to which monitoring and reporting has contributed to adaptation varies across the portfolio. The evaluation team noted more adaptation at the action-level, and especially in the humanitarian portfolio, which benefits from an inherent ability to make in-year course corrections that are more difficult for the larger multi-year development initiatives (especially those working with government partners). At the strategic level, there was less adaptation and learning within the scope of Facility Tranche I, although there is considerable evidence that evaluations conducted during Tranche I, as well as interservice planning workshops and discussions in the Steering Committee based upon internal reports, ensured that Tranche II benefitted from lessons learned during Tranche I (even if it was not always possible to draw a direct line of sight from a specific report to a specific Facility decision). The ECA was particularly influential in shaping the Facility's approach to Tranche II.

i. Judgement criterion 4.1 The Facility supports the achievement of results by providing evidence-based reporting and analysis

The Facility was launched under considerable time pressures – pressures from the immediacy of the humanitarian needs and also pressures to meet the ambitious commitments of the *EU-Turkey Statement*, and as a result did not always follow the ideal sequence of analysis, planning and reporting. Though first to mobilise, the humanitarian stream of refugee response built up slowly as a Turkey component of Syria regional HIPs from 2015 (approved in 2014) and 2016 (approved in 2015), and then grew rapidly into Turkey-specific HIPs for 2016 (approved as the Facility was created) and 2017.

A general strategy for the Facility, including indicative priority areas and an agreed division of labour between the humanitarian and development streams, was captured in a *Strategic Concept Note* of 2016 (updated in 2018), and this informed a more specific humanitarian management framework finalised in March 2017²¹³. With these foundations, throughout much of the Facility Tranche I, the humanitarian stream operated under its normal planning system of annual HIPs. Action-level monitoring was conducted by the humanitarian team's in-country and regionally-based technical staff using regular processes of annual site visits. Reporting was managed by a standalone Planning, Analysis and Reporting (PAR) unit set up within the Commission's DG ECHO, and which provided a much tighter (quarterly) cycle of reporting than the EU's usual humanitarian programmes (as required by the Facility). Several of the humanitarian indicators, importantly those covering health, education and basic needs, were aligned with the Facility-level RF and were reported through the FMRs²¹⁴.

On the development side, planning for the activities financed by the EUTF followed its own (multi-country) planning and reporting processes. In parallel, the actions financed from the IPA were guided by the needs assessments discussed in EQ1, and a series of special measure approvals. The first Facility RF, covering both the humanitarian and development portfolio, was developed by the Facility Secretariat, following discussion and agreement with all relevant stakeholders, and presented to the SC in March 2017. To support robust evidence-based reporting and analysis, the Facility authorised a third-party technical assistance contract under the Commission Implementing Decision C (2017) 3378 of May 2017, to *Support the Monitoring of Actions Financed by the Facility for Refugees in Turkey* (SUMAF), which became operational in the second half of 2018. SUMAF added considerable technical and analytical capacity to the Facility and, from late 2019, supported the Facility Secretariat to develop the revised Results Framework (RRF). This RRF followed the updated approach set out in the 2018 *Strategic Concept Note* and, accordingly, integrated protection outcomes and indicators into the Facility-wide reporting framework, as well as separated basic needs support (through ESSN) from livelihoods. The evaluation team found that, as of March 2020, the Facility had a comprehensive and fully integrated results framework covering all aspects of the Facility's work, with a clarified intervention logic for each priority area, relevant and more clearly specified outcomes, and measurable indicators supported by detailed guidance.

213 According to a joint political/management decision, humanitarian protection indicators were not included within the first Facility Results Framework and were monitored separately by DG ECHO throughout Facility Tranche I. Likewise, protection as a stand-alone priority area has not been reported in the Facility Monitoring Reports to date. However, protection indicators will be included in future Facility-level reporting, as protection has been included in the 2020 revision of the Results Framework.

214 The Commission's humanitarian actions normally last one or two years and have two reports: an interim report and a final report. In the case of Turkey, recognising the unprecedented scale and rapid evolution of the programme, partners were exceptionally required to report their outputs on a quarterly basis, and using common indicators. This way it was possible to obtain a clearer picture of the whole portfolio performance, in real time, than is normally the case in EU humanitarian responses.

The Facility as a whole reported externally to Member States and to the public through three different vehicles: (1) initially there were seven quarterly progress reports on the implementation of the *EU-Turkey Statement* (the last that the team could locate was dated September 2017); (2) from mid-2017, the Facility started to produce six biannual Facility Monitoring Reports; and finally (3) the Facility provided four formal annual reports to Member States, starting in 2017²¹⁵. Together, this suite of consolidated reports provided stakeholders with comprehensive analysis and a strong evidence base of Facility progress.

Despite progress, there remain challenges and areas for attention. These are briefly summarised under three headings: reporting by implementing partners (IPs), data fragmentation, and assessing outcomes.

Firstly, there are still some concerns with the quality of the data provided by IPs. Despite substantial efforts by SUMAF to engage partners in the co-development of indicators and to train partners, and the creation of an Implementing Partner Reporting Group precisely to support improved reporting and to resolve problems, there is still uneven data quality. This results in part from weak partner capacity, reluctance by some partners to harmonise their data collection tools and indicators, inconsistent interpretation of indicators (e.g. unique beneficiaries were often confused with beneficiary transactions in Tranche I reporting), and the tendency for some partners to report secondary (consolidated) data that does not match the Facility's reporting parameters (for example different beneficiary age-ranges). Partners also point out that they are suffering from reporting overload, as many of them report internally with one set of reports and then also to different donors with different formats and frequencies. A few long-standing partners have experienced several changes in the reporting framework, timetable and indicators over the lifetime of multi-year activities, sometimes at their own request and sometimes at the Commission's request. It is expected that some of this 'reporting fatigue' and problems of 'moving goalposts' will reduce with the RRF.

Secondly, some problems of data fragmentation are difficult to overcome as long as monitoring (in some cases of the same partner) is carried out separately by the humanitarian and development services using their own processes²¹⁶. Also, because SUMAF and EUTF monitoring missions are conducted by external experts, the data gathered externally is not always coherent with the data provided by the partners to the EC project manager.

Finally, in terms of assessment of outcomes, the new RRF has a robust set of outcome indicators, and yet it remains a challenge to collect data against all the indicators. One reason is that there is a lack of access to Turkish government data that could complement the data collected by the Facility, and most importantly report on high-level outcomes of refugee well-being such as educational attainment and health outcomes. The Commission, with the support of SUMAF, hoped to conduct a comprehensive Facility Annual Beneficiary Survey to measure annual outcome-level changes in areas such as protection, employment, poverty and health. Unfortunately, the Government did not approve this planned survey and, at the end of 2020, the Facility Secretariat and SUMAF were considering alternate ways to measure outcome results in some key areas²¹⁷. Until this is achieved, there some important gaps in Facility outcome data will remain.

ii. Judgement criterion 4.2 The monitoring and reporting at Facility-level has contributed to a coordinated and coherent Facility response and to adaptive management and learning

As described above, from their separate origins and using their different systems and processes, the different streams of the Facility's work have come together, each year becoming more coherent and better coordinated. In large part, this is thanks to the drive to create an RF at Facility level supported by a unified monitoring and reporting system. As early as 2018, the European Court of Auditors noted that coordination and information exchange had been facilitated by the setting up of the initial RF, supported by the Steering Committee as a governance structure²¹⁸. This ECA finding regarding improved coherence is well-corroborated by the interviews conducted by the evaluation team which show that, by 2020, the Facility reporting processes are now streamlined, and that monitoring systems are better integrated.

215 In addition to the periodic external reports, each Steering Committee meeting receives internal reports on progress, but these are only shared with donor Member States and GoTR.

216 SUMAF action monitoring is conducted by externally-contracted experts using a formal process and standardised reports, while DG ECHO's monitoring is carried out by expert staff according to DG ECHO's normal systems, which do not involve stand-alone reports but the inclusion of monitoring observations into the DG ECHO online database.

217 One approach being advocated is for each of the major partners to introduce more robust follow-up surveys at the action-level, as was done with singular success by WFP when they were managing ESSN.

218 European Court of Auditors. (2018). *The Facility for Refugees in Turkey: helpful support, but improvements needed to deliver more value for money*.

Evidence that the process of developing the RF has contributed to greater Facility coordination is found in the way that:

- the RF for the EUTF was adjusted to match the Facility RF;
- consultations secured agreement on how humanitarian indicators should feed into the Facility RF; and
- agreement was reached on common quarterly reporting calendars to reduce the burden on IPs (particularly for EUTF actions, where it was important to stop reporting at different times to EUTF and to the Facility).

Responsibilities have also been divided in relation to field monitoring visits, whereby EUTF, through its external monitoring and evaluation arrangements for the whole Trust Fund, carries out monitoring visits in Turkey wherever relevant actions are multi-country, and SUMAF conducts visits for EUTF actions that only cover Turkey. Since EUTF is not part of the Facility for Tranche II, coordination and collaboration has become simpler still. Collaboration between SUMAF and DG ECHO's PAR unit was also deemed to work well on the ground, with monthly meetings and regular exchanges on Facility monitoring.

The two main drivers of learning and adaptation at strategic level were, first of all, the Steering Committee meetings, which primarily served accountability purposes but also provided a platform for the Facility to periodically explain its challenges and opportunities to Member States and to the GoTR, and to propose strategic changes in direction²¹⁹. The second window for learning and reorientation was the series of workshops in late 2017 to take stock of lessons learned from Tranche I and to plan the direction of Tranche II – workshops that importantly (and perhaps for the first time) brought the teams from the different services together for thematic discussions about lessons, next steps and the division of labour. In addition, SUMAF provides a synthesis of lessons learned from its monitoring missions in its six-monthly progress reports.

The FMRs, prepared by the FS with inputs from SUMAF, provide updates regarding the strategy and evolving context of each priority area, and also gather together the action-level monitoring data and present it in consolidated form to stakeholders including the SC members. In the view of the evaluation team, the quality and coverage of the FMRs has increased over time. However, FMRs are more outward-looking reporting tools than inward-looking planning tools. Key informant interviews suggest that the FMRs were not used by staff as a main source of lessons to be learned, or as the basis for adapting the programme. Indeed, some interviewees additionally suggested that there is a lack of commitment at EU level in using the Facility's RF as the basis for assessing the Facility's performance.

One final point to make concerns the use of available data. As explained earlier, both the Facility and this evaluation have struggled with the lack of outcome data, in part because of the Government of Turkey's unwillingness to share data. However, there are examples of available data that can lead to insightful analysis, and that might not have been fully used by the Facility Secretariat or by SUMAF. Principal amongst these is the ESSN, which generated exceptional time series data covering several dimensions of refugee welfare, but other agencies and academics collected data of broad value (for example IOM and Syrian Barometer). Although this data was available, the team did not find much evidence of its systematic analysis by the Facility in order to inform their strategic planning. These types of data collection exercises also highlight ways in which outcomes can be assessed in the absence of government data.

iii. Judgement criterion 4.3 The monitoring at action-level has contributed to adaptive management and learning

At the action level, the quality of planning and reporting has improved over the course of Facility Tranche I. Action-level monitoring and reporting is the responsibility of each of the EC contracting authorities, who provide action-level information to the Facility Secretariat for aggregation up to Facility-level reporting. From late 2018, SUMAF began supporting the action-level monitoring of actions in the development portfolio using a systematic methodology, as a result of which the monitoring quality increased significantly. In addition, SUMAF started providing advice on the logical frameworks of actions at the approval stage. Later, the quality of action-level indicators and reporting across all channels was given a boost by the efforts of SUMAF to train implementing partners and to introduce stronger Facility-wide project indicators, supported by robust guidance notes and coaching. Over time, this has led to a tightening and systematisation that, though not always easy for partners, has now become an integrated results management system that is more structured and Facility-led.

Document review and interviews confirm that most actions have made mid-course corrections in response to action-level monitoring and reporting. This is inherently easier for the humanitarian activities, which are designed to adapt to rapidly-changing circumstances and which have a mechanism to allow substantive in-year changes through 'modification requests'. Furthermore, the short planning and approval cycle for humanitarian actions provides an annual opportunity for the humanitarian team to conduct a collective and structured review of portfolio performance, and to make strategic adjustments. Among many examples of action-level adaptation on the humanitarian side, the team noted increased attention to unregistered refugees, the inclusion of LGBTI+ and other

²¹⁹ It seems from interviews that it was not so much the SC meetings themselves that demonstrated strategic thinking, so much as the team preparations for the meetings and the background papers touching on such important questions as the transition from basic needs support to livelihoods, and sustainability.

‘double disadvantaged’ groups within the scope of the UNFPA action supporting WGSS, important modifications to the eligibility criteria of ESSN, and adjustments to the CCTE. Depending on the strength of IP monitoring systems and processes, it is also expected that many Facility partners used their internal monitoring data to adapt interventions or to identify gaps in need of attention. Learning in the humanitarian sector has been strong, facilitated by the larger humanitarian ecosystem (outside the Facility) which has allowed partners to coordinate, research and standardise their activities at sector level (and often also at province-level) through the machinery of humanitarian coordination.

In contrast, the development actions tended to be larger and longer-term, importantly gaining the benefits of scale and government engagement, but in exchange losing some degree of tactical flexibility. Overcoming these difficulties, the evaluation team was informed of increased use of monitoring reports by Commission staff in action steering committee meetings, and more systematic follow-up to the recommended action-level adjustments. Also, some important strategic adaptations were made, for example refocusing efforts to better target mental health services for refugees, and adapting activities such as school transport and education supplies to better include host communities. Furthermore, although SUMAF is not involved in the early stages of the design of new actions (which inhibits the Facility’s ability to fully utilise lessons learned for new planning), is usually involved at a later stage of the design process, when the action logical frameworks and reporting indicators are being finalised. However, the evaluation team found that reflection and learning were not as strong among the development partners who were government ministries and multilateral agencies with rather heavy systems, although some of the more agile development partners (NGOs and UN agencies) were better equipped to learn.

iv. Judgement criterion 4.4 The evaluations under the Facility (action/thematic/portfolio) have contributed to adaptive management and learning

Evaluations relevant to the Facility were undertaken at three different levels: action, portfolio, and Facility-level. Action-level external evaluations analysed by this evaluation team included ESSN (2), CCTE, MoFLSS support to SSCs, and the Qudra programme. Other evaluations are reportedly under way, some commissioned by the EU and others by the participating agencies²²⁰. In addition, at portfolio level, DG ECHO evaluated the EU’s Humanitarian Response to the Refugee Crisis in Turkey, and EUTF conducted five evaluations (one strategic mid-term evaluation and four sector-specific on basic education,

higher education, livelihoods and health). Finally, at Facility level, this is the first comprehensive evaluation. While not an evaluation *per se*, the ECA report is also significant in terms of findings and recommendations, and has been more influential to date than the evaluations.

This evaluation has found that, at Facility level, evaluations have made limited contributions to adaptive management and learning, largely because they were not conducted in time to influence decision-making on the first tranche. However, evaluations undertaken in Facility Tranche I, for example the EU humanitarian evaluation and the ESSN evaluations, were reportedly used to inform the planning of aspects of Facility Tranche II. Recommendations from the EUTF Mid-Term Strategic Evaluation, to phase out this instrument from the Facility, have also been taken on board²²¹.

4.1.5. EQ5: To what extent is the Facility’s strategy and programming in line with the tenets of the Global Compact for Refugees and Lives in Dignity?

Rationale

This EQ is about whether the Facility is in line with the latest thinking on how refugees are best supported, and the degree to which its humanitarian efforts are connected to development assistance and Turkish systems, such that support is transitioned smoothly for the long term. The EQ has five JCs, looking at adherence to humanitarian principles, transition to development, ability to phase humanitarian programmes back in as needed, strengthening of Turkish national systems, and alignment with the EU’s development policies.

Summary

The Facility is in many ways a model for how refugees can be supported, mixing humanitarian assistance that is fast and needs-focused, with structural medium to long-term development assistance. The success of the Facility is completely dependent on the Turkish government’s enlightened approach, allowing refugees access to essential services such as health and education. Whilst the nexus cooperation is noteworthy, there are some technical aspects to transition planning that could have been – and still can be – improved.

From the outset the Facility for Refugees in Turkey was designed as a mix of both humanitarian and longer-term development programming. In the first tranche there was a roughly 50:50 split between humanitarian and development, with a shift more toward development financing in the second tranche. The Facility combined humanitarian and development assistance well. In this

²²⁰ In addition, some partners have conducted their own institutional or programme evaluations covering all their activities in Turkey including activities beyond EU funding, for example UNHCR and UNICEF.

²²¹ Landell Mills consortium (2018). *Mid-term Strategic Evaluation of the EU Regional Trust Fund in Response to the Syrian Crisis, EC, 2018*.

regard it reflects current thinking on best practice in such protracted crises, as exemplified by the *Global Compact for Refugees*; fast and principled response with humanitarian assistance, whilst simultaneously addressing long-term needs (access to services, livelihoods) where possible.

The Facility was guided by the fundamental humanitarian principles of humanity and impartiality, which were infused through the first tranche and framed the targeting and prioritisation of the main programmes. At the strategic level, the Facility was not entirely independent of EU and Turkish political interests since it was mandated by the explicitly political EU-Turkey deal. At a programmatic level however, the evaluation found humanitarian interventions to be independent of political interference, although it was constrained by some operating parameters determined by the Government of Turkey (for example restrictions on NGO work).

Lives in Dignity is the current EU policy framework governing the transition from relief to development. Here too the Facility is well-configured, mixing instruments and taking a reasonably holistic view of the situation of refugees in Turkey.

Transition has been relatively seamless in the areas of health and education. Initially, humanitarian programming filled gaps before the Turkish system was able to absorb refugees, and then the development funding through the Facility helped Turkish systems to scale up. Policy changes such as the closing of Temporary Education Centres (TECs) greatly facilitated this transition. In other areas there are issues that are quite fundamental to the way that the sectors are configured that make transition much harder – with refugee protection the most obvious of these. The transition and future of ESSN is a very large and difficult problem in 2021.

Probably the biggest transition issue, however, has been the uncertainty about the future of the Facility and of EU support for Turkey's role hosting the largest refugee population in the world. This has hampered the Commission's ability to put longer term plans in place and has also constrained the dialogue with Turkish ministries.

i. Judgement criterion 5.1 The Facility has ensured safeguarding the respect of humanitarian principles and the European Consensus on Humanitarian Aid

The humanitarian principles of humanity, neutrality, impartiality and independence are fundamental to the *European Consensus on Humanitarian Aid*. This evaluation has found that the Facility performed well in terms of humanity and impartiality but is not strictly independent

given its situation within the wider *EU-Turkey Statement*. Neutrality is less of an issue in the Turkey context which is not an armed conflict.

Humanitarian assistance within the Facility has been managed by DG ECHO using the HIPs as their main planning frameworks. A review of the HIPs covering the first tranche of the Facility shows a consistent emphasis on trying to reach the most vulnerable, regardless of whether they are Syrian or non-Syrian, registered or unregistered. This is also demonstrated in the considerable efforts that have been made in all sectors to understand and target the most vulnerable and those most in need. This is arguably the most practical interpretation of the principles of humanity (helping those who need it) and impartiality (regardless of who they are).

Humanitarian programmes in the Facility have demonstrated this focus on vulnerability and those most in need in several practical ways. Allocating substantial funding to humanitarian protection is probably the clearest manifestation of that commitment. The drive for registration has been primarily aimed at ensuring refugees could access services and benefits, and that people did not fall through the cracks. Within education, initiatives like child protection outreach, or specialised protection services in health (for instance on SGBV) are focused on helping the most vulnerable.

The largest programme in the humanitarian portfolio is the ESSN. There were clear efforts to target refugee families with vulnerability factors such as disabilities, elderly, single headed households and large families; and to put outreach programmes in place to try and those most in need received assistance.

Whilst the Facility has done well in terms of humanity and impartiality, the Facility is the product of a wider political arrangement between the EU Member States and Turkey, and as such cannot be regarded as fully independent of their political interests. Furthermore, in discussing the size of the financial allocation to Turkey, the ECA report²²² observed that it was 'the result of a political decision agreed between EU Member States and Turkey,' and other evaluations have made similar observations²²³. Some key informants consulted for this evaluation also could not avoid viewing the Facility through a political lens, and expressed some discomfort (for example with the extent of government restrictions on NGO work)²²⁴. At a programmatic level however, the evaluation found that the Commission's humanitarian pillar was fully independent in the choices it made, and was not subject to political direction.

The extent to which the Facility overall is governed by the *European Consensus on Humanitarian Aid* is not clear. The

222 European Court of Auditors. (2018). Special Report: *The Facility for Refugees in Turkey: helpful support, but improvements needed to deliver more value for money*, p.14.

223 See for instance the WFP-commissioned evaluation of the ESSN.

224 KIIs ST07, ST25, P21, E63, H12, P09, P27, SES11, SES16, SES36, ST05, ST09, ST11, ST14

IPA regulation does not make reference to the *Consensus*. Furthermore, the foundation documents of the Facility (*Commission Decision, EU-Turkey Statement, Strategic Concept Note, Joint Action Plan, Council TOR*) consistently make a clear distinction between humanitarian and non-humanitarian (or development) assistance.

However, the population that is the primary target of the Facility's assistance are refugees; an established humanitarian caseload. Whilst the shift to medium-term structural development assistance is certainly the most effective and efficient way to help refugees in the long term, the current configuration of the Facility may not be optimal to ensure refugee affairs stay central to strategic thinking²²⁵. This is not the same as arguing that all Facility assistance should be governed by humanitarian principles or the *Consensus*; rather the argument is that humanitarian thinking is still essential to providing an appropriate response in a refugee situation, and, as the humanitarian element of funding is reduced over time, this should be safeguarded.²²⁶

Recognising the special needs of refugees will ultimately be the yardstick by which the Facility and the Commission's efforts will be judged. Currently it is fair to say that the Facility broadly complies with the *Consensus* at the technical, implementation level, but less so at the strategic level. There is also an ongoing debate about the legality of the *EU-Turkey Statement*, and whether it complies with the EU's own core principles²²⁷. Ensuring that refugees are protected throughout the lifetime of the Facility will be important in demonstrating that the standards of the EU are being upheld.

ii. Judgement criterion 5.2 Programming of interventions factors in transition from relief to rehabilitation and development and involves all relevant stakeholders

The *Global Compact on Refugees* calls for additional development resources in refugee contexts, as well as timely, adequate and needs-driven humanitarian assistance – and the Facility provides both. Moreover, the integration of refugees into the Turkish education and health systems is seen as best practice, and was heavily supported by the Facility. The Facility provided fast and principled response with humanitarian assistance, whilst simultaneously addressing long-term needs where possible. The evaluation team finds that the Facility is fully consistent with the *Global Compact*.

The EU's current policy framework for the transition from relief to development is *Lives in Dignity* (2016). Although

Lives in Dignity was issued in mid-2016, when much of Facility Tranche I was already planned and locked-in, most of its key provisions were demonstrated in the Turkey context, notably support for legal recognition of refugees, and support to strengthen the capacity of and refugee access to national education, health and social protection systems.

The progression from a humanitarian response to a more developmental approach can be seen in the allocations between the two funding streams within the Facility (Figure 11). In the first tranche the split was fairly even, whilst in the second tranche one third of financial support is to humanitarian support, and two thirds to development, or system-strengthening interventions. If the ESSN is removed from the calculation, the humanitarian programming in Facility Tranche II is reduced further, to only EUR 184 million²²⁸.

Figure 11 Humanitarian and development funding allocations between the first and second tranche of the Facility

	Facility I	Facility II
Humanitarian	EUR 1.4bn (47%)	EUR 1.02bn (33%)
Development	EUR 1.6bn (53%)	EUR 1.98bn (66%)

These funding allocations paint a fairly accurate picture of the balance of efforts within the Facility. Humanitarian assistance is programmed via DG ECHO and uses HIPs as a planning framework. These are annual (although most of the projects lasted two years), focused on needs and vulnerability, and implementing partners are INGOS and UN agencies. Non-humanitarian assistance has been delivered largely through IPA II, managed by DG NEAR/EUD. Funding is organised on multi-annual planning frameworks with partner governments.

As can be seen from the description of the two instruments, 'transition' is not entirely straightforward. Both instruments have their own sets of guiding principles, philosophical underpinnings, established (preferred) partnerships, financial regulations, ways of working and skill sets. On a very practical level, it is not possible for EU funding through the EC's humanitarian instrument (HUMA) to be granted directly to governments²²⁹, and IPA funding mainly works with governments, development banks and Member States' development agencies. So 'transition' from one mode of working to another tends to work more in terms of 'handover'.

Transition of the ESSN provides a practical example of the difficulties. Whilst a scheme like the ESSN required

225 KIs ST26, ST05, ST07, ST11, ST23, P04, P08, P16, SES16, ST03, ST07

226 KII ST11

227 <https://eur-lex.europa.eu/legal-content/en/TXT/?uri=celex:62016T00193> and <https://djilp.org/the-eu-turkey-statement-questions-on-legality-and-efficiency/#footnote-4>

228 DG ECHO's HIPs for 2015–2017 are counted against Facility Tranche I, HIPs 2018–2019 are counted against Facility Tranche II, and the current HIP 2020 (including the 2020 top-up to ESSN) is already considered as post-Facility.

229 According to the EU's Humanitarian Aid Regulation of 1996, HUMA resources can only be provided to a limited roster of UN agencies with Financial and Administrative Framework Agreements, and INGOS with Framework Partnership Agreements.

both key services of the Commission to be involved in the design, and especially the exit or transition strategy, the bifurcation in contract management meant that DG NEAR did not become involved until some years into the scheme²³⁰. The annual HIP planning timeframe did not encourage any of the partners to think strategically about the future, and this was exacerbated by the uncertainty regarding future funding and the overall position of the EU Member States²³¹. The evaluation acknowledges that transition of the ESSN was always going to be hugely challenging given the protracted nature of the crisis, but these administrative and financing issues have not helped. The issues around transition with the ESSN should not detract, however, from its major significance and impact.

Refugee protection provides another highly pertinent example of transition challenges within the Facility. As has been outlined elsewhere in this evaluation, refugees need protection as they are not citizens of their temporary country of residence, and they do not have the same or permanent rights. Defending the rights of refugees can be sensitive – at times it means standing up to the host state over difficult policy issues. EQ2 raises the problems of out-of-province refugees, probably the largest group that is excluded from services supported by the Facility, and the diminishing official support for non-Syrian refugees. As the humanitarian component reduces within the Facility, there is a danger that humanitarian voices will be heard less around the policy table, and that specialised refugee protection expertise will become less available over time²³².

The one area indicated by *Lives in Dignity* where there has been less progress is in access to the labour market. Turkish policy and legislation enable Syrians in Turkey to apply for work permits or work permit exemptions in certain sectors. However, only around 60,000 refugees have obtained permits out of a working age population of more than 1.5 million people. This has meant that the vast majority of refugees rely on labour income earned informally and irregularly²³³. The dilemma for the EU here is that large-scale informal labour is necessary for refugee survival in Turkey, and yet within the framework of IPA II and the EU *acquis*, DG NEAR's policy obligation is to advocate for a well-regulated formal labour market of a European standard. This is another example where what might be best for the welfare of refugees (allowing widespread informal labour) might run contrary to the policy objectives of DG NEAR. Support to the private sector, and particularly SMEs, which also features within *Lives in Dignity* has been included, but has shown slow progress²³⁴.

iii. Judgement criterion 5.3 The Facility enables successful 'phasing out' of humanitarian assistance and phasing in of medium-term interventions or phasing back to humanitarian assistance when needed

The Facility has been successful at both 'phasing out' of humanitarian assistance – transitioning to medium term interventions – and phasing back in as needed. There are many good examples of where humanitarian approaches and funding have transitioned to development approaches and funding, and where the Facility has supported and adapted to these changes.

One of the clearest examples of this 'phasing' is in the education sector (see EQ8 for more on this). At the outset of the Facility, the majority of refugee children were being educated in TECs. The Facility supported these through partners including UNICEF. In 2017 this policy changed and refugee children were integrated in the main Turkish education system. The Facility was able to switch its attention quickly away from TECs – a temporary, humanitarian type intervention – to supporting the national school system to integrate refugee children. This took the approach of designing new catch-up and accelerated learning programmes within the school system, as well as broader support.

The same can be seen in health. At the onset of the Syrian crisis the EU supported NGOs and UN agencies with humanitarian assistance. At the beginning of the Facility this approach was continued, supporting mobile clinics, trauma surgery and interim health solutions. Simultaneously, the Facility designed a much larger package of support to the Ministry of Health (SIHHAT), allowing for a transition away from pure humanitarian support to more medium-term support to the Government. Within this transition, six NGO-led clinics were transferred to SIHHAT, representing a successful transition across different IPs and funding instruments.

The same has been true with a transition back to a more humanitarian way of working. The response to the current COVID-19 pandemic shows how this has happened in practice. The Facility quickly mobilised more than EUR 55 million²³⁵ in savings and contingencies and directed more than 90% of this amount to humanitarian or emergency response activities. The majority went through the ESSN, which could quickly disburse additional assistance to the most vulnerable refugees in Turkey, without exposing them to gatherings and risking further COVID-19 transmission. Two transfers of TL 500 were made to beneficiary households during the summer of

230 KfIs SES16, ST18

231 KfIs ST22, ST09, ST12, ST19, ST19a

232 KfIs ST05, ST07, ST11, ST23

233 According to the latest CVME 5, among both beneficiaries and non-beneficiaries of the ESSN, 81% of households report that labour is one of 3 main sources of income.

234 See EQ10 and Socio-economic Support Sector Report (Volume II) for more on this.

235 As of 31st December 2020.

2020, costing a total EUR 39.1 million, and mirroring social assistance provided to vulnerable Turkish citizens by the national government. Other contingencies and savings totalling around EUR 9 million were also quickly disbursed to provide healthcare consumables and protective equipment to Facility projects. Within humanitarian and EUTF action budgets, resources were reallocated to provide cash assistance, food and hygiene items to beneficiaries, and exchange rate savings were also utilised for these purposes.

However, as is further detailed in Section 6 of this report (on the Facility's overall COVID-19 response), this 'phasing back' to humanitarian assistance in response to COVID-19 is limited. Most importantly, mechanisms such as the ESSN delivered a quick basic needs response, but only to their existing beneficiaries. ESSN exclusion errors were already high, and many non-ESSN beneficiaries, who may have been some of the least vulnerable refugees in 2019 due to informal labour market participation, might now be some of the most vulnerable due to loss of jobs and income. Such cases were excluded from the top-ups. The same can be said for protection caseloads; Facility projects were well placed to reach their existing beneficiaries, but less well placed to respond to new needs.

iv. Judgement criterion 5.4 The Facility has contributed to strengthening the capacity of the Turkish national system to assume responsibilities to ensure the sustainability of assistance once Facility support ceases

The Facility has clearly contributed to additional capacity within the Turkish system, particularly in the health and education sectors, but also in the important area of refugee registration and arguably in social assistance too. Much of this additional capacity is temporary in nature, and its future is uncertain. However, there are a few key areas where sustained capacity has been built, most notably in the Directorate General for Migration Management (DGMM) with regard to refugee registration.

DGMM is a new directorate, established in the early days of the Syrian refugee crisis just prior to the establishment of the Facility. It rapidly scaled up to take over registration duties from local police offices and built up a network of provincial offices. In 2018 it took over the registration of international protection applicants and refugee status determination from UNHCR and ASAM, and management of the remaining refugee camps from AFAD, the national disaster management agency.

In interviews for this evaluation, DGMM staff made clear that the substantial Facility financing through UNHCR was critical in enabling this scale-up, helping them to establish systems and reinforcing new skills, such as the PDMM protection desks. Whilst there are areas where there could be more attention – for instance in the prompt registration of international protection applicants and especially Afghans²³⁶ – it is argued in EQ11 that this is not so much a capacity issue as an implied public policy of going slow on international protection decisions.

There is also an argument to be made that additional capacity has been created in the Ministry of Family Labour and Social Services (MoFLSS) with Facility support. This evaluation has concluded that the Facility has made a causal contribution to MoFLSS opening up Social Service Centres (SSCs) to refugees²³⁷, complemented by support to ASDEP (Family Social Support Programme) outreach services through UNICEF, and thereby contributed significantly to building capacity in MoFLSS. DGMM and MoFLSS seem likely to continue to provide these new services to refugees for the indefinite future.

With other Ministries, this type of direct correlation is not so straightforward. Turkey is an upper middle-income country, with a highly effective bureaucracy and large-scale provision of services. In 2018 Turkey spent about USD 23 billion on state-provided health care²³⁸ and about USD 45 billion on education²³⁹. Whilst the Facility expenditure is substantial at roughly EUR 500 million for health and almost EUR 1 billion for education (including infrastructure and CCTE) over three years, this is less than one percent of the annual budget of each of these sectors. Capacity is well established, and the expansion needed to integrate refugees took place within a robust framework.

It is clear that the effort of integrating around four million people into any system requires additional capacity and resources. Some 600,000 children have had to be accommodated in Turkish schools, which is a significant increase of 2.5% on the 25 million or so existing Turkish students (and roughly 90% of those are located in just 15 out of Turkey's 81 provinces). Also, almost all Syrian and non-Syrian refugees have free access to hospitals and clinics.

236 KII ST25

237 See EQ11 and the Protection Sector Report (Volume II).

238 <https://www.dailysabah.com/turkey/2019/11/12/turkeys-health-expenditures-see-175-rise-in-2018-reaching-285-billion>

239 <https://www.hurriyetdailynews.com/turkeys-education-spending-goes-up-in-2018-149990>

What the Facility has undoubtedly achieved, is to help the Turkish state rapidly create additional capacity to deal with the increase in numbers. This evaluation outlines multiple examples – from additional infrastructure such as hospitals and schools, temporary classrooms and clinics and equipment – to all kinds of human resource-strengthening, including additional teachers and health staff, training courses, translation and interpreters and more. However, this additional capacity remains quite temporary. Aside from the newly-constructed hospitals and schools that will remain, all expanded staff in both areas are highly temporary²⁴⁰, and innovations such as Migrant Health Centres have yet to be integrated into mainstream care²⁴¹. Thus, at this stage it is more accurate to say that the Facility has contributed to the creation of temporary capacity to address the needs of refugees, within the Facility's lifetime. What happens when and if the Facility finishes is still quite uncertain. All indications are that the Turkish state will assume some responsibility²⁴², but, to the knowledge of the evaluation team, this is not being planned in a concrete way.

Beyond government services, there are also subtler influences on the part of the Facility that will be more enduring. These tend to be policy innovations – the importation of ideas or practice from elsewhere into the Turkish system. In sectors such as education, the need to teach children who are traumatised by war, and who are suddenly mixing in large numbers with Turkish children, has required teachers to acquire new skills. A good example of this – driven by necessity – are the alternate learning programmes, catch-up, and Turkish language classes that have been made available at scale throughout the system wherever there are refugee children²⁴³. These have been wholly supported by the Facility²⁴⁴, and will leave a legacy in terms of expertise, even once demand has dropped off as children become proficient.

One area where there has been no support from the Facility to boost capacity has been at the municipal level. The history of municipal infrastructure in the Facility is discussed in EQ3, but the issues extend beyond infrastructure alone. Turkish municipal authorities are not currently permitted by law to use state resources to support non-citizens, and national transfer payments to municipalities are based upon the population of citizens. However, many municipalities support refugees in different ways, out of compassion and/or concern for social cohesion. One group of academic experts is advocating for municipalities to be allowed to provide services to refugees²⁴⁵, and for a rebalancing of the funds received from the national government to take into account the refugee populations, preferably with the additional funds provided by the EU.

v. Judgement criterion 5.5 The Facility has ensured alignment with the EU's development policy and the SDGs

The EU's development policy is enshrined in the *new European Consensus on Development*. The Facility does not make reference to the *new European Consensus on Development* in its foundation documents and, apart from the EUTF, the *Consensus* is not a governing policy framework for the non-humanitarian instruments deployed, as these are governed by enlargement policy. However, in choosing education and health as major sectors of intervention, the Facility is still coherent with the *Consensus*, which has as one of four major pillars of its framework 'People – Human Development and Dignity,' and within that pillar, health and education are two of the major themes. The *Consensus* also refers to the importance of reducing and tackling the root causes of illegal and irregular migration – objectives that speaks to the broader aims of the *EU-Turkey Statement* under which the Facility falls.

The New Consensus aims for full inclusion and exhorts EU development programmes to 'leave no one behind'. As outlined in EQ2, the Facility has gone to some lengths to be inclusive and to target vulnerability, although there could be some gaps to full inclusion resulting from government registration policies, or from cultural bias, especially when working through government systems. Figure 12 sets out how the Facility is aligned with key Sustainable Development Goals (SDGs).

240 KII E10. See also Taştan and Çelik 2017. *Education*, pp. 25-28.

241 KIIs H09, H08, H26, H47

242 KIIs H19, H20, H43. See Health Report, pp.21-22

243 KII E11,

244 KIIs E02, E10

245 Demographical Development Of The Syrian Refugee Population And Its Potential Impacts On The Education, Employment and Municipality Services In Turkey In Near Future, QUDRA. Similar arguments are advanced by the same author in (2020) Syria Barometer 2019, Ankara.

Figure 12 Alignment of the Facility with SDGs

Sustainable Development Goal (SDG)	Key Facility-funded interventions
SDG 1: End poverty in all its forms everywhere	The ESSN has contributed to basic poverty alleviation amongst the refugee population. Negative coping strategies have reduced; and the debt burden has been ameliorated.
SDG 2: End hunger, achieve food security and improved nutrition	As above. The ESSN in Facility Tranche was managed by the WFP with an explicit focus on food security. Multiple data collection exercises show acceptable food security in the refugee population.
SDG 3: Ensure healthy lives and promote well-being for all at all ages	One of the main sectors of intervention, support to the Turkish health system via SIHHAT has contributed to refugees receiving health care. Other Facility support programmes such as WHO training of health care workers has increased capacity and skills level.
SDG 4: Ensure inclusive and quality education for all and promote lifelong learning	Another of the main sectors of intervention has been support to the Turkish education system that has absorbed more than 600,000 refugee children. PICTES has systematically addressed barriers to education, and increased overall education capacity in refugee hosting areas.

4.1.6. EQ6: To what extent is the Facility-strategy relevant to and coherent with the EU's overall policy and normative framework, relevant policy orientations and sectoral frameworks, and with relevant international standards?

Rationale

This EQ is about whether the Facility is in line with relevant EU standards, policy and normative frameworks, as well as relevant international standards. The EQ has three JC looking at EU policy, sector policies, and gender standards.

Summary

The strategy of the Facility is broadly coherent with the EU's humanitarian and development policy frameworks, and it is in general alignment with EU policies, and relevant international standards. Some aspects of the Facility represent the latest good practice – the mix of humanitarian and development assistance – and the large-scale investment in unconditional cash transfers. In other areas more could have been done, for instance in the area of gender where the Facility arguably should have developed its own strategy.

This report has discussed most of the policy and standards frameworks used by the Commission in preceding sections (some in significant depth). This evaluation question is primarily a summary of those findings.

i. Judgement criterion 6.1 Facility strategy coherence with EU policy orientations and procedures

The Facility strategy is broadly coherent with the relevant EU's humanitarian and development policy frameworks, namely the *European Consensus on Humanitarian Aid* (2008), *Lives in Dignity* (2016), and the *new European Consensus on Development* (2017).

Alignment, or coherence with the *European Consensus on Humanitarian Aid* and the *new European Consensus on Development* is covered in some detail in the preceding section on EQ5, under JC5.1 and JC5.5. This found that the Facility strategy on education and health is fully in harmony with the *new European Consensus on Development*. This also found that the Facility safeguarded humanitarian principles but could not be fully independent as it is part of a combined political, development, humanitarian and security effort. On the *new European Consensus on Development*, the Facility is coherent in terms of sectors and in its approach to vulnerability targeting, consistent with the 'no-one left behind' principle.

In terms of *Lives in Dignity*, the Facility strategy prioritises education and access to health which are two key tenets of the policy. The Facility is also premised upon working with Turkey as a key partner, another pillar of the *Lives in Dignity* policy. In these respects, the Facility and *Lives in Dignity* are well aligned and coherent. As section 5.2 sets out, there has been less progress in accessing the labour market.

Section 2.1.2 of *Lives in Dignity* recommends the development of a 'joint strategy' with common targets and indicators, early in the response. While the Facility did have a general division of labour from the outset (through the *Strategic Concept Note* and the Facility's mandating documents), and undertook joint needs assessments, there was no joint strategy (nothing like a Joint Humanitarian Development Framework)²⁴⁶. This is discussed at length in EQ3, EQ4 and EQ5. Instead, in practice there were two parallel processes built on the ECHO Management Framework and the HIPs on the one hand, and the DG NEAR Special Measures on the other. As noted elsewhere, coordination between EC services has greatly improved over the period of the Facility's first phase, and has accelerated in the preparations for its second phase.

The Facility clearly represents a very sizeable financial commitment to the improved wellbeing of refugees in Turkey. However, numerous key informants find its time-limited, project-based nature to be somewhat problematic in the context of a protracted displacement crisis²⁴⁷. The duration of displacement could not be known at the outset, but the average length of displacement²⁴⁸ due to civil conflict, globally, is greater than the number of years commitment given by the EU under the Facility²⁴⁹. This is both due to the political/financial planning cycles of the EU and also due to the extraordinary establishment of the mechanism²⁵⁰. However, the uncertainty about what follows the second tranche of the Facility has constrained a longer-term strategic vision.

The Facility has engaged with a wide range of political, development, humanitarian, international and national actors as outlined in *Lives in Dignity*. However, some informants consider that the Facility could have conducted more multilateral engagement²⁵¹. The space for engagement with national human rights organisations is extremely limited in Turkey. To some extent this has been offset by engagement with value-driven UN agencies with normative leadership and rights-based approaches in their respective fields of work²⁵². However, UN participation has been significantly reduced in phase II of the Facility, which concerns some key informants²⁵³. Some informants suggest a deeper engagement and support to local government may have enhanced the effectiveness of the Facility, given that local authorities have the best understanding of local needs and pressures on their local systems²⁵⁴. However, such decentralised cooperation would likely have been challenging to establish, in the context of a Turkish state that is increasingly centralised²⁵⁵. Facility partners have, overall, been selected according to their comparative advantages. That which is most frequently questioned by informants is the role of IFIs, who serve as intermediaries between the Commission and the Turkish Government, and have overseen the delayed construction projects in the Facility's first phase²⁵⁶.

The main Facility-level documents and processes which sought to define needs and formulate programmes and strategies do not have appear to have afforded displaced people and host communities an active role²⁵⁷. At action-level the consultation of refugees and host communities during programming depends on the approach of the IP in question.

246 Note that a 'joint implementation plan' was developed in 2019 and supplied to the evaluation team. However, this appears to be a list of already approved projects by ECHO and NEAR collated under the relevant sector headlines, so, at its face value, this does not constitute a strategy or framework as suggested here, and in *Lives in Dignity*.

247 KIIIs ST22, ST10, ST01, ST09, ST11, ST19, ST22

248 Considered to have ended once a refugee either returns home, resettles in a third country or is fully integrated.

249 KIIIs H08, H51

250 KIIIs ST13, ST18, E60

251 KIIIs ST06, ST11, ST14, ST26, ST23, ST13, ST05

252 KIIIs ST07, ST14

253 KIIIs ST20, ST19

254 KIIIs ST20, ST16, ST13, ST14, ST23

255 KII ST16

256 KIIIs ST13, ST14, ST20, ST21, ST22

257 KII ST16

Figure 13 Key policy frameworks of the EU and how the Facility aligns with them

Policy	Alignment	EQ
European Consensus on Humanitarian Aid	Good alignment, especially with Humanity and Impartiality. As the Facility sits within the <i>EU-Turkey Statement</i> it is not strictly independent, although in practice these principles have been observed.	5
New European Consensus on Development	In choosing education and health as major sectors of intervention, the Facility is coherent with the <i>Consensus</i> , in particular the pillar of 'People – Human Development and Dignity'. The <i>Consensus</i> also refers to the importance of reducing and tackling the root causes of illegal and irregular migration – objectives that speaks to the broader aims of the <i>EU-Turkey Statement</i> under which the Facility falls. The <i>Consensus</i> sets out the EU approach to health policy globally. This talks about supporting partner countries' efforts to build strong healthcare systems, as well as training frontline workers. The Facility strategy for health is in line with Turkey's national policy frameworks, which puts due emphasis on the improvement and enhancement of preventive and primary care. In this sense the Facility invested in the Turkish health system, in line with the <i>Consensus</i> .	5, 8, 9
Lives in Dignity	The Facility brought together humanitarian and development approaches, a key tenet of <i>Lives in Dignity</i> . It prioritises education and access to services (health), also key to the policy. The Facility is premised upon working with Turkey as a key partner, another pillar of the <i>Lives in Dignity</i> policy. In these respects, the Facility and <i>Lives in Dignity</i> are well aligned and coherent. There has been less progress on accessing the labour market, but the Facility had this as a priority and continues to work in this area.	2, 3, 4, 5
Communication on Education in Emergencies and Protracted Crises	The evaluation team's assessment is that the Facility fully complied with the main element of this Communication.	8
DG ECHO Thematic Policy Document 3: Cash and Vouchers 2013	The ESSN is widely regarded as a model internationally for an unconditional cash transfer for refugees. The ESSN is well aligned with relevant EU policy frameworks on cash transfers.	1, 2, 10
EU Gender Action Plan (GAP) II	The Facility's inputs to the EU Delegation's GAP II Report for Turkey for 2019 summarises the many challenges facing Turkish and refugee women and girls in Turkey, and then summarises Facility projects containing gender objectives. It falls short of providing an overall analysis or assessment of the extent to which the Facility is addressing the systemic challenges described in the report.	2, 5
Global Approach to Migration and Mobility (GAMM) (2011)	This has four pillars namely encouraging legal migration, preventing irregular migration, promoting international protection and maximising the development impacts of migration. The Facility Strategy is aligned to various elements of pillars 2-4, through its protection work and migration management support.	11, 12
2030 Agenda for Sustainable Development	The Facility complies with key international and national environmental policies and standards, particularly in relation to investments in infrastructure projects and in applying EU procurement rules. However, the evaluation did not find evidence of the Facility having proactively applied EU guidance on the integration of environment and climate change in its strategy or implementation, although there are good examples where IPs are proactively mainstreaming environment and climate change in their activities.	See Section 6

ii. Judgement criterion 6.2 The Facility strategy is coherent with relevant sectoral policy frameworks

The main sectors in the Facility strategy are education, health, socio-economic support (including basic needs) and protection. There is also a small component on migration management. In terms of relevant sector policy frameworks, the inception report for this evaluation identified the Education in Emergencies Communication, the *Global Approach to Migration and Mobility* and the *Common Principles for Multi-Purpose Cash-Based Assistance to respond to Humanitarian Needs*.

In education, the Facility relied on a mid-2018 Communication from the Commission on Education in Emergencies and Protracted Crises. Being a Commission communication, it places emphasis on scaling up EU funding, and on coordination between EU instruments. It also emphasises increasing access to education by specifically targeting out-of-school children and the most vulnerable.

The evaluation team's assessment is that the Facility fully complied with the main element of this Communication²⁵⁸. EQ8 of this report and the Education Sector Report (Volume II) examine the education response in great detail, concluding that it has helped the national system reach scale faster than it would have done otherwise, and introduced several admirable elements that have reduced barriers to education for refugee children.

The *new European Consensus on Development* sets out the EU approach to health policy globally. This talks about supporting partner countries' efforts to build strong healthcare systems, as well as training frontline workers. The Facility strategy for health is in line with Turkey's national policy frameworks, which puts due emphasis on the improvement and enhancement of preventive and primary care. To this end, Turkey's 10th development plan²⁵⁹ of 2014–2018 emphasises the need to strengthen and improve preventive and promotive care and highlights the importance of a multisectoral policies. Similarly, two of the main goals of the Ministry of Health's *2013–2017 Strategic Plan*²⁶⁰ are to strengthen primary healthcare and public health and to increase access to primary care (specifically through immunisation, new-born screening, increase in the number of family physicians and mobile healthcare).

In coherence with these national policies, the Facility primarily aims to secure access to healthcare and in particular to increase access to primary healthcare²⁶¹. The main Facility flagship support to the Ministry of Health has been the SIHHAT programme, which focused on the Migrant Health Centres (MHCs). These are primarily health facilities designed to work alongside the Family Health Centres (FHCs) that provide a comparable service to Turkish citizens. Refugees can also access these FHCs and hospitals, but one of the key aspects of the MHCs is that they are staffed by Arabic speakers and therefore increase accessibility and acceptability. The Facility supported a large cohort of Syrian refugees with medical skills to enter the system, and as such also helped the Turkish state achieve scale faster than would otherwise have been the case. In this sense the Facility invested in the Turkish health system, in line with the *Consensus*.

The ESSN is widely regarded as a model internationally for an unconditional cash transfer for refugees. This evaluation analyses the approach in great detail in EQ10 and its accompanying sector report (Volume II). The ESSN is well aligned with relevant EU policy frameworks on cash transfers, (for instance *DG ECHO Thematic Policy Document 3: Cash and Vouchers*, 2013). However, restrictive access to the Turkish formal labour market did not allow the ESSN to reach forward into building refugee resilience and livelihoods, as considered preferable in the 2013 cash policy.

Finally, the Facility is also coherent with the 2011 *Global Approach to Migration and Mobility* (GAMM). The Facility strategy is aligned to various elements of pillars 2–4 of the GAMM through its protection work and migration management support (see EQs 11 and 12).

iii. Judgement criterion 6.3 The Facility strategy is coherent with relevant gender standards

Section 2.3 of this report concluded that the Facility lacked a clear gender and age strategy²⁶². Whilst the Commission has a number of policies regarding gender equality in its development and humanitarian work²⁶³, and whilst these strategies were mostly observed in the letter²⁶⁴, the evaluation team could not find an overarching Turkey-specific strategy to guide decision-making²⁶⁵. This would seem to be an important gap in the EU's largest refugee response. Furthermore, if the Facility had had such a strategy, then it would have been easier for the evaluation team to assess its results.

258 European Commission. 2018 (18 May). *Communication from the Commission to the European Parliament and the Council on Education in Emergencies and Protracted Crises*. COM (2018) 304 final. Brussels: EC.

259 <http://www.sbb.gov.tr/wp-content/uploads/2018/11/Onuncu-Kalk%C4%B1nma-Plan%C4%B1-2014-2018.pdf>

260 <https://sgb.saglik.gov.tr/Shared%20Documents/OrtaAlan/15.02.2012%20stratejik%20plan.pdf>

261 EU Facility for Refugees in Turkey. (2016). *Facility for Refugees in Turkey Strategic Concept Note*.

262 This is generally consistent with the finding of the EU evaluation of gender equality.

263 *The Gender Action Plan II* (2016–2020) in the development space, and DG ECHO's *Thematic Policy Document 6: Gender: Different Needs, Adapted Assistance* (2013).

264 KII E66

265 KII ST07, ST17

As discussed under EQ11, there are some serious protection risks that have a gendered dimension, for example SGBV, CEFM, (male) child labour, and poor access to support and services for LGBTI+ refugees. Notwithstanding the absence of an overall gender analysis and strategy, the overall conclusion of the protection analysis is that the Facility has made reasonable efforts to address all four of these particular gender risks, through entire or partial projects specifically addressing these vulnerabilities. These projects have not always succeeded in meeting all of the needs, but generally speaking they have done what they can within the span of control of the projects, and are unable to do more because of the constraints of the Turkish social support system.

In the absence of a clear and specific gender strategy²⁶⁶, the Facility defaulted to the *EU Gender Action Plan* (GAP II). The GAP II report for 2017 notes that the EUD in Turkey received gender mainstreaming training in that year, and that the mid-term review of IPA II noted improvements in emphasis put on gender equality. The Facility's inputs to the EUD's GAP II Report for Turkey for 2019 falls short of providing an overall analysis or assessment of the extent to which the Facility is addressing the systemic challenges described in the report. The absence of a strategic approach to gender was confirmed in interviews. Some respondents also suggested gender mainstreaming in government programmes is a matter for policy dialogue with the Government of Turkey, and that this responsibility lies with a separate IPA team outside the Facility.

DG ECHO's work in Turkey is governed by its 2013 gender policy, which calls on partners to conduct gender analysis at the onset of a programme, to adapt programme design and implementation according to the differential risks and opportunities facing gender groups, and to report on results with gender-differentiated data. Although some partners followed this policy more closely than others, and partners themselves claimed (75%) in the online survey that their projects systematically tailored responses to the specific needs of women and men, the ECHO evaluation found that the gender mainstreaming aspects of the gender policy were not consistently applied²⁶⁷.

This report makes the point that, without good outcome data, it is difficult to draw conclusions about how the differential impacts of being a refugee play out in terms of gender, or whether the Facility is addressing these gendered impacts. Some observations and hypotheses are cited: that women mostly access health care in the 13-49 age group; that girls are somewhat disadvantaged in middle school and boys drop out early to work; that men do not access psychosocial services; that it is possible the large difference in men and women

accessing health care can be explained by men working out-of-province, and therefore not having access to anything other than emergency care. However, without a far more robust focus on gender and a clear strategy for gathering data and using it to inform programme strategies, the Facility is unable to understand such gendered impacts and whether this picture is accurate.

EQ4 of this report robustly makes the point that the Facility needs to invest a far greater share of its resources in analysis and evidence gathering. Gender would seem to be an excellent area to start this work; a clear strategy could then be developed based on robust analysis of where men, women, girls and boys are encountering difficulties with health, education and general well-being, and how these might be tackled.

4.1.7. EQ7: To what extent has the Facility been, and is at present, maximising the EU cooperation potential and the EU added value?

Rationale

This EQ evaluates the degree to which the Facility adds value to individual Member States' (MS) interventions and maximises cooperation between them. The EQ has four JC looking at coordination mechanisms, complementarity, added benefits, and alignment with non-EU donors.

Summary

Interviews, documents and financial analysis suggest the Facility has allowed the European Union and its MS unprecedented scale and reach. Through the Facility, the EU has become the dominant external funder of the Turkish refugee response.

EU MS interviewed for the evaluation were emphatic in their support for the Facility. It is viewed as the most significant actor in the Syrian refugee response in Turkey, and as such an extremely valuable contribution to meeting needs. Its size and scale allow for the EU to have an impact that would not be possible for MS alone.

The coordination function of the Facility has been achieved, but not systematically. The instruments deployed led to a natural division of labour, and the size of the Facility meant all others worked around it. The Commission has done a good job of coordinating internally, however more could have been done externally, especially with international bodies and non-EU donors. The Facility has not always received clear strategic direction as the Steering Committee is arguably too large, although it has served its purpose as an accountability mechanism.

266 The EU Delegation has a Gender Action Plan 2019-2020, which is situated at the level of the overall EU-Turkey relationship rather than the Facility itself, although 24 of the 34 listed projects supporting the Action Plan are Facility projects.

267 Universalis, Landell Mills International Consortium. (2019). *Evaluation of the European Union's Humanitarian Response to the refugee crisis in Turkey*. Brussels: European Commission.

The Facility has enabled the EU to deliver far greater funds than its constituent parts could have managed, and at much greater speed. It has not leveraged this scale and scope as it might have, although the evaluation acknowledges the extreme difficulty of the political and bureaucratic environment.

i. Judgement criterion 7.1 European (i.e. EC + Member State) actors have contributed to establishing and/or effectively implementing co-ordination mechanisms (particularly in the areas of prioritisation, programming, and monitoring and evaluation)

The Facility for Refugees in Turkey is, in itself, a coordination mechanism between European actors, specifically the European Commission and EU MS. Its overall objective is ‘to coordinate and streamline actions financed from the Union’s budget and bilateral contributions from MS in order to enhance the efficiency and complementarity of support provided to refugees and host communities in Turkey’²⁶⁸.

Arguably the Facility does not have an identity of its own; rather it is the central mechanism for coordinating and reporting on funding which is channelled through various financing instruments and implemented under the direction of various EC services. Coordination in the early days of the Facility was in its most basic form, rather than something much more tightly defined (see also EQ3). Especially at the formation of the Facility, the main emphasis was on disbursing the funds, and mobilising the mechanisms to do this. This the Facility did highly effectively and, despite some small concerns about overlap, almost entirely without duplication, one of several fundamental aims of coordination.

The European Council’s *Terms of Reference (ToR) for the instrument covering MS’ contribution to a Refugee Facility for Turkey* outlined that the instrument would have a governance structure in which MS are ‘directly involved in decision-making’²⁶⁹. The Steering Committee was established early in 2016 and its inaugural meeting held in February of that year. During the first two years of operation the SC met roughly quarterly²⁷⁰; subsequently the frequency has been slightly less as developments have necessitated. The SC meeting is convened and managed by the Facility Secretariat and usually co-chaired by the Deputy Director General of DG NEAR and the Director of DG ECHO, with the EU Ambassador to Turkey also in attendance from time to time. A number of MEPs are also invited. It is well attended by MS and typically takes place in two parts; an internal discussion between the MS and the

Commission followed by a Turkish delegation attending for a broader discussion.

In addition to the SC there are also meetings held regularly in Ankara between the Commission (EU Delegation and ECHO) and the MS. These have variously included a Heads of Mission meeting, a Deputy Heads of Mission meeting and a Development Counsellors meeting, all with variable frequencies, but approximately monthly or every six weeks. Initially the frequency was somewhat less, and latterly the Deputy Heads of Mission meeting has been dropped. Of these, the Development Counsellors meeting has the Facility as a standing agenda item and, in the past, it has routinely also been on the agenda of the Heads of Mission.

The SC meeting is regarded by MS and the Commission as the strategic body, with the capacity to make decisions, as was intended and as set out above. However, meetings are large in nature, with MS delegates ranging from Ankara-based experts to Brussels and capitals-based representatives. Mostly the MS attendees do not have exclusive decision-making authority and therefore the SC is typically not making decisions, rather it is approving decisions already formulated or making statements and enquiries.

Whilst all of those interviewed for this evaluation saw the Steering Committee as the strategic governance mechanism for the Facility, neither the MS nor the Commission found it satisfactory. In fact, the Facility has suffered a strategic deficit, unable to leverage its large scale funding to influence policy, confined largely to ensuring funds are spent against priorities defined at its inception.

The Ankara-based meetings are viewed as primarily information sharing. ECHO also convenes meetings around particular emergencies in Ankara that MS can attend. The more active MS have tended to meet as an *ad hoc* group to align messages for the EU Delegation (EUD), although none of those interviewed for this evaluation felt they had much influence on decision making. There was acknowledgement that more consultation might also slow decision making and implementation, however.

There is little evidence to suggest that either the SC or the Ankara-based meetings play a meaningful role in programming. Some MS, in documents and in interviews, have expressed frustration on their limited opportunity to engage with and influence programming²⁷¹. Similarly, on the Commission side, key informants indicated that they would have welcomed more strategic engagement by MS representatives on the SC (but acknowledged that the

268 COMMISSION DECISION of 24.11.2015 on the coordination of the actions of the Union and of the MS through a coordination mechanism – the Refugee Facility for Turkey. p.3.

269 ‘Terms of Reference for the instrument covering MS’ contribution to a Refugee Facility for Turkey’, COREPER, 18 December 2015. p.2.

270 There were 11 Steering Committee meetings up to the end of 2018, on 17 February 2016, 12 May 2016, 30 June 2016, 4 October 2016, 12 January 2017, 31 March 2017, 28 June 2017, 8 November 2017, 9 March 2018, 18 June 2018 and 30 November 2018).

271 Kils ST02, ST24, ST08, ST05, ST13; DFID, Draft Annual Review – The UK’s contribution to the Facility for Refugees in Turkey (FRIT), 2019, p.11

reality of the situation is that the political interest in the refugee crisis reduced after the implementation of the *EU-Turkey Statement* and roll-out of the Facility)²⁷².

The MS are also involved in programming decisions via the oversight bodies for the individual instruments that make up the Facility. For DG NEAR this is the IPA Committee and for DG ECHO the Council working party on Humanitarian Aid and Food Aid (COHAFA). In fact, the responsibility falls somewhere in-between the two committees; the IPA committee approves the Special Measures for the Facility in light of high-level approval from the SC. The SC to some extent – implicitly if not explicitly – delegates the detailed scrutiny of the Special Measures to the IPA Committee.

Some key informants consulted questioned the location of the Steering Committee (in Brussels, as opposed to Ankara), suggesting that this physical distance from the implementation of the Facility may have served to discourage proper engagement with the evolution of the situation for refugees in Turkey and limited opportunities for strategic engagement with the Turkish side²⁷³. Some MS representatives argued that governing the Facility with a high-level, infrequent steering committee missed opportunities to make use of expertise held by MS with large bilateral programmes. One informant suggested that smaller, sectoral sub-committees or similar working groups at the margins of the SC might have been beneficial²⁷⁴.

Member States feel they are predominantly convened to sign off on strategic priorities of the Facility, and to be updated on implementation, but less so to participate in programming decisions. Member States generally understand that this is because the Commission's priority at the programming stage is effective negotiation with the Turkish authorities, which encourages the Commission and EUD to present a common EU position, rather than a possible collection of the differently weighted priorities of the MS²⁷⁵. Clearly under EU rules, programming also lies directly within the responsibility of the Commission.

The SC is seen as an efficient forum for coordination on the monitoring of the Facility, which both MS representatives and EC officials regard as its primary function, once funding is committed and contracted²⁷⁶. As evidenced in the minutes of the 4th and 5th meetings, MS were invited by the Commission to comment on the design of the Facility Results Framework, and some MS

offered to provide technical support (UK and Germany)²⁷⁷. They also sought to guide the Commission on more than one occasion towards the use of more qualitative indicators, and indicators at outcome level (rather than purely output-based reporting)²⁷⁸.

Some larger MS hoped that the EC might have adopted a more collaborative approach with them in the political dialogue and negotiations with the Government of Turkey. They consider the Facility's leadership in Ankara to be lacking the political/strategic authority, and that it may have benefited from dialogue support from the most influential MS²⁷⁹. In fact there is a clear division between the smaller MS without a presence in Turkey who see the Facility as enhancing their reach, and the larger MS with a presence who feel their technical and political expertise could have benefited the Facility.

ii. Judgement criterion 7.2 The Facility has ensured complementarity between its interventions and those of the EU MS and those implemented by other EU instruments as well as EU funding outside the Facility

As set out above in JC7.1, the Facility is established as a coordination mechanism between MS and the EC. Its main objective is to ensure complementarity between the various financial flows from the EU.

In the first Steering Committee in February 2016, the chair invited Member States to submit detailed documentation on their activities in Turkey to the Commission within two weeks so that they could be taken into account when formulating actions. Nevertheless, interviews with EC staff suggest that the Commission did not carry out a formal analysis of complementarity between EU MS and the Facility. This supports the finding of the European Court of Auditors, that the Facility did not ensure coordination and complementarity between the Facility and MS programmes in a *systematic* way²⁸⁰.

The evaluation of the EU's humanitarian response to the refugee crisis in Turkey (2019) found that initial coordination between EC services was, 'not systematic' at the outset of the Facility, as they were under pressure to ramp up quickly²⁸¹. Moreover, the different mandates, systems and processes meant that cooperation was easier in some areas than others. Understandably, due to its humanitarian focus, DG ECHO was faster to mobilise and contract, and both services focused on

272 KII ST17

273 KIIs ST08, ST09, ST24

274 KII ST09

275 KIIs with MS representatives, November 2019, KII ST02, ST09, ST17, ST04, ST24

276 KII ST09, ST04, ST24

277 4th SC Meeting minutes – 04/10/2016 pp.10-11.

278 5th SC Meeting minutes – 12/01/2017 p.6; 8th SC Meeting minutes – 08/11/2017 p.7.

279 KIIs ST05, ST13, ST24

280 European Court of Auditors. (2018). *Special Report: The Facility for Refugees in Turkey: helpful support, but improvements needed to deliver more value for money*, p. 23.

281 Universalis, Landell Mills International Consortium. (2019). *Evaluation of the European Union's Humanitarian Response to the refugee crisis in Turkey*. Brussels: European Commission.

amplifying programmes and approaches they were already implementing rather than relative positioning. The same can also be said for actions financed under the EUTF where the Court of Auditors report found that some implementing partners had been funded to do quite similar things by different instruments within the Facility. They notably quote two examples in education and protection involving DG ECHO and DG NEAR and IPA and EUTF²⁸².

Whilst this evaluation would concur that the multiple mandates and legal frameworks presented a great deal of complexity in the management and implementation of the Facility, key informant interviews in the field phase of the evaluation did not find concrete evidence of overlaps between MS programmes and the Facility. Moreover, it could be argued that different instruments take quite different approaches to quite similar technical areas. So, in the example referred to in the ECA report, i.e. the *Women and Girls Safe Spaces* project, which is funded through both IPA and HUMA financing instruments, the humanitarian funding focused on the softer, social aspects of this programme while the IPA instrument will have supported the more capital intensive, infrastructure elements. In this case there is broad complementarity.

Whilst coordination was not systematic, either with the MS or with other services of the Commission (or even within them), the actions of the Facility are complementary. This is primarily because of its size and scale. Member States interviewed for the evaluation see the Facility as the major intervention, around which they must fit their programmes. Even quite significant bilateral donors see their funding as filling gaps left by the Facility or enhancing their programmes. The magnitude of the Facility, and the subsequent reduction in the size of EU MS bilateral programmes reduced the risk of the two actually overlapping.

This complementarity is also the case between different EC services, as a result of their respective mandates and ways of working. DG ECHO works exclusively through non-government and multi-lateral organisations; DG NEAR primarily in support of government and through IFIs. The types of programmes supported complement each other, with humanitarian funding (HUMA instrument) supporting basic needs (in particular the ESSN), protection and short-term interventions in health and education, whereas development and cooperation funds (IPA instrument) have concentrated on longer term system strengthening in health and education, as well as socio-economic support.

Whilst there is broad complementarity, one IP (well placed to make the observation) expressed the opinion that the inflexibility of Facility project budget lines increases the risk of duplication of activities, by discouraging them from pivoting away from certain activities that appear to be well covered by other donors²⁸³.

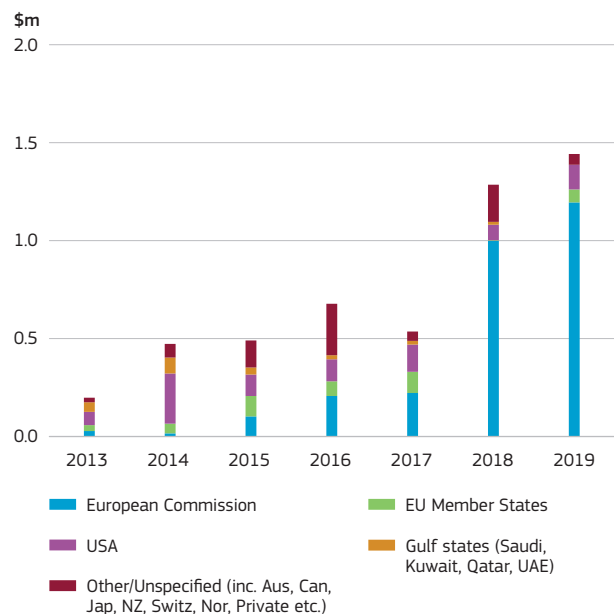
iii. Judgement criterion 7.3 The Facility added benefits to what would have resulted from action taken by the EU MS on their own

Member States and Commission staff interviewed for this evaluation are clear that the Facility has brought significant added benefits. In particular the scale and scope of the Facility have allowed for interventions that simply would not have been possible for EU MS on their own.

In terms of scale, the establishment of the Facility coordination mechanism has quite clearly brought an increased volume of funding from the EU's Member States to Turkey and encouraged and enabled these countries to financially participate in the assistance of refugees.

Figure 14 below shows the rapid increase in EU funding and, whilst MS contributions have gone down somewhat, they were nowhere near the level of the combined funding under the Facility.

Figure 14 International humanitarian funding to Turkey, 2013 – 2019



Source: UN OCHA FTS

282 Ibid
283 KII ST13

In terms of scope, the Facility has arguably allowed the EU and its MS to put in place programmes that might not have been attempted otherwise. This is either where the programme might not have been possible without the Facility, or where a strategic and coherent approach might have proven more challenging without the Facility.

The most obvious example of this is the ESSN, which is many times the size of comparable emergency cash assistance programmes, and something that only governments and international financial institutions have been used to managing (and even then, usually taking much longer to establish). Whilst the ESSN would not have been possible without the organisational infrastructure of the Turkish state (and of course the technical knowledge of WFP and the TRCS), the volume of finance required could not have come from one Member State alone. This would have required a pooled effort, with guaranteed funds before the scheme could be established, which in turn would have taken considerably longer to set up. Without the significant level of funding that was made available through the Facility, it is unlikely that the Turkish government would have considered the ESSN to be a feasible initiative. The evaluation has heard from several key informants that Turkey was not in a position to fund such a scheme, and the transition note for the 12th SC also makes this point clearly. As this evaluation has found, the ESSN has been a major contribution to the lives of refugees and a contributor to stability in Turkey.

Arguably this is also the case for the other signature programmes of the Facility. Support that has been provided to the Ministry of Health and the Ministry of National Education is at a level not achievable normally by individual MS. In education, the Facility – together with MoNE – has taken a strategic approach to tackling obstacles to Syrian children attending school²⁸⁴. This may have been much more difficult with many different, smaller grants from MS; at the very least it would have required more work for MoNE with no guarantee of strategic coherence.

Whilst most Member States expressed general satisfaction with the EC's implementation of Facility programmes on their behalf, some of the larger ones with significant bilateral development programmes consider that the Facility has not taken advantage of opportunities to use its convening power to leverage its impact. From this perspective, the Facility has taken a programmatic approach to the implementation of a higher-level political/strategic agreement with Turkey. From this viewpoint, it is expected that a EUR 6 billion pooling of EU resources could have, in addition to a package of interventions, also brought with it significant influence and leverage. This would have made the financial commitment much more than the sum of its parts.

iv. Judgement criterion 7.4 The Facility complements other non-EU donors' strategies

There was strong feedback from Member States and international organisations that the EU and the Facility in particular could have done more to coordinate with other donors and the multi-lateral system.

DG ECHO did broadly align its HIPs with the UN Regional Refugee and Resilience plan (3RP), led by UNHCR and the basis for most international coordination. The Facility Needs Assessments also mapped other donor activities, as far as they were able, especially the USA who are the second biggest donor after the EU in both humanitarian and non-humanitarian support.

Beyond these efforts however, there is a sense that there was limited outreach or active coordination. Other donors interviewed for this evaluation were not always clear about the role of different Commission services, including some of the Member States with their own aid programmes in Turkey. One particularly important non-EU donor told the evaluation that they had not met their EC counterparts in Turkey, despite being in post for almost a year.

The UN system also expressed concern²⁸⁵ that the EU has been too internally focused at times. They report a lack of engagement with wider coordination mechanisms such as the 3RP, and a lack of strategic dialogue. Neither did the EU take a lead in donor coordination, or sector coordination. Instead, there is a sense that most interactions with partners were focused on contractual and reporting issues.

The issue of coordination, especially in technical or sectoral areas, is delicate. It is clearly the role of the Turkish government to bring together the main actors, and to take the policy lead. Where the Turkish authorities have a strong interest in a sector, this is clearly the case. In both education and health, the respective ministries have been strongly in the lead and, because delivery is also primarily through government systems, the Facility has rightly supported this leadership.

²⁸⁴ See Education Sector Report (Volume II)

²⁸⁵ KIIIs

4.2. Evaluation questions on sectors supported by the Facility

4.2.1. EQ8: To what extent have the Facility interventions contributed to an increased participation (enrolment, retention, transition, completion) in inclusive, equitable, quality education of refugee children and youth?

The education sector is one of the four main areas of investment for the Facility during its first tranche and, alongside the ESSN, it represents one of the most obvious and significant areas of achievement. The package of support delivered in education has been designed to increase and strengthen the education system through provision of quality resources and, at the same time, to tackle the most significant barriers that prevent access to education among refugees, such as economic hardship and language. The evaluation concludes that the contribution of the Facility in education has been significant, with considerable resources made available in good time, and approaches that were well-targeted, thoughtful and innovative. In particular, the Facility has been able to work at scale in partnership with the MoNE to deliver good-quality education to hundreds of thousands of refugee children. Through its positive engagement with a technically strong Turkish education system, marked by high political commitment, and supported by substantial and sustained external financing, the Facility has helped deliver a largely exemplary *Education in Emergencies* (EiE) response.

i. Judgement criterion 8.1 The Facility education response has made possible refugee children and youth's increased enrolment in, attendance in, retention in, transition through and completion of formal and non-formal education

a. Enrolment and attendance in primary and secondary education

Accessing the necessary information to register and enrol children in school is a key area in which Facility support has been recognised and highly appreciated by beneficiaries and service-providers alike. Overall, its contribution to improving enrolment is a major achievement for the Facility.

The two most significant interventions supported by the Facility under Tranche I were the large-scale programmes PICTES and CCTE. PICTES was managed by MoNE at a cost of EUR 300 million and consisted of wide-ranging support, including financing of teachers' (and other staff) salaries, equipment, a variety of catch-up, back-up, and Turkish language classes, and school transport. CCTE built on a similar government scheme that was previously in place in Turkey, whereby refugee students receive a one-off payment at the beginning of each semester and then a retroactive payment every two months, based on school attendance.

At the mid-term of the Facility, these programmes have already contributed significantly to the integration of refugee children into the formal Turkish education system, with impressive enrolment results²⁸⁶. Since 2014, the overall enrolment rate of the Syrian school-age (5-17 years) population in public schools and Temporary Education Centres (TECs) increased from 40.91% to 63.29% (January 2020). In actual numbers of students, this represents a rise from 230,000 in 2014 to 684,919 at the beginning of the 2019-20 school year²⁸⁷. In Turkey, as elsewhere, refugee children's school enrolment rates decline as the education level rises, with the highest enrolment rate in primary school, decreasing as grades advance. While MoNE statistics reveal that 397,253 refugee children were out of school in 2018, the enrolment of the almost 685,000 students should still be regarded as a noteworthy achievement.

The CCTE programme was, and remains, the flagship of the Facility's efforts to counter the economic factors which inhibit refugee children's access to education. During stakeholder consultations conducted for this evaluation, CCTE's success in increasing enrolment in school was acknowledged by both school principals and MoNE provincial directors²⁸⁸. According to the CCTE programme evaluation report, in April 2020, 614,542 students benefitted from CCTE, representing 89% of the Syrian and other refugee children enrolled in formal and non-formal education in Turkey²⁸⁹.

The results in enrolment reflect the partnership and interrelated nature of the Facility's support and government policy, and the flexibility of the Facility in adapting to the policy context. While MoNE's decision to close TECs in 2017 was the major driver of refugee

286 For example, in the 23 PICTES target provinces, over the lifetime of the project, there was a 108% increase in enrolment of Syrian children in schools and TECs (Baseline: 290,710; achievement by end Q1/2019: 605,800). See MoNE. 2019 (29 April). *PICTES 7th QIN*. These encouraging results were confirmed by a SUMAF monitoring report published in July 2019. See SUMAF. 2019 (8 July). *MR PICTES*.

287 Ministry of National Education. Directorate General of Lifelong Learning. Department of Migration and Emergency Education. 2020 (January). *Statistics for Students under Temporary Protection*. Ankara: MoNE; Ministry of National Education. Directorate General of Lifelong Learning. Department of Migration and Emergency Education. 2019 (November). *MEB Statistics on Syrian Students*; European Commission. 2020 (May). *The Facility for Refugees in Turkey: The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU, pp. 1 and 10; European Commission. 2019 (November). *Managing the Refugee Crisis – The EU Facility for Refugees in Turkey: The Facility Results Framework Monitoring Report: Output Achievement Progress (As of 30 June 2019)*. Brussels: EU, p. 5.

288 KIIIs E61, E26, E20 and E38. See also UNICEF. 2019 (June). *CCTE*.

289 Ring et al. 2020. *CCTE Programme Evaluation*.

enrolment in the Turkish education system, Facility support also worked to remove the barriers that may otherwise have prevented refugees from enrolling. For example, the Facility has already prepared for future government policy that will introduce compulsory enrolment for all five-year-old children in pre-school (as stated in its 2023 Education Vision) by introducing Early Childhood Education (ECE) into the PIKTES II programme (although this government policy has yet to be implemented).

Initial enrolment, however, represents only one aspect of participation. Ensuring that children continue to attend school and complete their education are also challenges which the Facility has worked hard to address, in particular through components of PICTES and CCTE which have made considerable efforts to provide parents with financial support, awareness-raising and outreach activities to improve attendance rates. Importantly, the target of 80% of CCTE beneficiaries attending school regularly at least 80% of the time, which is a global education standard, has been overachieved. 90% of the 222,296 Syrian CCTE beneficiary children who were enrolled at the beginning of the 2018-19 academic year were still attending school at the end of the year²⁹⁰. In PICTES-supported schools, in the first quarter of 2019, attendance averaged 78% of the total number of students enrolled²⁹¹.

b. Facility support in increasing retention and addressing dropout

As for attendance, economic hardship also affected the extent to which children could continue their education and progress through the system. While attendance results present a positive picture, there is also evidence (CVME4 and CVME5 survey data) that, between the second half of 2018 and early 2020, boys in particular were attending school less. This is consistent with the findings of the same surveys that livelihood coping strategies of 'withdrawing children from school' and 'sending children to work' increased during that time period, due to intensified economic hardship, with an easing of the need for such coping strategies by early 2020²⁹².

These risks were addressed by the Facility, including through PICTES Turkish adaptation classes which are regarded as an important way of retaining children in school. Adaptation classes, as discussed further in the

Education Sector Report (see Volume II), are provided for a maximum of one academic year for each child, after which the child may return to his or her normal school grade. TRCS's CCTE child protection teams also supported children who were dropping out of school, with a view to reintegrating them²⁹³.

While the absence of quantifiable data on refugee dropout rate limits the evaluation's assessment²⁹⁴, it is clear to the evaluation team that much work is being done by the Facility to address these challenges, as part of its wider package of support to increase participation. Similarly, without access to MoNE data on completion rates, it is not possible to determine the Facility's contribution to completion of education. Overall, however, with the evidence on enrolment and attendance presented above, it is clear that participation in education has increased in quantitative terms.

c. Participation in education that is inclusive and equitable

There are important gender considerations regarding refugee education in Turkey. Household surveys suggest multiple economic, social and cultural factors influence girls' participation in education, and that these are not fully understood. Cultural factors include parental perceptions of protection risks facing girls in school and school transport settings, social acceptance of early marriage and child labour, the economic value of girls and women, domestic division of labour, and the belief that some 'children need to stay at home'²⁹⁵. Despite such barriers, however, achievements in encouraging girls to attend school have been commendable, and MoNE has almost achieved gender parity in enrolment of refugee children in schools in grades 1-12 (49% girls / 51% boys). Some PICTES coordinators and primary and secondary school principals interviewed for this evaluation also affirmed that their enrolment included approximately equal numbers of girls and boys²⁹⁶ and, by December 2019, 49% of CCTE beneficiaries were girls.

The CCTE incentivised access to education for girls by providing higher transfer values. While this has been a successful measure, boys are more likely to start earning at a younger age, and girls are expected to help with household chores, hence the opportunity cost to families of boys being in school is higher²⁹⁷. Thus, later adaptations to CCTE have acknowledged that both boys and girls are vulnerable to dropout, particularly after the

290 European Commission. (2020). (May). Managing the Refugee Crisis – The EU Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019). Brussels: EU. pp. 12 and 14.

291 See Ministry of National Education. 2019 (29 April). *Promoting Integration of Syrian Children into Turkish Education System (PICTES): (IPA/2016/377-536): 7th Quarterly Information Note*. Ankara: MoNE.

292 The proportion of all refugee respondents reporting the need to withdraw children from school declined from 26.9% (CVME4 respondents) to 21.3% (CVME5 respondents). Evaluation team's Analysis of CVME4 Survey, November 2019, slides 43, 28 and 29 and of CVME5 Survey, August 2020, slides 15 and 28. Note this progress in late 2019 was later reversed by the impact of COVID-19.

293 UNICEF. 2019 (June). CCTE.

294 KIIs E03, E57

295 Evaluation team's analysis of CVME3 survey, August 2019, slide 35 and of CVME5 survey, August 2020, slide 15; KIIs E33, E43.

296 KIIs E51, E32, E5

297 UNICEF. 2019 (June). CCTE. See also KII E54.

age of ten and, in the extension of the CCTE programme to *Accelerated Learning Programme* (ALP) participants, the transfer payment was made equal for both sexes. The same occurred with the annual top-up payments for adolescents²⁹⁸. This approach reflects meaningful gender analysis at the action level, and seems well adapted to the realities of life for young refugees in Turkey.

While quantitative data show good progress, and some individual programmes demonstrated the ability to adapt, the understanding of gender equality within the institutions working at the forefront of education varied. In some cases, interviews held for this evaluation revealed a lack of awareness of the need to adapt programmes to promote gender equality, while others provided good examples of targeted efforts to meet specific needs of both girls and boys, including through training and gender-sensitive features of school design. A comprehensive gender analysis for future EU support would enable a better understanding of the interplay of cultural, economic and social factors in refugee education (as well as in the health and socio-economic sectors), help to identify the institutions and strategies that are stronger or weaker, and provide the basis for a strategy that could address remaining gaps and improve equity overall.

Disability is a major barrier to accessing education. Lack of physical access or other types of support essential to attendance can prevent parents from enrolling their children in school. Non-enrolment can also be linked to cultural factors, such as feelings of shame²⁹⁹. Of the 72 refugee parents who answered this evaluation's survey question on disability, ten stated that they had a child who was living with disability. Of those, only four stated that their child was attending school³⁰⁰. In Turkey, provision of education for children with special needs (both refugee and Turkish students) is limited³⁰¹.

Some Facility IPs provided support to children with disabilities with their schoolwork. In the survey conducted for this evaluation, 100% of beneficiary parents with children living with disabilities affirmed that their children received such support³⁰². While there has been no specific support for children with disabilities under the PICTES project, the EU has contributed to MoNE's development and roll-out of training in the skills of teaching students with disabilities, through its support for UNICEF and the 3RP process.

In addition to visible impairments, many refugee children experience psychosocial stress, sometimes carried over from Syria and sometimes generated by the refugee experience. There were school counsellors funded by the

Facility to address issues of trauma and mental health in schools and these were evaluated positively (see the Education Sector Report – Volume II), but what data there are suggests that the problem of mental health among the student population is much larger than the support currently available.

A final set of considerations for the inclusiveness of education revolves around social cohesion. In the early stages of the Facility, more could have been done to identify and reduce growing tensions within schools and communities, and particularly given academic and refugee policy and practice consensus that refugees must not be seen to be treated markedly better than local host communities. In the case of support to school transport in particular, which was aimed at reducing the barrier of distance from school, the support initially provided by the Facility was not provided equally³⁰³ to Syrian and Turkish children, and thus contributed to tensions between these two communities. PICTES responded to the adverse reactions that arose from stakeholders and under PIKTES II, a ratio of 25% Turkish (socio-economically disadvantaged children) to 75% Syrian beneficiaries has been applied to school transport services³⁰⁴.

While some parents have praised teachers and school principals for the quality of their welcome and engagement with their children, negative attitudes and behaviour towards Syrians persist, and these continue to be played out in school settings. The Facility has endeavoured to foster social cohesion through a range of activities aimed at facilitating positive interaction between the two communities, but this has been more meaningful in higher education settings (see boxed text below) than in schools, where social cohesion activities have been limited to short-term 'activities' such as sports, leisure or cultural events³⁰⁵. Recently, however, PIKTES II has appointed a Social Cohesion Coordinator and, in early 2020, held multi-stakeholder workshops in three provinces with the aim of improving communication between stakeholder groups and institutions, and creating a 'roadmap for social cohesion.'

Although the Facility has taken welcome steps to elevate the challenge of 'social cohesion' to a more prominent level in its Results Framework, and has increased activities and resources in this area, growing tensions between refugees and the host population will require a more concerted effort during the second tranche of the Facility, preferably supported by a coherent Facility-wide social cohesion strategy.

298 Ring et al. 2020. *CCTE Programme Evaluation*.

299 KII E54; Coşkun and Emin 2017. *Road Map*, p. 38.

300 Evaluation team's Online Survey Analysis Results, September 2020, slide 22.

301 Coşkun and Emin 2017. *Road Map*, p. 38.

302 Evaluation team's analysis of online survey, September 2020, slide 22.

303 KII E19

304 Communication between EUD and PIKTES team shared with evaluation in March 2021.

305 KIIs E04, E05, E17, E20, E21, E22, E29, E52, E53 and E55

Promoting inclusive participation in higher education

The *Global Compact on Refugees* set a target for 2030 to have 15% of college-eligible refugees worldwide in higher education. As of April 2019, 27,034 Syrian refugees were enrolled in Turkish universities. By the end of 2019, that number had risen to 33,554.

Monitoring data from the Facility's implementing partner SPARK shows that, apart from 2017 which saw a high level of dropout (20.4%), dropout rates of SPARK scholarship-receiving students have reduced from 6.8% in 2016 to only 4.5% in 2019. These are impressive figures, which demonstrate the fruit of serious efforts by SPARK, YTB and the EUD to retain refugee students.

The evaluation also found that partners had made considerable efforts to ensure inclusiveness and to promote social cohesion in higher education and, in particular, to address gender imbalances. Interviewees revealed strong awareness of both academic and pastoral measures to promote female participation, such as ensuring that there are secure dormitories for young women, and promoting faculties of study in which there are better opportunities for women to be employed in the future. One of the Facility's partners reported that, since 2016, women have constituted 48% of their scholarship grantees (487 out of 1,014 for two Facility-supported projects), which compares favourably with national statistics.

In conclusion, tackling some of the more complex barriers that affect the degree of inclusiveness and quality of education for refugee children has not been straightforward and, to improve the experience of all refugees in the education system, it will be very important for the Facility to intensify its strategy, resources and monitoring of measures which promote greater social cohesion, improve psychosocial support, and continue to ensure equitable access for all disadvantaged groups. This includes the development of infrastructure to reduce overcrowding in schools, as discussed below.

ii. Judgement criterion 8.2 The Facility education response has contributed to a better equipped Turkish education system, adapted to providing safe, inclusive, equitable, quality education to refugees along with host community students.

The Facility has made a significant contribution to improving and better equipping the Turkish education system, with observable increases in provision of human resources and infrastructure, which are directly attributable to support provided. Supplies of good quality equipment and educational materials have been well-received, and training of personnel has sought to be inclusive, encouraging use of active, participatory, child-centred pedagogical methods. School facilities under construction and rehabilitation are also judged to be of a high quality, with design features that meet best practice requirements in terms of both safety and inclusion. At the same time, however, there remains a significant gap between an education system that is 'better equipped' and one that is 'sufficiently equipped' with human resources and infrastructure to integrate Syrian children, which is the long-term outcome that was defined for the Facility.

a. Human resources

By increasing numbers of personnel in the Turkish education system, and providing training for them, Facility support has led to a clear, observable outcome in terms of the Turkish education system being better equipped with human resources.

The timing of the Facility's early support for human resources was particularly effective, as it responded to the urgent requirement for Syrian volunteer education personnel to teach in Arabic in TECs. Since then, provision of teachers has been expanded, for example in the PICTES and PIKTES II programmes and, at its peak, the Facility was supporting 11,095 staff with salaries and/or incentives³⁰⁶. By December 2019, with PIKTES II underway, 7,364 education personnel were receiving salaries and/or incentives paid for by the Facility³⁰⁷. PICTES has also covered salaries for the additional work of MoNE teachers who gave back-up and catch-up classes. The recent decline in the numbers of teachers supported is due to the closure of TECs, as a result of which many thousands of Syrian volunteer personnel are no longer required, and due to the short-term nature of the contracts held by PICTES teachers.

There are ongoing challenges regarding the stability and sustainability of this workforce which will need to be addressed if the Facility is to achieve its long-term objective of a sufficiently equipped Turkish education system. During the transition to PIKTES II the number of teachers dropped precipitously (to 4,498), indicating the precarious situation of temporary teachers on one-year contracts. Analysis in the Education Sector Report (Volume II) outlines various barriers that will need to be overcome in order to maintain teaching levels in the medium term.

306 European Commission. (2020). (May). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU, p. 45.

307 European Commission. (2020). (May). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU, pp. 2, 15 and 45.

b. Training

The Facility has also supported the delivery of major training programmes for Turkish teachers and Syrian voluntary education personnel. This evaluation finds that the training has improved the quality of education for refugees, and has been enthusiastically taken up. According to data collected by the Facility monitoring team, as of 30th June 2019, 170,405 MoNE education personnel had been trained, including a large number who received short-course training to increase their capacities to address the particular challenges faced by refugee children. This total of personnel trained represented 543% of the Facility's target³⁰⁸.

The PICTES project had trained 20,753 teachers and school administrators in various courses by April 2019³⁰⁹. These achievements are all the more impressive, given that the October 2016 pre-Facility baseline for teachers and MoNE administrative staff who were adequately prepared to educate Syrian students was 7,200, and that, pre-Facility, Turkish teachers were generally not well trained to teach foreign children in regular classes³¹⁰.

c. Infrastructure

The Turkish education system is now better equipped with educational supplies, furniture and infrastructure, comprising 66 new schools, the upgrading of 904 schools (out of a target of 970) with physical repairs and rehabilitation, and rehabilitation of 17 schools. However, the programme of school construction work has been greatly delayed. Although 66 schools were completed as of March 2020, by the target date of June 2019, only 40 new schools had been constructed out of a planned 220.

While there have been many factors outside the Facility's control which have led to the delays (including the COVID-19 pandemic) and, while physical infrastructure projects inevitably require a longer timeframe than 'softer' initiatives, this is an important moment to reflect on whether the Facility has adopted the most effective strategy in seeking to equip the Turkish education system (see boxed text below), and to consider how performance in reaching its targets might be improved.

iii. Judgement criterion 8.3 The Facility education response has contributed to improved learning outcomes of refugee and host-community children and youth.

Despite attempts to collect official, quantitative data on learning outcomes among refugees, the evaluation team has been unable to gather strong evidence in this regard, mainly due to restrictions on sharing of data by MoNE, and particularly in relation to regular schooling. However, data measured through the Turkish Proficiency Examination (*Türkçe Yeterlik Sınavı* – TYS), PICTES back-up and catch-up pre- and post-tests, results from the ALP and other non-formal programmes, and from higher education IPs suggests that refugee students' learning outcomes are generally improving.

As detailed in the Education Sector Report (see Volume II), there have been impressive results in the TYS and in Turkish language, catch-up and back-up classes under PICTES. A deeper impact analysis and evaluation of PICTES II activities³¹¹ found that:

- Turkish language training for Syrian children (i) improved the Turkish and Mathematics grades of Syrian children; (ii) reduced absenteeism; and (iii) reduced the probability of grade repetition.
- The back-up training program has substantially improved the academic outcomes and school attachment levels of Syrian children.
- The catch-up training program has notably improved the attendance and academic progress outcomes, while its impact on grades is rather limited.

308 European Commission. (2020). (May). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU.

309 MoNE. 2019 (29 April). *PICTES 7th QIN*.

310 Ibid; Coşkun and Emin. 2017. *Road Map*, pp. 25–28.

311 Tümen et al. 2019. *PICTES Impact Analysis*, p. 38.

Prioritisation of investments in school construction and equipment

Public schools were overcrowded before the Syrian influx, which exacerbated the lack of classroom spaces that the system was already confronting, as noted by the Facility's Needs Assessment. MoNE's policy decision in 2017, to progressively close TECs and to enrol Syrian children in public schools, intensified the learning space problems. MoNE's target of 1,198 schools may or may not have been methodologically rigorous, but reflected a profound social and political prioritisation, built on the understanding that, unless more classroom spaces were opened up rapidly, then resentment of the Syrian presence in Turkey and social tensions between Turkish and Syrian children, parents and communities would worsen. In fact, this has happened.

The Facility clearly responded to the political priority in Turkey with funding for building schools. At one level, this seemed warranted. The Facility was and is under pressure to spend the funds available wisely and well, but also rapidly. Construction always absorbs large amounts of money, though it is also slow to execute. Unfortunately, the actual construction has been so delayed that, with only 66 out of 220 schools completed by March 2020, after almost four years, the benefits of the EC's investments are only just beginning to be felt. Although no single reason for the delays might have been foreseen, global experience in every sector suggests that large-scale infrastructure work is very often delayed.

School construction definitely has a place in refugee education programming. As one approach to achieving the goal of enabling equitable and sustainable inclusion of refugees in national education systems, UNHCR's strategy and global best practice guidance on refugee education suggests that 'governments and partners increase the number of schools in areas where current infrastructure is not meeting needs.' That guidance does not attempt to quantify what proportion of expenditure should be devoted to construction and equipment in relation to other needs, presumably leaving such matters to national and local decision-makers.

Arriving at a judgement on the appropriateness of spending 41% of Facility Tranche I's education sector budget on building and equipping schools is complex. In the EC's initial planning, the total amount would have been much less; the postponement of the component of municipal infrastructure led to the reallocation of EUR 200 million to school construction. Nevertheless, even without that reallocation, school construction and equipment would still have absorbed around 32% of original expenditure (approximately EUR 245 million out of approximately EUR 770 million). MoNE expects the new schools to be essential in the coming years, whether Syrians stay indefinitely in Turkey or large numbers

repatriate. While sustainability of the investment cannot be guaranteed, MoNE's DG Construction and Real Estate is committed to the physical maintenance of the schools into the future.

Although political and financial management criteria may justify these large expenditures, the question remains:

Is 41% (or even 32%) of available funding an appropriate level of investment in school construction from the perspective of the educational needs of refugee and host community students?

One interviewee questioned the priorities of the Facility and MoNE:

In school construction, spaces are very important, but it is going so slowly. They could invest in psychosocial support in schools and this would have been an immediate benefit. There is a huge shortage of schools; this is a persistent development challenge, but there is a problem of sequencing and balance.

This comment touches on two important points:

1. In 2016, the education of Syrian children was an emergency, and one about to be intensified by the (justifiable) closure of TECs. The decision to commit such a high proportion of available money to a process that was very likely to be delayed may not have been in the best interest of the largest number of children – both refugees and Turkish citizens – in the years 2016–19, the notional initial lifetime of Tranche I of the Facility.
2. Other priorities, such as education for children with disabilities, stronger psychosocial support and child protection measures, and more sustained in-service teacher training, have suffered because so much money was committed to school building. Such measures are usually much cheaper to implement than large-scale construction programmes and deliver their benefits more quickly.

This is not a question of 'all or nothing.' A more balanced planning and sequencing of investments might have seen relatively small amounts spent earlier on the 'softer' components, which can have great and immediate impact on the wellbeing of refugee and host community children, with a few less schools built. The decision to follow the political imperative is understandable but with some nuancing, better overall outcomes for children might have been possible.

iv. Conclusion

When the whole package of Facility support is considered – additional teachers, equipment, systematic programmes to reduce barriers to education, child protection, language and catch-up classes, and teacher training – it is reasonable to conclude that the Facility's contribution to those education outcomes that can be observed was considerable.

This can be seen most visibly in the increased numbers of school-aged children enrolled and regularly attending the Turkish education system, which is a major achievement at the mid-term of the Facility. It is unlikely that such results would have been achieved without key changes in government policy and the resources and technical support brought about through the Facility.

The evaluation concludes that the contribution of the Facility in education has been significant; not only have there been considerable resources made available in good time, but many of the approaches have also been well targeted, thoughtful and innovative. Nevertheless, with almost 400,000 children out of school there is no room for complacency, and continued attention is needed to improve reach and to sustain these results.

The Facility has supported the Turkish education system that has generously accommodated the refugees, while providing many benefits to refugee children and youth. There is no doubt that Facility support has eased the burden on the Turkish state, and those communities hosting the most refugees. More data on educational outcomes would help quantify the contribution further, and would help in refining and better targeting future support.

A large question remains: should over 40% of the Facility's education sector resources have been devoted to school construction at the expense of other investments vital to a successful refugee education programme? The evaluation team finds that a more balanced portfolio of investments, with a little less on construction and a little more on the 'soft' components, such as education for children with disabilities, ECE, a strategic approach to social cohesion in school communities, and more resources for PSS in the education of refugees, would have served both refugees and host communities even better than the package that was implemented in the Facility Tranche I.

4.2.2. EQ9: To what extent has the Facility contributed in an inclusive and equitable way to the availability, accessibility and demand for healthcare services – and as a consequence contributed to an improved health status of the refugee population?

i. Background – the Turkish health system and refugees' access to it

The Turkish health system, like those of many other countries, consists of primary, secondary and tertiary health care. The primary health care services are composed mainly of Family Health Centres³¹² (FHCs), Community Health Centres (CHCs) and Healthy Living Centres (HLCs). Health services first started for Syrian refugees in April 2011³¹³. In October 2014, the Temporary Protection Regulation granted free access to health services for Syrians under temporary protection under the Social Security Institution (SSI)³¹⁴. As discussed further in this report, there is differential access to healthcare depending on refugee status.

- **Syrian refugees** are exempt from paying social security premiums providing that they visit the health services in their province of registration, and follow the proper chain of referral. For secondary health care services (e.g. hospitals), registered refugees can access public hospitals in their own province (in Turkish but with potential assistance from a translator or bilingual patient guide). Since 2019, they must make a small co-payment.
- **Syrian refugees out-of-province** are only able to access emergency healthcare and immunisations. They can use the 112 emergency phone line for emergency care.
- **Non-Syrian international protection applicants** do not need to pay health insurance for the first year after they are registered. However, they are required to pay in order to continue to access health care after the first year (with exceptions for children under 18 and vulnerable non-Syrian international protection groups).
- **Non-Syrians who are registered but whose status has not yet been decided**, i.e. who have been issued with an International Protection Applicant Identification Card, are able to access the normal range of health services while their asylum application is being processed. However, non-Syrians who intend to register and/or who have received an appointment to register, but who have not yet been registered because of the registration backlog, are not able to receive health services.

312 Also known as Family Medicine Centres (FMCs).

313 Contracting Authority: Delegation of the EU to Turkey Annex I of the Specific Conditions of the grant contract. CRIS IPA 2016/378-641. (Signed September 3, 2019).

314 Yıldırım CA, Komsuoğlu A, Özekmekçi İ. The transformation of the primary health care system for Syrian refugees in Turkey. *Asian and Pacific Migration Journal*. 2019;28(1):75-96. doi:10.1177/0117196819832721.

- **Registered refugees** are able to access FHCs if they so choose (with services largely in Turkish), as well as Tuberculosis Dispensaries. If unregistered, only emergency care and vaccination services can be accessed.

Facility-funded primary health care facilities

Migrant Health Units (MHUs) – for monitoring and statistical purposes, both MHCs and EMHCs are considered to be groupings of MHUs, which are defined as 1 doctor and 1 nurse aiming to serve a population of 4000 people.

Migrant Health Centres (MHCs) provide outpatient, maternal and child health services, health education, vaccination and some screening programmes, similar to those provided to Turkish citizens at Family Health Centres (FHCs). Patients can access a range of healthcare services, including immunisations, antenatal care, reproductive health, and group training on a variety of topics. They were originally established in September 2015 in 29 provinces with high concentrations of refugees.

Extended Migrant Health Centres (EMHCs) provide access to some specialised healthcare services which are normally not seen in primary care levels (e.g. gynaecologists, paediatricians, internal medicine specialists, dentists). Some have specialised equipment (e.g. ultrasound, x-ray machines) and appropriate staffing to conduct tests for these specialist services.

Community Mental Health Centres (CMHCs) provide rehabilitation and mental health and psycho-social support for outpatients (both Turkish citizens and Syrians, with some access to patient guides and translators).

Migrant Health Training Centres (MHTCs) – these provide training for all E/MHCs.

Facilities run by NGOs – 12 primary healthcare clinics, 9 MHPSS clinics and 6 physical therapy and rehabilitation (PTR) clinics. These temporary facilities were established in the early days of the Facility to provide support whilst the MHCs, EMHCs and CMHCs were being established.

Women and Girls Safe Spaces (WGSS) – these provide sexual and reproductive health information, counselling and services at primary health care level; GBV prevention and response services including psychosocial support (PSS); outreach activities; and empowerment and social cohesion activities for women, girls and young people.

In MHCs and EMHCs, there are Syrian healthcare workers who speak Arabic. The MHCs and EMHCs are open on weekdays during the day, and service is provided on a first come, first served basis, whereas, in hospitals, patients can book an appointment to see a specialist, even without a referral from a primary healthcare provider. Migrant Health Centres were the focus for much of the Facility support in the first tranche, as described below.

ii. Facility support in the health sector

The Facility provided an impressive range of support through a range of investments in the Turkish public health system, as well as some initial gap filling through humanitarian organisations. The largest and most significant of these investments was SIHHAT – *Improving the health status of the Syrian population under temporary protection and related services provided by Turkish authorities* – an IPA-funded, EUR 300 million grant to the Turkish Ministry of Health, under direct management by the EUD, which started in December 2016 and was scheduled to close in November 2020 before being extended by two months in response to COVID-19 related delays. It will be followed by a similar such direct grant under Facility Tranche II). The SIHHAT programme includes a number of components:

- Support to Migrant Health Centres (MHCs) and Community Mental Health Centres (CMHCs) by paying salaries, providing equipment and meeting running costs, including rent.
- Mobile primary health care services targeting rural and hard to reach Syrian refugees (including agricultural workers) and mobile cancer screening.
- Emergency health care, including 380 ambulances and 50 neo-natal ambulances.
- Training and employment of bilingual patient guides in both primary and secondary facilities.
- Vaccination and vitamin D/iron supplements for children and women of child-bearing age.
- Family planning and reproductive health materials.
- Medical equipment for secondary healthcare facilities in focus provinces.
- Training of healthcare staff delivering services to Syrian patients.
- A visibility campaign, aiming to improve health literacy in the Syrian population.

As well as SIHHAT, the EC has provided support to WHO for training, IFIs for hospital construction and to UNFPA and NGOs for immediate humanitarian provision³¹⁵, including interventions in sexual and reproductive health (SRH) and sexual and gender-based violence (SGBV) services at Migrant Health Centres across Turkey (Women and Girls Safe Spaces), which are delivered by UNFPA.

Around EUR 40 million has also been granted to five INGOS (Médecins du Monde (MdM), Relief International (RI), International Medical Corps (IMC), Handicap International/Humanity and Inclusion (HI) and GOAL), mostly in the early years of the response before the full roll-out of SIHHAT³¹⁶. Of these funds, around EUR 33 million covered a range of healthcare services that were provided to refugees between 2016 and 2017. More recently, the focus has been on areas in which refugees have specific needs and the Turkish system leaves gaps e.g. primary health clinics (with transitioning to the Ministry of Health), mobile health services in primary care, services in sexual and reproductive health, support for sexual and gender-based violence, MHPSS, post-operative care (physiotherapy) and rehabilitation services for harder to reach refugees³¹⁷. Such projects may also provide for unregistered or out-of-province refugees who are not legally entitled to mainstream public health care. Other actions (delivered by the Danish Red Cross and ASAM) include some health care components; these actions are not included in the healthcare portfolio and are hence covered in the refugee protection and socio-economic support sections/reports of this report.

iii. Judgement criterion 9.1 The Facility has contributed to an increased availability of healthcare services

The judgement criteria used by this evaluation to assess the extent of healthcare availability at the Facility's mid-term is thus broken down into the measurable indicators of availability of: (i) equipment; (ii) trained health workers including physicians; (ii) healthcare facilities and mobile clinics.

a. Equipment

Facility interventions have increased the supply of equipment in both hospitals and in Migrant Health Centres in line with needs. Here, the main concern relates not to the supply of equipment but to the availability of technicians who are able to operate equipment. For example, by March 2020, SIHHAT had only succeeded in recruiting 13 x-ray and laboratory technicians for MHCs against an original target of 168 across 42 EMHCs³¹⁸ although this increased to 76 by December 2020³¹⁹.

b. Healthcare workers

The SIHHAT project has achieved excellent results in recruitment of medical personnel, exceeding its overall target of 3,090 with 3,421 staff receiving salaries funded by the Facility by December 2020³²⁰. Availability of doctors and nurses in MHCs is particularly impressive, and these numbers reflect a significant contribution from the Facility in ensuring that the Turkish health system has sufficient capacity to provide primary healthcare to refugees. However, there are still gaps in the availability of specialisms such as dentists and psychologists; and in technicians (as mentioned above) and, although targets for bilingual patient guides (BPGs) have almost been reached, more such staff would help to alleviate language barriers, as explained below. This and other recruitment challenges facing the Facility are discussed below.

The Facility has made significant efforts to facilitate Syrian health workforce adaptation to the Turkish system through training, including through other Facility-supported projects (approximately EUR 23 million across three actions) are supporting the training of Syrian health workers to become eligible to work in the Turkish system, and training of both Turkish and Syrian health workers/interpreters to better serve Syrian patients. These are delivered by WHO in close partnership with the MoH.

As a result of Facility-supported training programmes, by December, 2,370 Syrian healthcare professionals had received adaptation training, and were thus certified to work in the Turkish system, which is an impressive result³²¹. Recent data shows that, while there were earlier delays in staff recruitment and thus the opening of MHCs, this has now improved over time³²². Overall, the Facility has now trained 8,426 health workers (against a target of 7,830)³²³.

315 Budget of EUR 25.6m under 3 consecutive grants.

316 Universalia, Landell Mills International Consortium. (2019). *Evaluation of the European Union's Humanitarian Response to the refugee crisis in Turkey*. Brussels: European Commission.

317 Universalia, Landell Mills International Consortium. (2019). *Evaluation of the European Union's Humanitarian Response to the refugee crisis in Turkey*. Brussels: European Commission.

318 SUMAF (2020), *Improving the health status of the Syrian population under temporary protection and related services provided by Turkish authorities (SIHHAT) (IPA/2016/378-641)*, Monitoring Report, Mission No: 2, Date: 11 July 2019; SIHHAT Log frame Q3 2019; SIHHAT, Project Status Table 30 Apr 2020.

319 SIHHAT, Project Status Table, December 2020

320 SIHHAT, Project Status Table, December 2020

321 SIHHAT, Project Status Table, December 2020

322 KII, November 25, 2019

323 European Commission. (2020). (November). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of June 2020)*. Brussels: EU.

While Syrian healthcare workers interviewed are satisfied and grateful that they are able to work, and apply their skills at MHCs³²⁴, the figures above show a significant gap between those who could be employed in the healthcare system (2,370) and those actually employed (1,730)³²⁵. Waiting times in MHCs also show that there is a need for more Syrian healthcare workers in MHCs, including physicians, psychologists, and dentists³²⁶ and particularly in the areas where refugees are concentrated³²⁷.

Given the impressive results in recruitment of medical staff overall, the challenges in ensuring that those who are trained are actually able to work, and where the Facility may be able to focus its attention to improve employment rates in hospitals and MHCs and improve availability where it is most needed, are summarised below (further detailed in Volume II):

- **Language barriers:** particularly in specialisms such as dentistry³²⁸, psychology, in which there is not equivalency to work in Turkey, or in the case of social work which is not a profession in Syria in the same way as in Turkey³²⁹. One way to address this barrier is through an increase in translators and patient guides, which is a need that has been expressed across many interviewee groups, alongside the need for more Syrian physicians³³⁰.
- **Legislative barriers:** as mentioned, Turkish legislation³³¹ only provides exemptions for equivalency for nurses and physicians working as family practitioners in MHCs. In some cases, Facility interventions have been able to hire Syrian psychiatrists (although there are few as will be explained later in the report), but implementing partners explained that they then faced challenges later, during transition of staff to the Ministry³³². There is also a lack of clarity amongst Syrian physicians and nurses on next steps to be able to practise outside of MHCs and in their own profession³³³.
- **Other conditions of work:** better conditions such as entitlement to annual leave; access to childcare and transportation; reduced workload and more time available for Syrian healthcare workers to

learn Turkish/study for equivalency exam³³⁴, and improvement in physical infrastructure³³⁵ were cited by a range of stakeholders interviewed during this evaluation³³⁶ as factors that would increase the attractiveness of working in the healthcare system.

Female healthcare workers:

Currently 64% of refugee healthcare workers are male. Often females attending clinics will be more comfortable with female healthcare workers for certain conditions (e.g. gynaecological), and so there is also a need to increase the proportion of female healthcare workers in the system. Improving access to childcare is one of the conditions that may increase the numbers of female physicians in the healthcare workforce.

Many of these challenges cannot be addressed by the Facility alone, as they require changes to the regulatory framework in Turkey. However, there is a role for the Facility to play in advocating for such changes, through policy dialogue.

c. Healthcare services and facilities

These can be divided into those for primary health care (Migrant Health Centres and other Facility-supported facilities, such as those run by NGOs), secondary health care (public hospitals) and mobile health services.

At its mid-term, the most significant achievement of the Facility has been to increase the number of operational Migrant Health Units, each of which is intended to serve up to 4,000 people, in line with the standard for the Turkish population at FHCs³³⁷. There are now 792 MHUs in operation, with 177 fully equipped and operational MHCs³³⁸ against a target of 790 units and 178 MHCs. It has been recognised in a peer reviewed journal article that Tranche I support has 'contributed to the ongoing transformation of Migrant Health Centres both by

324 World Health Organization. (n.d.). Factors Affecting Employability of Trained Syrian Health Care Professionals in Turkey. Ankara: WHO.

325 European Commission. (2019). (November). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of 30 June 2019)*. Brussels: EU.

326 KII H22, H42; Republic of Turkey, Ministry of Health and SIHHAT. (2019). *Pre Survey Study Information Sharing Meeting: Surveys for Health Care Needs Analysis of Syrian People Under Temporary Protection*, MoH SIHHAT/2018/SER/NEG/04.

327 Strategic KII with EC staff, November 2019; SIHHAT. (2019–2020). Field Observers' Monthly Reports. August 8, 2019; September 5, 2019; October 5, 2019; November 5, 2019; December 5, 2019; January 5, 2020; February 5, 2020; March 5, 2020; April 5, 2020.

328 SUMAF. (2019). Monitoring Report: WHO Action – Improved Access to Health Services for Syrian Refugees in Turkey. Qualitative Results Based Monitoring Report for Ongoing Missions. March 18, 2019; KII H47; Meeting of Minutes of 3rd Steering Committee, SIHHAT. September 19, 2019.

329 KII H01

330 Akyol-Faria, Özge. (2019). *SIHHAT Mission Report*. Mardin, 11/02/2019 to 12/02/2019. Ref. Ares(2019)924032 – 15/02/2019; KII H12, H22.1, H26, H41.1, H44.

331 Turkish Labour Law. (2020). Exemption for Syrian Medical Personnel. <https://turkishlaborlaw.com/news/business-in-turkey/exemption-for-syrian-medical-personnel/>; Turkish documentation (2017): <https://www.resmigazete.gov.tr/eskiler/2017/04/20170401-5.htm>

332 KII H01, H09, H17, H19, H19.1, H36.1, H44.

333 SUMAF. (2019). Key Findings and Some Lessons Learned from Recent Action Monitoring Mission. Ankara: SUMAF. (November 21).

334 KII H44

335 SUMAF. (2019). Key Findings and Some Lessons Learned from Recent Action Monitoring Mission. Ankara: SUMAF. (November 21); World Health Organization. (n.d.). Factors Affecting Employability of Trained Syrian Health Care Professionals in Turkey. Ankara: WHO.

336 KII H21, H22.3, H24.2, H26, H30, H32, H42

337 SIHHAT (2018). *Improving the Health Status of the Syrian Population under Temporary Protection and Related Services*. IPA 2016/378-641. Ankara.

338 European Commission. (2020). (June). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU.

providing additional resources and by bringing these more closely into the scope of EU practice and regulation³³⁹.

Given that official data indicates that there are around 3.64 million³⁴⁰ Syrian refugees registered in Turkey, the Facility's performance may appear to fall short in meeting demand (SIHHAT targets for the number of MHUs is based on a population of 3.16 million). However, it should also be recognised that not all Syrian refugees will rely on MHCs for health care: in 2020, data shows that 800,000 Syrians are now registered to Family Health Centres along with other non-Syrian migrants in Turkey, and these are funded by the GoTR³⁴¹. When combined, there would thus appear to be sufficient availability of primary healthcare services to serve the population of Syrian refugees – thanks to a combination of Facility and government-funded health care.

However, evidence on waiting times and from interviews conducted in this evaluation indicates that more facilities are needed, including MHCs³⁴². While progress in meeting targets for mental health care provision has been good, there are significant mental health needs among refugees which are not met for a complex set of reasons. Some factors inhibiting refugees from seeking mental health services include not recognising mental health problems as problems or as treatable; not knowing how or where to access services; cultural, language or cost obstacles to accessing services; and stigma. The situation is thus more nuanced and absolute numbers do not tell the whole story. This evaluation has explored a range of issues that are also important in determining whether the availability of health care is sufficient to meet needs and, as indicated in this evaluation question, is inclusive and equitable, including the important issue of access which is discussed further under JC9.2.

Mobile health care is also a unique component of the Turkish system, although this has also been delayed due to the late arrival of 102 small cars that include basic equipment for health care which have only just been procured at the end of 2020³⁴³. While this has affected the extent to which mobile services have been possible under SIHHAT I, this will continue under SIHHAT II and other Facility projects (e.g. those implemented by UNFPA and MdM) were able to partially fill the gap.

When it comes to the availability of secondary health care, the Facility is supporting the Government of Turkey to construct two new hospitals, in the southeastern border province of Kilis and in the Hatay province, which also borders Syria. These EUR 50 million and 40 million hospitals will increase the availability of health care for Syrian refugees and host communities and alleviate pressure on existing health infrastructure and services in the provinces which host the highest concentration of refugees (and potentially a particular cohort of refugees with increased healthcare needs). These projects are implemented in partnership with pillar-assessed IFIs who act as grant managing intermediaries, allowing the EUD to manage the actions indirectly.

For a variety of reasons, many of which were unavoidable, both of these construction projects have been heavily delayed. Progress towards their construction was estimated at 71% as of June 2019 and this was still the case by June 2020³⁴⁴ and they are now expected to be opened by mid-2021. Some stakeholders have questioned the Facility's approach of involving IFIs in hospital construction, considering that this approach has contributed to the delays. However, this modality was chosen by the EC for Facility-supported infrastructure projects to ensure that implementing partners, who are 'pillar-assessed', comply with certain systems and procedures which are necessary to protect financial interests of the EU, in accordance with the EU Financial Regulation (Article 154(4))³⁴⁵.

The importance of these facilities and the impact of their delay should be considered in light of the fact that Syrian refugees, like many populations across the world, often tend to access secondary health care in preference to visiting their local health centre regardless of their ailments. In the 2019 *Survey for Health Care Needs Analysis of Syrian People under Temporary Protection*, amongst those Syrians who indicated that they had applied for services at any healthcare organisation in the last year, 86.8% applied mostly to public hospitals and 28.2% to Migrant Health Centres³⁴⁶. This can be due to lack of knowledge and awareness of the Turkish system, the need to access health care 'out of hours', and the lack of a formal referral system in Turkey. Those who are not registered or who are out-of-province may also access hospitals, as they can only do so in an emergency. Encouragingly, more recent survey data indicates that, while applications to public hospitals remain high

339 Yıldırım CA, Komsuoğlu A, Özekmekçi İ. The transformation of the primary health care system for Syrian refugees in Turkey. *Asian and Pacific Migration Journal*. 2019; 28(1):75-96. doi:10.1177/0117196819832721.

340 <https://en.goc.gov.tr/temporary-protection27>

341 Meeting of Minutes of Steering Committee, SIHHAT. January 21, 2020.

342 Kilis H25, H27.1

343 SIHHAT. (2020). State of Play – SIHHAT, July 2020; 8th Monthly Management Meeting – SIHHAT Project, November 4, 2019.

344 European Commission. (2020). (November). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of 30 June 2020)*. Brussels: EU.

European Commission. (2020). (May). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU.

345 European Commission (2018). *EU Financial Regulation applicable to the general budget of the Union*.

346 Republic of Turkey, Ministry of Health and SIHHAT. 2019. *Pre Survey Study Information Sharing Meeting: Surveys for Health Care Needs Analysis of Syrian People Under Temporary Protection*, MoH SIHHAT/2018/SER/NEG/04, slide 37.

(80.8%), there is an increasing use of primary healthcare, with the percentage of those applying to MHCs rising from 28.2% in 2018 to 40.9% in 2020³⁴⁷.

Thus, accessing secondary healthcare services rather than the often more appropriate, primary health services continues and contributes to long wait times in hospitals, and increased pressure on the secondary health care system. While the opening of the new hospitals will undoubtedly improve the situation, there are other actions that would also change behaviour, and improve the situation:

- **Awareness-raising** amongst refugees of primary health care (and MHCs), to encourage the appropriate use of healthcare services (as discussed under JC9.2). In addition, by using MHCs, this will further reduce language barriers which can be a challenge in hospitals.
- **Extension of opening hours:** this evaluation found that the EU has approached the Ministry of Health (MoH) to discuss the possibility of extending MHC opening hours, but the MoH is not certain of the feasibility of this³⁴⁸. FHCs are also only open during these limited hours. Hence, this is an internal GoTR policy decision to be made.
- **Increase in provision of emergency care in MHCs:** as discussed in some interviews, as well as in the WHO report on healthcare workers³⁴⁹, MHCs could provide increased emergency care (e.g. including beyond daytime hours) to help fill the gaps in secondary care.

In terms of services for the disabled, targets are likely to be reached by the end of 2020³⁵⁰ and work in this area will continue, as the Facility strengthens physiotherapy in hospitals under the 'infrastructure' program in Facility Tranche II³⁵¹.

The question of sustainability

In addition to current availability, there is also an issue of sustainability with regards to availability of healthcare facilities, and a question of whether MHCs should remain open in the long-term, or should be integrated into FHCs. This decision is contingent upon the mobility of the Syrian refugee population, and whether they will mostly stay in Turkey or return to Syria if the conditions change significantly for the better. As time goes on, it seems likely that many Syrians will remain in Turkey. This raises questions on what to do about the future integration of Syrian health staff into the Turkish health system. Integration was considered by many interviewees for this evaluation to be an important way to ensure that refugees are not isolated from the rest of Turkish society.

This integration has already started and is happening at scale, with 800,000 Syrians registered to Family Health Centres along with other non-Syrian migrants in Turkey³⁵¹. Hence, given the importance of integration of refugees into Turkish society, the need to ensure consistent quality of care across all populations (versus different tiers of service for different populations), and potential cost streamlining by having integrated services, this integration is a goal that should be considered by the MoH and supported by future Facility funding. However, intermediary support will be necessary for refugees (e.g. via bilingual patient guides) to ensure culturally appropriate care. Further work on addressing discrimination and bias towards refugees will also need to be done at FHCs to ensure that patients are treated with cultural sensitivity. This ultimate decision is for the GoTR to make, but the Facility can advocate for the path (e.g. integration) that will result in better health care, and social cohesion, in the long-run.

Following this, decisions need to be made by the MoH and the EU (in terms of funding support) on how best to support secondary care in the future. While a few people believe that a separate secondary healthcare system for Syrians is needed³⁵², most feel that an integrated system is needed for both primary and secondary/tertiary care.

347 Republic of Turkey, Ministry of Health and SIHHAT. (2020). Final Report: Surveys for Health Care Needs Analysis of Syrian People Under Temporary Protection, MOH SIHHAT/2018/SER/NEG/04. SIHHAT post survey, p.91.

348 Meeting of Minutes of 3rd Steering Committee, SIHHAT. September 19, 2019.

349 World Health Organization. (n.d.). Factors Affecting Employability of Trained Syrian Health Care Professionals in Turkey. Ankara: WHO.

350 European Commission. (2020). (May). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU; Correspondence with ECHO July 2020.

351 Correspondence with DG ECHO, July 2020.

352 Meeting of Minutes of Steering Committee, SIHHAT. January 21, 2020.

353 Klls H12, H24.2, H37

iv. Judgement criterion 9.2: The Facility has contributed to an increased accessibility of healthcare services

Accessibility has been defined as including: physical access (including the hours of availability of a service), financial affordability (including costs of services but also other costs such as transportation or time off work) and accessible information, for everyone without discrimination. Closely related to accessibility is healthcare *acceptability*: if services are effective in terms of serving different populations based on cultural sensitivity, language, gender and age sensitivity and confidentiality³⁵⁴. Both accessibility and acceptability are considered under this JC as components of access and improved health-seeking behaviours.

In its 2015 decree which gave Syrian refugees full access to health services, the Government of Turkey put in place a key condition necessary to increase accessibility to health care. One of the Facility's objectives is to ensure that, through its choice of partners and the technical design of its interventions, health care is made widely accessible, with no one left behind.

Overall, the ability of Syrian refugees to access the Turkish health system is positive as shown in CVME data of 2020 which showed that 96% of households with a sick child sought medical treatment and were thus able to access the Turkish healthcare system. MoH statistics (shared through reports against the log frame of SIHHAT) also suggest an increase in healthcare access and health-seeking behaviour. AFAD data estimated that 60% of off-camp Syrian refugees applied to a healthcare institution during 2014 (used as a baseline year) and a survey conducted for the year of 2018 found that 77% of Syrian women and 62% of Syrian men had applied during the 12 month period³⁵⁵.

Targets have been exceeded in terms of immunisations (the Facility has supplied 5.5 million and administered over 3.75 million vaccine doses to Syrian infants)³⁵⁶ and antenatal care (ANC) suggesting that health-seeking behaviour has improved, although cancer screening results are below target. However, there are still unmet needs. When asked about suggestions to improve health care services, refugees surveyed for this report identified the need for more translators, reduced costs of dental health care, and more mental health services³⁵⁷.

Common barriers to access remain for Syrian refugees generally, including transportation³⁵⁸, language³⁵⁹ and cultural barriers, and awareness of healthcare services³⁶⁰. As explained by an interviewee for this evaluation: 'Physical convenience of MHCs is important and being close to where people live is important, especially for vulnerable groups who cannot use taxis, or travel long distance'³⁶¹.

The importance of accessing healthcare in one's own language is also evident from interviewees who indicated that Syrian refugees are inclined to seek care from an informal Syrian physician rather than other publicly funded health care. In the MoH pre-survey study data (2019) 26.4% of respondents' reason for dissatisfaction with health services was 'difficulty in communication and the lack of an interpreter'³⁶² and 'Ease of communication' was seen as the 'most advantageous aspect of getting services from Syrian doctors' (84.9%)³⁶³.

While it remains a very important factor in satisfaction levels, the updated MoH survey of 2020 suggests that the experience has improved over time. As shown in Figure 15, dissatisfaction relating to communication and lack of interpretation has decreased from 26.4% in 2018 to 16.9% in 2020³⁶⁴. This is likely to be a result of both increased numbers of BPGs and increasing Turkish language skills as time goes on.

The ongoing need for interpretation through BPGs, however, remains important and particularly in relation to MHPSS³⁶⁵ where language barriers are particularly challenging³⁶⁶, as was also emphasised during field interviews.

354 Evans, David B., Hsu, Justine, and Boerma, Ties. (2013). Universal health coverage and universal access. *Bulletin of the World Health Organization*, 91:546-546A; <https://www.who.int/gender-equity-rights/knowledge/AAAQ.pdf?ua=1>

355 SIHHAT Logframe (June 2020) – shared with ET in November 2020.

356 European Commission. (2020). (May). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU.

357 Development Analytics. (2020). Online survey health section data set.

358 KII H01; Strategic KII, December 2, 2019.

359 Strategic KII, December 2, 2019.

360 Universalis, Landell Mills International Consortium. (2019). *Evaluation of the European Union's Humanitarian Response to the refugee crisis in Turkey*. Brussels: European Commission; KII H31.

361 KII H01

362 Republic of Turkey, Ministry of Health and SIHHAT. (2019). Pre Survey Study Information Sharing Meeting: Surveys for Health Care Needs Analysis of Syrian People Under Temporary Protection, MoH SIHHAT/2018/SER/NEG/04, slide 79 and 72.

363 Republic of Turkey, Ministry of Health and SIHHAT. (2019). *Pre Survey Report: Surveys for Health Care Needs Analysis of Syrian People Under Temporary Protection*, MoH SIHHAT/2018/SER/NEG/04, p. 25.

364 Republic of Turkey, Ministry of Health and SIHHAT. (2020). *Final Report: Surveys for Health Care Needs Analysis of Syrian People Under Temporary Protection*, MOH SIHHAT/2018/SER/NEG/04. SIHHAT post survey, p. 438.

365 EuroPlus and Geotest. (2018). Technical Assistance to the EU Facility for Refugees in Turkey (2017/393359/1): Needs Assessment Report. Final Report 7 August 2018; Bilecen, B., & Yurtseven, D. (2018). Temporarily protected Syrians' access to the healthcare system in Turkey: Changing policies and remaining challenges. *Migration Letters*, 15(1), 113-124.

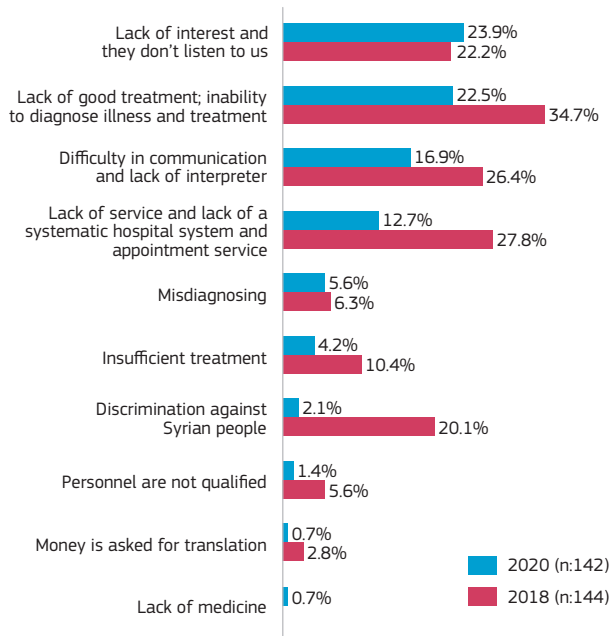
366 Development Analytics. (2020). Online survey health section data set; Development Analytics. (2020). Follow-up phone interviews.



Patients who are waiting for examination in Alemdağ MHTC No. 2 Pediatric Polyclinic.

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(photographer: Yunus Özkazanç) 2020

Figure 15 Reasons for dissatisfaction from healthcare organisations expressed by SuTP respondents to SIHHAT pre and post surveys (2018 and 2020)



Source: SIHHAT, 2020

Health literacy also remains a challenge for Syrian refugees³⁶⁷. The Facility has sought to increase health

literacy and demand for preventive healthcare services through Information, Education and Communication (IEC) materials developed, distributed, and used in Migrant Health Centres for over two million refugees. By 2019, SIHHAT had already fully delivered this component of its programme.

Targets for cancer screenings in Tranche I are unlikely to be met by end of Facility Tranche I, which also suggests a 'low interest' for breast cancer and cervical cancer screenings³⁶⁸ most likely due to a lack of awareness of these services and understanding of the importance of screening. While data on antenatal care (ANC)³⁶⁹ indicates a positive trajectory in terms of health-seeking behaviour, more work needs to be done to increase people's awareness of these services, and their understanding of the importance of screening and of multiple ANC consultations (WHO recommends 8 ANC consultations per pregnancy)³⁷⁰. Health literacy work in the future could focus more on health-seeking behaviours (e.g. how to use health services, the significance of family planning and vaccination for mothers) and be tailored to the culture of the refugees being targeted³⁷¹.

While these barriers affect access for all Syrian refugees to some extent, there are certain groups who face additional challenges, due to their vulnerability and for whom the inclusive nature of Facility support becomes particularly important. Specific health-related barriers are summarised below.

367 Strategic KII, November 25, 2019.

368 SIHHAT Project 13th Monthly Management Meeting, 14/07/2020.

369 European Commission. (2020). (May). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU.

370 World Health Organization. (2018). WHO recommendation on antenatal care contact schedules. <https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf;jsessionid=41DCB3DB28242758FBABA83BB408B917?sequence=1>

371 SUMAF. (2019). Key Findings and Some Lessons Learned from Recent Action Monitoring Mission. Ankara: SUMAF. (November 21).

Figure 16 Barriers to healthcare access across different groups

<p>Refugee and host community members</p>	<p>While Syrian refugees are now granted equal rights to the host population in terms of health access at the primary and secondary level, gaps remain between the host population and Syrian refugee women in some areas of reproductive health, as well as maternal, new-born and child health and there are also differences between the Turkish population and Syrian migrants on the social determinants of health (higher fertility rates; higher rates of child, early and forced marriage), and Syrian children have higher under 5 mortality rate and higher malnutrition rates.</p> <p>In addition to cultural and socio-economic factors, documentation, interviews and the survey conducted for this evaluation all confirm that there is discrimination towards Syrians. In the survey, 32% of respondents reported that they had faced discrimination or poor treatment when accessing health care.</p>
<p>Unregistered refugees, non-Syrians under international protection and Syrians out-of-province</p>	<p>Given restrictions to access (detailed at the beginning of this chapter), refugees who are unregistered, non-Syrians and unregistered people are more vulnerable and this constitutes a major barrier to access for these groups. Non-Syrians constitute a ‘significant’ proportion of the refugee population (between 250,00 and 300,000) and, as the evaluation of the EU’s humanitarian response to the refugee crisis in Turkey (2019) noted, this means that there are a significant number of unregistered refugees who may not be reached by existing measures³⁷² and this does not appear to have changed since.</p>
<p>Gender groups</p>	<p>Women face more issues overall in health care and suffer issues related to the determinants of health, including discrimination, risks during pregnancy, lack of access to family planning resulting in high numbers of children, lack of education, lack of control over their own resources, lack of access to services focused on sexual and reproductive health, and gender-based violence. Nevertheless, they are more likely to access any health care organisation, and are more likely than men to attend MHCs (45.6%) which is significantly higher compared to men (28%) (which is statistically significant at p. < 05)³⁷³. In addition, there are high adolescent fertility rates amongst Syrian migrants in Turkey. 39% of Syrian adolescents have begun childbearing, 31% of Syrian adolescents have had a live birth, and 9% of Syrian adolescents are currently pregnant with their first child.</p> <p>Men – interviews confirmed that opening hours limit access for men, due to conflicts with work hours and, in addition, there is a stigma for accessing MHPSS assistance, especially for men. Hence, a gap remains in ensuring men access health services. Men may also be less likely to attend given the focus of E/MHCs on mother and child health.</p> <p>LGBTI+ populations around the world are more likely to have poorer health in a number of areas, including mental health. GoTR services do not target LGBTI+. There is research that shows that LGBTI+ populations in Turkey are less likely to seek health care services at FHCs (this study was not focused on refugees specifically, but identifies the challenges that are faced). This remains an equity issue for health under Facility Tranche I.</p>
<p>People with disabilities</p>	<p>While Facility support includes home and mobile care, and stakeholders confirmed that people with disabilities are prioritised when attending MHCs and hospitals, there are still unmet needs within the Syrian population including disabilities from war. More than half (57%) of people reporting to have a disability in the online survey conducted for this evaluation said they had challenges accessing health services because of their disability. Access to disability benefits and accessibility equipment can also be difficult.</p> <p>There is also a lack of quantitative disaggregated data available on access for people with disabilities to understand where additional gaps may remain, as data on disabilities is not collected and reported on across health services in a systematic way.</p>

372 Universalia, Landell Mills International Consortium. (2019). *Evaluation of the European Union’s Humanitarian Response to the refugee crisis in Turkey*. Brussels: European Commission.

373 Republic of Turkey, Ministry of Health and SIHHAT. (2020). *Final Report: Surveys for Health Care Needs Analysis of Syrian People Under Temporary Protection*, MOH SIHHAT/2018/SER/NEG/04. SIHHAT post survey.

As demonstrated through its experience, and its strategic policies and commitments, the EC is aware of these types of barriers, as also shown in the Protection chapter of this report, and in the separate Protection Sector Report (see Volume II of this report) in which the EC's Call to Action on LGBTI+ barriers is highlighted. Through the design of its interventions and its choice of implementing partners, the Facility has sought to respond to the diverse health care needs of the refugee population and this is particularly evident in the humanitarian programmes that it has supported.

In seeking to remove these barriers and increase access across these different groups, the Facility has sought to ensure that health care access is inclusive and equitable, with mixed results, as summarised below.

a. Improving physical access to health care

More work is needed to consider the needs of people with disabilities in health care. Increased mobile health services, to help with reaching people who are less able to leave their homes because of their disability, may also help to fill the gap. (As noted above, SIHHAT's procurement of mobile units is still not fully operational, and mobile units have been in place through other Facility interventions until these come on-stream). A number of interviewees also mentioned that more work could be done to improve access for people with disabilities (e.g. in MHCs).

As explained under JC9.1, there are also limitations to ensuring adequate access out of working hours, as MHCs are only open on weekdays and during the daytime. EU staff have asked the MoH to address this challenge, but this remains a MoH decision.

b. Addressing the barrier of discrimination

The Facility has targeted LGBTI+ in projects implemented by UNFPA and NGOs to provide protection services. UNFPA has seven key refugee group centres for LGBTI+ people, sex workers and people living with HIV. These have trained staff providing services with privacy and discretion under Facility funding. However, with the transition of funding to the GoTR, there is a risk that these vulnerable populations will not continue to be adequately served, as they need specific services from people who are trained, sensitive to the needs of LGBTI+ and who can provide services with privacy and discretion.

While not an issue extensively covered in academic journal articles focused on healthcare services in Turkey *per se*, integration of Syrians is critical for social cohesion and this requires a vision for this integration as well as increased

capacity for services (including health services)³⁷⁴. However, separate systems for primary care for refugees (MHCs) have been set up which can challenge the integration of Syrians into the Turkish system, and lead to perceptions amongst the Turkish host population that Syrian refugees are getting better access to service and treatment than the host population, including home care.

In the long run, integration of health care for the host population and refugee population will be critical for social cohesion. However, Facility funding is already helping to counteract challenges to social cohesion through its extensive support to health care services, some of which are available to refugees only, some to both refugees and the host population and all of which bring wider benefits to both communities.

c. Language barriers

The inclusion of bilingual patient guides increases demand for services and improves the care by improving communication between the provider and the patient³⁷⁵. The Facility has been relatively successful in removing some of the language barriers through the hiring of Syrian healthcare workers at MHCs to provide services that are 'culturally and linguistically friendly'³⁷⁶, and through hiring of bilingual patient guides, who are deployed both in state hospitals' information desks, and in Facility-funded CMHCs and in MHCs³⁷⁷. Addressing the language barrier in accessing MHPSS services would require further changes in legislation to be able to employ Syrian health workers in these professions.

v. Judgement criterion 9.3 The Facility has contributed to an increased demand for healthcare services

This JC looks at the increase in demand for health services. This intermediate outcome can be defined as increased use of health services, including primary care services accessed and psychosocial care, and the appropriateness of use of secondary services. Due to data limitations, demand has been examined in terms of the extent of awareness of refugees about their right to access healthcare as well as the number of consultations over time (primary healthcare), and the number of refugees who received MHPSS services, and specialised post-operative and rehabilitative treatment.

Facility monitoring data shows an increase in use of healthcare services as illustrated by rising numbers of primary care consultations between 2017 and 2019³⁷⁸. By December 2019, these were at 11,920,990, which is far higher than the Facility target of 8,653,370³⁷⁹. Without

374 Erdogan, Prof Dr M. Murat. (2019). *Syrians Barometer 2019. A Framework for Achieving Social Cohesion with Syrians in Turkey*.

375 Şimşek, Zeynep. (2016). *Syrian Families under Temporary Protection: Health Improvement Program Monitoring and Evaluation Report*. [Geçici Koruma Altındaki Suriyeli Ailelerin Sağlığını Geliştirme Programı İzleme ve Değerlendirme Raporu]. Şanlıurfa, March.

376 KII H03.

377 EuroPlus and Geotest. (2018). *Technical Assistance to the EU Facility for Refugees in Turkey (2017/393359/1): Needs Assessment Report. Final Report 7 August 2018*.

378 Data provided by email communication May 15, 2020 from Tuba ÜZEL, SIHHAT Project Management Team Reporting & ME Expert.

379 European Commission. (2020). (May). *Managing the Refugee Crisis – The EU Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU.

comparable data, it is difficult to assess the sufficiency of coverage compared to other countries and, in addition, data is not available on the number of visits made by Syrian refugees to the GoTR-funded Family Health Centres³⁸⁰. The MHCs funded by Facility Tranche I are the second most-frequented healthcare institutions after public hospitals, and access has increased since 2017 with 40.9% of Syrians reporting using MHCs in 2020³⁸¹. As explained under JC9.1, there continues to be strain at the secondary level³⁸².

Whilst refugees are accessing health care generally – albeit inefficiently in some cases – there is an acknowledged issue with access to mental health and psychosocial support services (MHPSS), including language barriers, and the needs of the refugee population are not fully understood. Many interviewees (IPs and academics) noted that the primary care system in Turkey is not adequately equipped to support mental health generally for either Turkish citizens or refugees. Psychosocial support (PSS) mechanisms are limited and, while there are Healthy Living Centres that have social workers and psychologists, the number that the system can support is limited as sufficient funding is not available³⁸³. Although Facility interventions offer counselling services in addition to the public health system³⁸⁴, the challenge with NGOs providing MHPSS

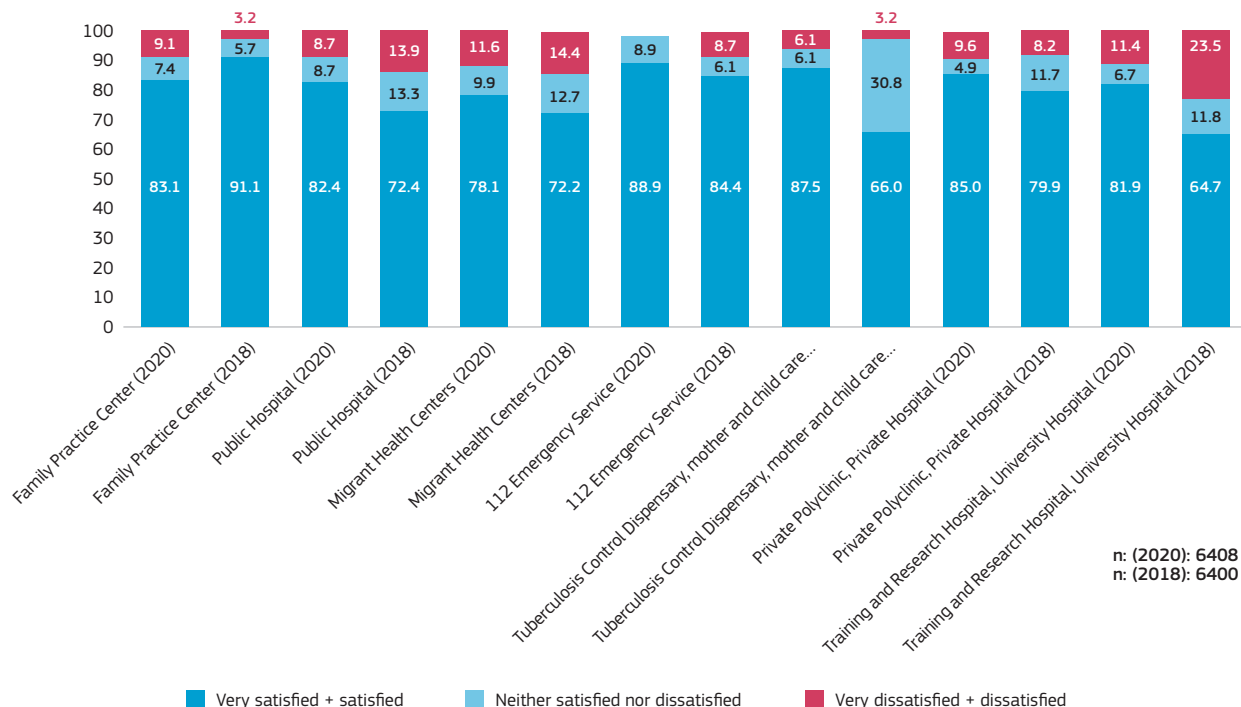
services is that their services are not integrated into the Government system, they are not sustainable in the long run through the GoTR, and they cannot scale up. Hence, ensuring MHPSS services that are culturally appropriate and comprehensively offered by the GoTR is key.

With SIHHAT funding from the Facility, the MoH is recruiting psychologists and social workers for primary health-care level MHPSS services focusing on vulnerable populations including females, LGBTI+, seasonal migrants, people living with HIV, people who sell sex, children who are at risk for labour abuse or sexual exploitation or who have experienced trauma³⁸⁵. However, more work needs to be done on ensuring referrals can be made as needed, as referral processes are not currently clear.

vi. Judgement criterion 9.4 The Facility health response is relevant to the target population’s identified health needs

As a health system outcome, increased patient satisfaction is fairly high, and increasing among Syrian refugees who are accessing health care services, as shown in Figure 17 which summarises the latest SIHHAT post survey data, and compares this to 2018.

Figure 17 Satisfaction from the healthcare organisations applied in the recent year (%) for 2018 and 2020



Source: SIHHAT Final Report (post survey), 2020

380 Meeting of Minutes of Steering Committee, SIHHAT. January 21, 2020.

381 Republic of Turkey, Ministry of Health and SIHHAT. (2020). *Final Report: Surveys for Health Care Needs Analysis of Syrian People Under Temporary Protection*, MOH SIHHAT/2018/SER/NEG/04. SIHHAT post survey, p.91

382 European Commission. (2019). (November). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of 30 June 2019)*. Brussels: EU.

383 KIs H10; H11

384 KIs H09; H30

385 European Commission. (2020). (May). *Managing the Refugee Crisis – The Facility for Refugees in Turkey. The Facility Results Framework Monitoring Report: Output Achievement Progress (As of December 2019)*. Brussels: EU.

Satisfaction rates do not vary widely between men and women or between age groups for public hospitals or MHCs. In the 2018 pre-survey, the top three reasons for satisfaction were (1) good medicine; treatment and nursing (implying a good quality level of care); (2) systematic healthcare services such as hospital services and appointment system (implying good care coordination); and (3) caring and attentive healthcare staff (implying good patient-provider communication).³⁸⁶ For survey respondents in 2020, the top two reasons were the same, while the third most important factor influencing satisfaction was experiencing 'no difficulty in health institutions' (15.9% in 2020 and 6.5% in 2018). The 'availability of interpreter' as a reason for satisfaction also increased significantly, from 1.9% in 2018 to 3.7% in 2020³⁸⁷.

Health services appear to be largely relevant to the target populations needs, although as noted above there remain more opportunities to reach more vulnerable groups (LGBTI+, people living with HIV, people living with disabilities, rural refugees, seasonal agricultural workers – see chapter on Protection). Overall, there are some important gaps that require further attention and support:

- **MHPSS** – while some services are available, and targets for provision of MHPSS have been met through CMHCs and continuing NGO-supported services, the availability of services in particular for anxiety disorders such as PTSD is limited, and access to MHPSS remains an obstacle, and particularly given the language barriers that are likely to be more acute in this sensitive area.
- **Ensuring equal access through targeting of the most vulnerable** – ensuring everyone has equal access to health care may need targeted outreach, tailored services, and modifications and collection of disaggregated data on vulnerable groups helps to plan and adapt interventions accordingly.
- **Data on non-communicable diseases (NCDs)** – the MoH health information system has not yet started to systematically collect data at the primary level for Turkey overall and, until then, this is a data gap for the host community as well as refugees, who are at high risk of NCDs³⁸⁸.
- **Health promotion and prevention** should be important areas of focus in the coming years, given these risk factors and their impact on health.

- **Maternal, new-born and child health** – Syrian migrants have higher unmet needs for family planning.
- **Addressing the wider determinants of health** – factors such as education, gender, income, and culture are often more important in determining a person's health status³⁸⁹. These need to be addressed to ensure the health status of Syrian refugees, including ensuring adequate housing, social protection including addressing SGBV (see the Protection Sector Report for this evaluation), and addressing nutrition, poverty (see the Socio-economic Sector Report), low educational attainment (see the Education Sector Report), continued language support, and cultural issues that negatively influence health (e.g. social norms regarding child, early and forced marriage)³⁹⁰. The Protection Sector Report for this evaluation outlines many of the key protection factors regarding child marriage, including that Syrians see CEFM as a solution to protection concerns.

4.2.3. EQ10: To what extent has the Facility contributed in an inclusive and equitable way to basic needs, employment prospects, livelihood opportunities and social cohesion – and as a result contributed to an improved socio-economic situation of refugees?

The Facility has made a major contribution to meeting basic needs. There has been a range of interventions in this area, but without doubt the *Emergency Social Safety Net* (ESSN) has been the most significant. It is the largest unconditional humanitarian cash transfer scheme of its kind, and as such is a major innovation. It has also been a notable success, getting to scale quickly and achieving widespread coverage. Whilst it has not improved people's socio-economic status, it has arguably prevented a significant decline, contributing to well-being and wider stability.

The ESSN has had a positive impact on beneficiary households in terms of improving their food security. According to the mid-term evaluation of the ESSN, beneficiaries were better off after the transfer, more food secure, had lower debt levels and were less likely to resort to negative coping strategies. In comparison, the welfare of non-beneficiaries had declined according to most measures of welfare analysed in the report.

This evaluation has heard from one academic who has described the ESSN as, 'miraculous', in its contribution to the stability of the country at a challenging point in

386 Republic of Turkey, Ministry of Health and SIHHAT. (2019). *Pre Survey Study Information Sharing Meeting: Surveys for Health Care Needs Analysis of Syrian People Under Temporary Protection*, MOH SIHHAT/2018/SER/NEG/04.

387 SIHHAT post survey, p437

388 Balçilar, M. (2016). *Health Status Survey of Syrian Refugees (SuTPs) in Turkey: Non-communicable Disease Risk Factors Surveillance among Syrian Refugees Living in Turkey*. October. Ministry of Health of Turkey, and WHO. <https://sbu.saglik.gov.tr/Ekutuphane/kitaplar/suriyeli%20m%C3%BClteci%20ingilizce.pdf>

389 WHO. (2018). *Health promotion for improved refugee and migrant health*. Copenhagen: WHO Regional Office for Europe; (Technical guidance on refugee and migrant health).

390 KİİS H04, H05, H09, H10, H21, Hacettepe University Institute of Population Studies. (2019). *2018 Turkey Demographic and Health Survey Syrian Migrant Sample*. Hacettepe University Institute of Population Studies, T.R. Presidency of Turkey Directorate of Strategy and Budget and TÜBİTAK, Ankara, Turkey; WHO. (2018). *Health promotion for improved refugee and migrant health*. Copenhagen: WHO Regional Office for Europe; (Technical guidance on refugee and migrant health).

time. For this (senior, well-regarded and knowledgeable) academic, the visible effect of the ESSN was a reduction of begging and other 'negative coping strategies', something borne out by the data (see below). Clearly this is impressionistic, but it is worth noting before a technical discussion of the various aspects of the ESSN that there is a wider social and political aspect that is less straightforward to quantify than the purely economic, which because of the availability of data tends to consume the greatest attention.

The ESSN has achieved widespread coverage remarkably quickly. Over the course of the first three years (the first tranche of the Facility, covered by this evaluation), the ESSN was routinely reaching 1.75m refugees, nearly half of all those present in Turkey. Partnering with Turkish state and civil society mechanisms and structures, such as MoFLSS for registration and TRCS for the data platform and card, made this possible.

The rapid scale up came with certain trade-offs, as did the partnership with Turkish institutions. The ESSN used demographic targeting criteria which led to a high exclusion error, and some potential unintended incentives (see below for detail). Whilst there were innovative measures to try to reduce these, this issue still persists, especially as refugee socio-economic status has become more homogenous over time.

The Facility also invested significantly in programmes to help refugees into work, through a variety of vocational skills training, such as the Applied Training Programs (ATP), language, certification and support for small businesses. These have been less successful to date, mostly because this is a difficult area in which to achieve results, especially against a backdrop of high Turkish unemployment (and commensurately high rates of informal labour). These programmes started later in the life cycle of the Facility, making it harder to see results at the mid-point when this evaluation is taking place. Nevertheless, they are extremely modest. As the evaluation is being finalised only 60,000 work permits have been issued to Syrian refugees – the best indicator available for securing formal jobs – representing only 3–6% of the number of refugees estimated to be working in Turkey. Informal labour is much higher, with most refugee families relying on some income from work. However, it is unclear whether Facility employment programmes have helped refugees secure or retain such work.

Analysis for this evaluation has highlighted some areas in which the design of these programmes could be improved. The Facility programmes have focused on getting refugees into formal employment. However, there are significant barriers, including high unemployment rates, the tax burden for employers of formal vs. informal employment, and the potential loss of ESSN benefits.

In terms of social cohesion, the Facility did not play a major role in the first tranche of the Facility, with programmes mostly bringing people together for communal, one-off activities such as sports or cultural events. In future it will be important to have a more explicit strategy around social cohesion, as this has become a greater issue over time, and might be further challenged by the economic effects of the COVID-19 pandemic.

i. Judgement criterion 10.1: The Facility has ensured the coverage of basic needs including the most vulnerable refugees

Coverage can be thought of in several different ways; the absolute number of refugees reached, the percentage of the refugee population, and the degree to which the most vulnerable were prioritised.

The original target for basic needs support under the ESSN in 2016 was one million refugees, from just under three million registered Syrian refugees. By 2019, the target for basic needs support had become 1.77 million, from 3.58 million registered Syrians and perhaps a further 400,000 non-Syrian refugees (refugees under international protection)³⁹¹. By the end of 2019, the Facility monitoring reporting recorded that the basic needs of 2.46 million refugees were met through support mechanisms: 1.75 million receiving support from the ESSN; and 0.71 million through other cash mechanisms that preceded it. The percentage of the refugee population covered by various basic needs support increased from 43% in 2018 to 60% by 2020.

By any measure this is an impressive achievement. Such widespread coverage has greatly contributed to the well-being of refugees in Turkey, an outcome directly attributable to the Facility for Refugees in Turkey.

One of the main factors in the ESSN scaling up rapidly to reach 1.75 million by 2020 were the simplified demographic criteria that were used for ensuring access to support. There was a clear process, based on having an ID card and address registration; and the commitment to keeping the scheme open in order enable the continuing scale-up.

The initial set of targeting criteria was designed on the basis of limited available data in Turkey and the urgent need to scale up the ESSN across the country. A WFP pre-assistance baseline (PAB) survey was undertaken in the southern provinces of Hatay, Kilis, Gaziantep and Sanliurfa in June to October 2015³⁹². A Vulnerability Analysis and Mapping (VAM) mission to Turkey from the Regional Bureau and Headquarters initiated discussions on targeting options for the ESSN in March 2016³⁹³, and in April-May 2016 a targeting working group –

391 For a more detailed treatment of these figures and registration – refugee numbers generally please see the Protection Sector Report of this evaluation (Volume II).

392 Ibid

393 Ibid

comprised of WFP, UNICEF, UNHCR and TRCS – decided on targeting criteria³⁹⁴. These were agreed to enable a fast scale-up among all ESSN stakeholders, and basically targeted families with a dependency ratio higher than 1.5, as well as single females, single parent households, elderly households and households with two disabled members³⁹⁵.

In May 2017, the targeting criteria were changed as the ‘planned number of beneficiaries was falling behind the actual number of beneficiaries’³⁹⁶. Accordingly, households with a dependency ratio equal to 1.5 and households with one disabled individual became eligible. The exclusion and inclusion errors were calculated as part of the ESSN evaluation commissioned by the WFP Turkey Country Office in 2018, which found that ‘the new eligibility criteria are doing a comparatively better job in reducing exclusion error’³⁹⁷. Nevertheless, of particular importance here is that, even with this new targeting criteria, 26% of the poorest 40% of applicant refugees were still excluded.

Given the dynamic nature of the population, the benefit incidence (targeting of benefit across quintiles) which was initially pro-poor, has become more uniform across the quintiles over time. By the time PDM6 was collected in December 2018, the distribution of benefits across quintiles became more even, whereby the poorest quintile received 20.1% of the total benefit, while the richest quintile received 18.4%.

In response to the criticisms of targeting, and the declining value of the benefit as a result of the economic situation, a number of additional mechanisms were brought in as a result of detailed discussions between WFP, TRCS, the Government and the Facility³⁹⁸. Whilst all acknowledged the declining value of the benefit, it was deemed politically challenging to raise the amount against a backdrop of hardship in the general population. In the end a ‘top-up’, or discretionary allowance was deemed to be the solution³⁹⁹. However, the total amount of applications submitted by the Social Assistance and Solidarity Foundation (SASF) was designed not to exceed 5% of the total number of ESSN applications received by 30th October 2018, and the nationwide quota for all SASFs is 23,879 households⁴⁰⁰. As of June 2019, 209 SASFs had started to use the discretionary allowance among 503 SASFs⁴⁰¹ and it should be noted that only 15.6% of this quota had been used.

The ESSN Mid-term Review looked in detail at these mechanisms⁴⁰². The SASF discretionary allowance was seen as a welcome addition. However, the take-up of the SASF allowance was slow and varied by district and province, however. There were several reasons for low uptake: many of the SASFs viewed this strictly as a quota and reserved it for a time when there might be an additional in-flow of migrants. Some of them reported not being willing or able to advertise the additional benefit available, as it would have negative implications for social cohesion and would also significantly increase the workload of the SASFs. There were also resource constraints in terms of staff time for the SASFs. Probably the major issue, however, was that whilst the household visits were a useful way to reduce inclusion errors, reducing the exclusion error would have required a more fundamental revision of the targeting criteria. As the ESSN evaluation concluded: the homogeneity of refugees and the scale of needs made targeting challenging, and many vulnerable households remained excluded.

In the survey data collected for this evaluation the vast majority of ESSN beneficiaries amongst those who responded stated that the amount is not sufficient to cover basic needs. This is a view backed up by those who work most closely with refugees seeking support from ESSN⁴⁰³, that the amount of support is sufficient only to cover housing needs and that the majority of beneficiaries also rely on work in the informal sector and other forms of support.

Whilst the ESSN does not cover all basic needs, it should be noted that the ESSN was never designed to fully cover basic needs but to complement them. In essence what the ESSN represents is a top-up to other forms of income, and it has been highly successful. Indicators such as reduced burden of debt and reduction of negative coping strategies, all point to a mechanism that perhaps makes the difference between being able to ‘get by’ and being in distress. With this point made, it is also worth noting that humanitarian partners have consistently argued for higher levels of benefit and, as set out below, the real terms value has declined over time.

The transfer amount was estimated based on a calculation of the minimum expenditure basket (MEB) for an average-sized household of six members and an expenditure gap analysis. Based on these figures, the gap was calculated at TL 174 per person, per month. However,

394 Ibid

395 Referring to descriptive findings from the PAB survey as well as carrying out the regression analysis to find out statistically significant predictors of household welfare, six targeting criteria were defined as aforementioned before. Some additional criteria such as ‘single females’ and ‘elderly headed households’ were included into ESSN demographic criteria not because they had been proved statistically significant predictors using the PAB dataset, but rather due to the fact that they had been evaluated as ‘universally accepted’ targeting criteria.

396 WFP (2018) *Evaluation of the DG ECHO funded Emergency Social Safety Net (ESSN) in Turkey November 2016–February 2018 Volume 2: Final Evaluation Report Annexes*

397 Ibid

398 KII

399 KII

400 Ibid

401 Ibid

402 WFP ESSN Mid-term Review, 2020

403 KIIs SES 29, SES 30, SES 34, SES 35

the final level of the ESSN transfer took into account Turkish government concerns on comparability with the benefits provided to poor Turkish citizens through the national social assistance system and wider stakeholder concerns on sustainability and social cohesion. Based on this, the agreed value was TL 100 (approximately USD 27), per person, per month. This remained a point of contention, and humanitarian actors argued that the needs of refugees were greater than those of poor Turkish citizens. The standard monthly transfer value was subsequently reviewed and increased to an equivalent to a monthly average of approximately TL 133.

In 2017, post-transfer, 97.1% of beneficiary households reported that they were satisfied with the amount of ESSN they receive, but at the same time 44.4% of them thought that the amount is not sufficient to cover their basic needs (PDM1).

Analysis of the monitoring data collected for the ESSN clearly demonstrates that the real value of ESSN support has declined significantly over time, even accounting for the top-ups that have been introduced. According to the ESSN mid-term evaluation: 'The informal understanding was that the ESSN transfer would be reviewed and adjusted for inflation every two years in line with the practice for Turkish social transfers.' However, the adjustments in the value of the ESSN have not kept pace with the increase in Consumer Prices Index in Turkey in recent years.

Since 2018, the depreciation of the Turkish lira and resulting inflation have reduced the purchasing power of the ESSN and put a strain on the capacity of refugees to meet their basic needs⁴⁰⁴. As reported by FAO Turkey, 'Syrian refugees spend a large portion of their household budget on buying food from the market. This reliance on market purchases makes their food security status vulnerable to market developments, such as price hikes and income losses'⁴⁰⁵. Their vulnerability to meet basic needs has also been captured by WFP monitoring data showing that the cost of essential refugee needs, which is calculated as the minimum expenditure basket cost, reached TL 337.50 in Q4 2018 in comparison with TL 294 in Q2 2018⁴⁰⁶.

One current major challenge facing the ESSN is its sustainability. Implementing partners interviewed for this evaluation identify this as their single biggest regret; that there was not a sustainability strategy from the outset⁴⁰⁷. This is also a cautionary tale for any such future large-scale unconditional cash transfers.

Both the Facility and the Government of Turkey have published sustainability strategies of sorts for the ESSN and the basic needs support. In 2018, MoFLSS published a strategy outlining three main components: (i) graduation from the ESSN; (ii) increasing formal employment; (iii) harmonisation (of labour policy and practice). The MoFLSS strategy⁴⁰⁸ identifies just under one million Syrian refugees as 'expected to participate' in the Turkish labour market, which is consistent with analysis elsewhere, including in this report. The Facility strategy is outlined at the 12th Steering Committee in 2019, also foreseeing a graduation of ESSN beneficiaries into the labour market with some 30% of the current caseload being unable to participate in work and therefore being absorbed into the Turkish social assistance system. At the time of this evaluation a direct grant to MoFLSS was under negotiation to begin this absorption. As the SC note makes clear, 'the difficulties of integrating refugees in the formal Turkish economy are very challenging factor on the path towards more sustainable livelihoods'. The SC note also highlights one of the major sticking points to any transition, that 'the Turkish authorities have confirmed that there is no budgetary space or policy arrangement at present for continuing funding any social assistance scheme for refugees without external support'.

ii. Judgement criterion 10.2 The Facility has contributed to improved employment prospects of Syrian refugees and has enabled engagement in livelihood opportunities

Several supply and demand-side barriers exist for the formal economic integration of refugees. The underlying factors behind job creation are complex but include low productivity, lack of innovation, lack of digitalisation and lack of sectoral analysis data in different provinces. The limited capacity of the Turkish economy, in recent years at least, to create jobs, where there has been a tremendous increase in labour supply, has been an important demand-side driver impacting on job creation outcomes for refugees. The 2018 economic downturn in Turkey has also had an important negative impact, slowing down the progress for job creation for refugees.

404 WFP (2018) Turkey Annual Country Report 2018: Country Strategic Plan 2018-2019 <https://docs.wfp.org/api/documents/WFP-0000104235/download/>

405 Food and Agriculture Organization of the United Nations (2018) Turkey Syrian Refugee Resilience Plan 2018-2019

http://www.fao.org/fileadmin/user_upload/emergencies/docs/Fao-syrian-refugee-plan2018-19.pdf

406 WFP (2018) ESSN Quarterly Monitoring Report Turkey Q4/2018

407 KII

408 Exit strategy from the ESSN program. FRIT office of the presidency of Turkey and MoFLSS. 20.12.2018.

Several conclusions can be drawn from an analysis of Turkish labour market characteristics and refugee formal employment⁴⁰⁹.

- The Turkish labour market is characterised by a low employment rate overall (with high inactivity rates among women), a high rate of youth unemployment (and inactivity), and high levels of informality.
- The employment rate for the refugee population is close to the Turkish population overall, and labour is an important source of income for refugees.
- Part of the gap in formal employment rates can be explained by the differences in the skills-stock of Turkish host community and refugees that have stayed in Turkey.
- While the differences in educational attainment between the refugees and the host community in Turkey may contribute to the selection of Syrians into low-skilled, informal jobs, the skills gap does not explain most of the variation in formalisation rates.

An analysis for this evaluation⁴¹⁰ has shown that refugee men would be 4% less likely to be employed and 9% less likely to be employed formally (compared to Turkish men), and refugee women would be 5% less likely to be employed and 8% less likely to be employed formally (compared to Turkish women). The estimated percentage of people who can be expected to enter the formal labour market is 49% of the working-age male and 13% of the working-age female population of refugees (at maximum, assuming no other barriers to formal employment). This would be equivalent to 486,000 refugee men and 129,000 refugee women employed formally⁴¹¹. The number of issued annual work permits for Syrians is 63,789⁴¹². This is equivalent to less than 5-10% of the refugees predicted by the model to be formally employed to actually have a work permit. Given this low level of formalisation, it is clearly the case that there are other barriers beyond the educational attainment of refugees that prevent them from entering the formal labour market, that cannot only be explained by the skills-gap.

According to the WFP and TRCS Livelihoods Survey⁴¹³, when asked about the main barriers to finding employment in Turkey, language is the most frequently articulated reason by refugees⁴¹⁴. Accordingly, 46% of respondents highlighted language, followed by lack of job opportunities (37%), lack of information (24%) and lack of skills/experience (23%). Groups with greater job irregularity are more likely to be refugees with only a basic command of the Turkish language⁴¹⁵. Having a good command of Turkish proved to be an important factor for refugees to find employment or get a better job. A more detailed breakdown of this result shows that language is much less of a barrier for unskilled jobs⁴¹⁶. This finding might imply that language barrier leaves refugees facing a struggle to achieve their transition towards high-skill jobs that entail a good command of Turkish.

In the Livelihoods Survey, many of the refugees with university diplomas cited 'the absence of [a] diploma and/or certification' as the main barrier to employment. More educated refugees stated that they were not able to obtain work in the same sector as their previous experience, and therefore must find lower-skilled work, which requires different skills. As a result, educated people reported a lack of skills corresponding to the employment opportunities available to them.

Using CVME5 data, it is possible to compare the profession of the household head before coming to Turkey and the main income source of the household in the last month in Turkey. Analysis for this evaluation shows that semi-skilled or skilled work is currently not the main income source of the majority of the households while it used to be the main source of income (for 47.6% of the household heads⁴¹⁷) before coming to Turkey.

409 This analysis is detailed in the Socio-economic Sector Report which accompanies this report (see Volume II).

410 A simulation exercise using the Turkish Labour Force Survey (2017) and the CVME 5 data.

411 The calculation assumes 4m refugees and simply distributes them homogeneously across the age categories (0-70), such that 18-59 year olds would be 58% of the population. The population is also assumed to be equal across the genders and hence the working age men and women are about 1.12m people each. Multiplying this number by the probability of formal employment (0.13 for women and 0.49 for men), we find the predicted number of men and women that would be formally employed.

412 Source: <https://www.csgb.gov.tr/istatistikler/calisma-hayati-istatistikleri/resmi-istatistik-programi/yabancilarin-calisma-izinleri/>

413 The Livelihoods Survey was conducted by WFP and TRCS in 2018 and is representative of ESSN applicants within the 19 provinces included in the survey.

414 WFP and TRCS (2019). Refugees in Turkey: Livelihoods Survey Findings. Retrieved from: [https://reliefweb.int/report/turkey/refugees-turkey-livelihoods-survey-findings-2019-entr#:~:text=The%20results%20show%20that%2084,one%20person%20who%20is%20working.&text=According%20to%20the%20survey%20findings,and%20artisans%20\(10%20%\)](https://reliefweb.int/report/turkey/refugees-turkey-livelihoods-survey-findings-2019-entr#:~:text=The%20results%20show%20that%2084,one%20person%20who%20is%20working.&text=According%20to%20the%20survey%20findings,and%20artisans%20(10%20%))

415 The number of issued work permits for Syrians remained restricted to 132,497 between 2016 and 2019. Considering that the work permits are issued for the same person each year, this actually covers a much smaller number of total individuals who received a work permit.

416 Ibid

417 In Syria, 2.7% of household heads used to be employed as highly skilled professionals (engineers; doctors; teachers, etc.), 12.8% were skilled workers (shop managers; laboratory technicians; computer support technicians, etc.) and 32.1% were semi-skilled workers (secretaries, bus drivers, mechanics, hairdressers, etc.). In comparison, main income source of the household in the last month is not skilled or semi-skilled labour in the majority of refugee households in Turkey. (Source data: Authors calculations using CVME 5).

The difficulties in issuing of work permits are multi-fold both for employers and refugees in terms of legal procedures, employment quotas, and the fee for issuing of a work permit. The actual cost of the work permit is not the main binding constraint to issuing of work permits. In addition:

- The *monthly* tax wedge on the minimum wage (for tax and social security premiums) is four times the cost of the annual work permit – and is likely considered to be more prohibitive by employers.
- Work permits need to be renewed each year by the employer – this constitutes an additional bureaucratic burden on the employers⁴¹⁸.
- There is a 10% quota implying that the number of employed refugees under temporary protection must not exceed 10% of the employed Turkish citizens⁴¹⁹. For companies employing seven people on average (as most Syrian start-ups are)⁴²⁰ the quota regulation means they can only issue one work permit⁴²¹.

The additional cost of employing a Syrian refugee along with legal procedures and the quota rule, therefore, increases the reluctance of employers to hire a refugee⁴²². While it is not the actual cost (monetary fee) of the permit that is expensive, often times this is expressed to refugees by the employers as being the main problem.

Geographic restrictions also present significant barriers to refugees' formal employment prospects. Refugees under temporary protection can only obtain a work permit in the province of their registration⁴²³. It has been noted that 'the extent to which Syrians' occupational profile match with cities' socio-economic dynamics such as types of available job opportunities or economic sectors grappling with labour shortage' is questionable⁴²⁴. In other words, labour market prospects and available jobs in different sectors and provinces do not always provide enough quota for employers to employ a refugee under temporary protection. Syrian refugees are also likely to live in areas with the highest levels of unemployment.

The final complication in terms of Syrian refugees finding formal employment is the eligibility rules of the ESSN. These currently state that a person who is formally employed (and his or her household) cannot be eligible for the ESSN. This creates confusion and a disincentive to join the formal labour market, as once a household member has a formal job, the entire family loses the ESSN benefit.

ESSN cash assistance and labour income provide beneficiaries with complimentary benefits to sustain their total well-being but may also lock beneficiaries into the informal labour market. Being formally employed provides refugees with access to health care and gives rise to a pension liability at the same time. However, health care benefits are already guaranteed under the temporary protection regime, and pension benefits are uncertain, as the formally employed person needs to be in the labour market for a long time to qualify for benefits⁴²⁵.

This evaluation has made a series of calculations in terms of the costs of formal and informal labour for both refugees and employers (see Volume II – Socio-economic Support Sector Report for the decision tree). This shows that a refugee is roughly TL 700 per month better off in informal employment (assuming they are paid the minimum wage in both situations) and that, for employers, there is almost a TL 1,000 saving per month between employing a refugee informally and employing them formally.

Given the incentives, barriers and uncertainties associated with leaving informal work for formal employment, it is not surprising that this has not happened at a significant scale.

a. Facility socio-economic support interventions in the context of the Turkish labour market

The Facility has provided financial support of at least EUR 200 million to eight partners over the period of the evaluation. While the support has been considerable, the results in the short and medium term are modest. Available data show that coverage of the programmes has been weak or modest at best compared to the population in question. The numbers of Syrians and other refugees in formal employment is extremely small, an estimate of only 3-6% of those currently estimated to be working in Turkey.

418 UNDP and Atlantic Council in Turkey (2020). 'Turkey's Refugee Resilience: Expanding and Improving Solutions for the Economic Inclusion of Syrians in Turkey'. Retrieved from: <https://www.atlanticcouncil.org/in-depth-research-reports/report/turkeys-refugee-resilience-expanding-and-improving-solutions-for-the-economic-inclusion-of-syrians-in-turkey/>

419 Source: Employment quota described under 8-1 and 8-2 under the Regulation on Work Permits of Refugees under Temporary Protection. <https://www.mevzuat.gov.tr/MevzuatMetin/3.5.20168375.pdf>

420 Ibid

421 Companies that employ less than 10 people, can have a maximum of 1 refugee employed under a work permit. (Source: Section 8-2 under the Regulation on Work Permits of Refugees under temporary protection. <https://www.mevzuat.gov.tr/MevzuatMetin/3.5.20168375.pdf>)

422 Leghtas, I and Hollingsworth, A. (2017). 'I am only looking for my rights': legal employment still inaccessible for refugees in Turkey. Retrieved from: <https://reliefweb.int/sites/reliefweb.int/files/resources/Turkey%2BReport%2BFinal.pdf>

423 UNDP and Atlantic Council in Turkey (2020). 'Turkey's Refugee Resilience: Expanding and Improving Solutions for the Economic Inclusion of Syrians in Turkey'. Retrieved from: <https://www.atlanticcouncil.org/in-depth-research-reports/report/turkeys-refugee-resilience-expanding-and-improving-solutions-for-the-economic-inclusion-of-syrians-in-turkey/>

424 Siviş, S. (2020). Integrating bottom-up into top-down: the role of local actors in labour market integration of Syrian refugees in Turkey. *International Migration*.

425 Ibid

The main interventions have included skills training, on-the-job training, language courses, skills-mapping, job-matching, and support for SMEs. There has also been institutional support to a number of Turkish bodies for various measures such as IT systems and training courses. In terms of addressing the issues faced by refugees in accessing livelihood opportunities, it can be concluded that there have been some modest successes as well as areas where progress has been slow. In the analysis, we provide some description of progress so far and juxtapose results against the barriers identified in the labour market analysis above.

As discussed earlier, the lack of Turkish language skills is a major barrier to employment, and there is evidence that a number of programmes have made progress towards their targets (specifically UNDP), providing courses to over 31,000 refugees. Similarly, the support for on the job (OJT) training implemented by İŞKUR (the Turkish Employment Agency) via the World Bank has recorded modest successes, registering over 15,000 participants. So far, the retention target of 20% has been just about met. Whilst this is encouraging, it is worth noting that this is a reduced target from the pre-influx regular programme, where employers had to guarantee 50% retention.

As described above, another significant barrier to employment for refugees has been a lack of skills certification. Here, however, there has been less progress, with less than 4,000 certified, against the target of 15,000 (to be achieved by the Union of Chambers and Commodity Exchanges of Turkey (TOBB) action's original end date of December 2019), with the level of Turkish required being a barrier to achievement. There has been even less progress made in the support to SMEs, with 247 receiving grants and a further 925 receiving training of some sort. When compared to the level of need for employment, these are extremely small numbers. It is also particularly concerning when the Turkish government ESSN exit strategy identified Syrian SMEs as a major employer for refugees in the formal sector⁴²⁶.

By far the largest Facility intervention in this area, then, has been the provision of employability skills training programmes. Despite their size, the latest household-level data available to the evaluation suggests that the coverage of livelihoods programmes that aim to provide skills training remains extremely small. According to the CVME5 data analysed for this evaluation, 8.2% of 18-59 year-old refugees have received any form of livelihood support, including language courses.

Perhaps one of the main factors affecting the effectiveness of the programmes has been the underlying assumption that greater 'employability' will lead to greater numbers finding formal employment. The programmes have focused primarily on the supply side, on increasing employability, while not sufficiently considering the demand side, and whether formal employment opportunities are available⁴²⁷.

Another concern relates to the assumption that the host community would be open to integrating Syrian refugees in the formal labour market. While fresh labour in the form of refugees has been welcomed in some sectors, such as agriculture and textiles, there has been considerable opposition from the Turkish population to refugees gaining access to formal employment, making the issue a political one⁴²⁸.

There is a wide range of active labour market programmes (ALMPs) used by European governments to facilitate the labour market integration of refugees in their own countries: language and introduction courses, job search assistance, training programmes and subsidised public and private sector employment⁴²⁹. Butschek and Walter (2014) performed a meta-analysis of 33 relevant evaluation studies on ALMPs using 93 effect estimates in seven European countries (Denmark, Finland, Germany, Netherlands, Norway, Sweden, Switzerland). Their findings suggest that 'subsidised employment in the private sector is significantly more likely to have a positive effect on immigrants' labour market outcomes than training. For the other ALMP types, our meta-analysis yields mostly insignificant results'⁴³⁰. In this regard, wage subsidies work better than other ALMPs in terms of providing job prospects for refugees and have a positive impact on their employment even in countries with more formal and developed labour markets, and where the refugees looking for work have a higher skill-stock. Integrating refugees into the workforce is a medium to long-term challenge, and not only for the specific case of Turkey.

For this reason, these policy steps will need to be strategically designed to address the long-term presence of refugees; their complex needs related to their social and economic integration and evolving labour market conditions. In doing this, being aware of the specific constraints, rigidities, costs and incentives in the Turkish labour market will enable the improvement of the design of these programmes to focus more on reducing labour market constraints and distorted incentives.

426 Exit strategy from the ESSN program. FRIT office of the presidency of Turkey and MoFLSS. 20.12.2018.

427 KII SES 24

428 KII SES 22

429 Butschek, S. and Walter, T. (2014). 'What active labour market programmes work for immigrants in Europe? A meta-analysis of the evaluation literature', IZA Journal of Migration, 3 (48).

430 Ibid

iii. Judgement criterion 10.3 The Facility's community-level activities have contributed to an improved social cohesion between refugees and the communities that host them

The third main component of the Facility's socio-economic support strategy is aimed at achieving an improved social cohesion between Syrian refugees and host community in Turkey. The most widely used framework for social cohesion is the UN 3RP⁴³¹. This has three main areas; specific activities aiming at improving social cohesion, mainstreaming of social cohesion in other programming, and adoption of safeguards in line with the 'Do No Harm' principle.

The majority of social cohesion projects funded in the socio-economic support sector were components of larger programmes, mostly community centres, sports and cultural activities. As a result, Facility monitoring and reporting has focused primarily on specific activities aimed at improving social cohesion. The projects which have a social cohesion component were ongoing during the field phase of this evaluation (except one by GIZ), and there were no final evaluation reports available, hence the evaluation is unable to determine specific outcomes or impact. Additionally, the figures for participation in 'social cohesion' activities provide only a cumulative figure, without giving much understanding of either what the activities entail or who attends and for what reasons.

Social Cohesion surveys were conducted by WFP between 2017 and 2019⁴³². Relations between the refugees and the host community improved in the first three rounds which were carried out up to January 2018. However, this trend was reversed in the following rounds conducted in February and June 2019. The underlying reasons might be; (i) the economic slowdown in mid-2018 and (ii) the political discourse on refugee returns during local elections in 2019.

The CVME5 survey found that close to a half of refugees (48%) feel that they are now more adapted to life in Turkey than when they arrived. The majority of refugees (65%) feel Turkish and Syrian people share similar culture and lifestyles, which can be a proxy for how comfortable they feel living within Turkish culture. Most refugees (85%) reported they have Syrian friends 'to talk to when upset, get financial advice from, get advice for getting things done or to visit' while only about a third of refugees report having Turkish friends with whom they can carry out these activities. Similarly, the survey carried out for the evaluation found that the vast majority of respondents (87%) said that they feel secure where they live: and this feeling of security is positively correlated

with being proficient in the Turkish language, whereby among those who reported they feel secure where they live is 95% among those who have Turkish proficiency⁴³³.

The Syrian Barometer for 2019⁴³⁴ found that Syrians' satisfaction in Turkey has grown over the previous two years. Although the high level of support and solidarity displayed by Turkish society towards Syrians continues, there appears to be a considerable decrease, with an increase in society's anxieties. In other words, the acceptance of Turkish society has largely turned into 'toleration'. It can be suggested that Turkish society's support towards Syrians, which remained strong for a long time, has significantly been eroded. The growing anxieties among society concerning Syrians are also causing an increasing politicisation of the process.

Drawing a direct link from the Facility's social cohesion activities to these overall outcomes is not possible, primarily because of a lack of robust outcome data. However, the relatively small scale of support and the limited delivery of outputs suggests it is unlikely there has been any direct significant contribution to overall social cohesion. However, joint activities and interaction among the host and refugee communities do likely contribute to improved social cohesion at individual/micro levels. It is important to continue to design and implement social cohesion activities bringing refugee and host communities together as survey findings indicate that familiarity with refugees is correlated with lower levels of resentment and prejudice against refugees and may therefore help improve social cohesion.

There is some potential that the significant and consistent support to basic needs has contributed to continued relative stability in Turkey. A number of those interviewed noted that efforts were made to strike a balance between ensuring the coverage of basic needs and keeping support to a level that did not increase tensions, which could be seen as efforts to mainstream a social cohesion approach⁴³⁵. Alongside the successful basic needs support for a significant proportion of the refugees, this has meant refugees feeling more settled and secure⁴³⁶.

431 3RP Turkey, Social Cohesion Framework Document, 2018

432 World Food Programme 'Social Cohesion Index in Turkey Rounds 1,2,3' Published July 2018

433 Source: Online Survey results, evaluation team calculations.

434 M Erdogan, Syrians Barometer 2019, June 2020

435 KIIIS SES 37, SES 16

436 KIIIS SES 18, SES 22, SES 24, SES 25, SES 28

4.2.4. EQ11: To what extent has the Facility contributed to the registration and referral of refugees to appropriate protection services?

What is protection?

The EC defines humanitarian protection as: ‘addressing violence, coercion, deliberate deprivation and abuse for persons, groups and communities in the context of humanitarian crises, in compliance with the humanitarian principles of humanity, neutrality, impartiality and independence and within the framework of international law’⁴³⁷.

In development contexts, the concept of protection is included within the scope of human rights and fundamental freedoms, and also within the narrower field of social protection⁴³⁸. In the development domain the EC does not have a strategy or policy for protection comparable to the humanitarian domain, but can refer to a number of general policy statements including *Lives in Dignity* (2017) and the *new European Consensus on Development* (2017), all of which in some way call for the respect of human rights and for the protection of the most vulnerable in society, as well as for the inclusion of forcibly-displaced populations into the economic and social life of their host communities.

i. Judgement criterion 11.1 The Facility has contributed to the registration of refugees

The key to respect of the rights of refugees, under international and especially Turkish law, is that refugees need to have a legal status, and they need to comply with the law. This applies equally to Syrian and non-Syrian refugees, although the registration and residence requirements for each group are different. To have legal status in Turkey, refugees must be correctly registered (registered as refugees, registered as born, registered in the places where they live, etc.). Without registration, refugees cannot access services, and do not have the protection of the law. Some refugees cannot register for technical reasons, and other refugees choose not to register (for example because they intend to migrate onwards to Europe), but all refugees in Turkey are of concern to the EU, including unregistered refugees.

The EU’s registration target in Turkey (2.7m registered and verified) has been greatly surpassed, as the Government reports at least 3.6m Syrian refugees as registered in Turkey, to which could be added approximately 328,000 non-Syrians⁴³⁹. Of these, 2,756,612 refugees had their registration details verified by DGMM with the support of the Facility and UNHCR.

Successful registration requires several factors to come together. First among them is the GoTR’s political will, backed up by government resources, to register and protect refugees in Turkey. This level of commitment to protect and to provide services to refugees in Turkey is among the highest in the world. Without this foundational support, the contributions of all donors, including the EU, would have been considerably less effective. Second, complementing the ‘supply’ of registration, several activities fostered the ‘demand’ for registration, including the provision of information on registration, active support for registration, the creation of incentives to register (most importantly ESSN), and the removal of obstacles and disincentives to registration. All Facility protection projects worked to some extent on these ‘demand’ factors, although more successfully for Syrians than for non-Syrians.

The most important activity on this ‘demand’ side was the work of community centres referring refugees to DGMM. In addition, a number of NGO partners reached particularly vulnerable refugees or isolated communities, and supported referral to registration, as well as legal assistance to refugees experiencing difficulty with registration. The evidence analysed by the evaluation team⁴⁴⁰ shows that the vast majority of Syrians in Turkey were registered by the middle of 2020, with the support of the Facility. It seems that, for Syrians, being out-of-province is now a more important problem than not being registered.

In contrast, registration of non-Syrians has not been so successful, and indeed has emerged as a significant problem since 2018, when registration and refugee status determination of non-Syrians was handed over to DGMM. This had advantages and disadvantages. On the advantages side, it is a sign of capacity and sustainability that a host government takes over the process and the expenses of registering refugees and conducting refugee status determinations. However, the handover might not have been well-planned.⁴⁴¹ The rate of non-Syrian registrations has slowed down⁴⁴² and registration backlogs have increased⁴⁴³

437 European Commission. 2008. *The European consensus on humanitarian aid*. Brussels. EU, and confirmed in DG ECHO. 2016. *Thematic Policy Document 8: Humanitarian Protection – Improving protection outcomes to reduce risks for people in humanitarian crises*. Brussels, EU.

438 There is no universal definition of social protection. One EU characterisation is ‘Social protection systems are designed to provide protection against the risks and needs associated with: unemployment, parental responsibilities, sickness and healthcare, invalidity, loss of a spouse or parent, old age, housing, and social exclusion’ (<https://ec.europa.eu/social/main.jsp?catId=1063&langId=en>). Most definitions consider social inclusion to be a component of social protection.

439 DGMM does not provide data on non-Syrian registrations: 328,000 is the estimate in UNHCR’s 2020 appeal document.

440 Most importantly the CVME5 data from WFP that suggests, on a sampling basis, that approximately 98% of Syrians were registered.

441 The Government announced its intention to take over registration of non-Syrians in April 2018: <https://www.unhcr.org/blogs/moving-on-authorities-in-Turkey-take-over-refugee-registration/>

442 The KII consensus was that DGMM is still keen to register and regularise Syrian refugees, albeit not in all locations (as discussed). But at the same time, fewer non-Syrians were coming forward for registration for fear of apprehension.

443 The consensus of interviews and AIDA (2020). Country Report: Turkey. There is speculation that slower registration is intended to limit the number of non-Syrians granted status in Turkey (<https://www.asylumEurope.org/reports/country/Turkey/registration-asylum-application>), although other observers feel that there is also a genuine lack of capacity especially given that registration is now conducted nationwide by PDMMs, many of which were not sufficiently prepared for this sensitive and technical work.

although DGMM does not provide data on this. Furthermore, the rate of refugee status determinations has also slowed down⁴⁴⁴, and the quality of determination processes has decreased⁴⁴⁵. Finally, it has been reported that PDMM decisions have become more arbitrary⁴⁴⁶, and a variation in registration practices has quickly emerged between different nationalities of asylum-seekers – with Afghan asylum-seekers the most disadvantaged⁴⁴⁷.

Important legislative changes at the end of 2019 have also placed increased pressure on non-Syrians: notably (a) the appeal period prior to deportation was shortened from 15 to 7 days – rendering it difficult for asylum seekers facing a removal order to obtain legal assistance; and (b) international protection status-holders now lose their state health insurance after a year. Even though UNHCR and the EU were advocating a ‘one refugee approach,’ Turkish legislation as well as DGMM systems and practices made sharp distinctions between Syrians and non-Syrians, with Syrians generally favoured in all domains. Furthermore, the geographic footprint of Facility support is heavily concentrated in ‘Syrian’ provinces, and comparatively little was invested in non-Syrian registration and registration referrals, or in specialised protection services to non-Syrians⁴⁴⁸.

Syrian refugees are at greater protection risk when they are out-of-province, even if they are registered. Out-of-province refugees run the risk of apprehension and have limited access to services. Three different datasets⁴⁴⁹ provide strong evidence that Syrians have moved in significant numbers from the southern border provinces to the agricultural and industrial provinces of Central Anatolia and Marmara. Even after the Istanbul removals of 2019, there could still be around 500,000 refugees and migrants in Istanbul, half of them Syrians, without being registered as residents there.

Professor Murat Erdoğan argues that refugee migration to where they can work is an unstoppable economic force, and that the Government should work with that force and manage it, rather than oppose it⁴⁵⁰. If Erdoğan is correct in his analysis that Syrians must and will move in order to find work and survive in Turkey, then the unwillingness to regularise refugee transfers to those provinces would seem to be the single most important systemic protection risk facing Syrians in Turkey today; and it is an area of risk to which the Facility is not currently contributing enough effort.

ii. Judgement criterion 11.2 The Facility has contributed to raising refugees’ awareness of their rights and obligations

If registration is a pre-requisite for access to rights and services in Turkey, then awareness of rights and obligations is the essential bridge to obtaining that access. Simply put, a refugee in Turkey may be registered and yet still not know what this status does and does not provide.

Raising awareness of refugee rights and obligations was a core activity of all protection partners, using community centres, outreach visits, GoTR programmes (notably PDMM protection desks and MoFLSS SSCs), and underpinned by legal services. The evaluation team found evidence that refugees’ awareness of their rights and obligations has grown considerably over the lifetime of the Facility so that, in mid-2020, most refugees in Turkey are aware of their rights and obligations. Nevertheless, there are still gaps in awareness in some subject areas, and lower levels of awareness in Istanbul, as well as among Syrians living in remote locations or engaged in seasonal agricultural labour, and among non-Syrians.

The best estimate of the evaluation team is that 63,110 refugees in Turkey directly received information about their rights and obligations through Commission partner activities during Facility Tranche I. Since these represent only 2% of all refugees in Turkey, the team explored what other information sources refugees use. Although there are some websites that contain a portal with basic information about rights, obligations and services, often in Arabic and occasionally in Farsi, the evidence is that refugees get most of their information from other refugees (in-person or through social media), or from various telephone hotlines.

While the Facility has contributed significantly to all of these activities, it did this in a fragmented way (responding to stand-alone proposals from partners), and with a historical emphasis on the bricks-and-mortar, in-person service providers who only reach a fraction of the refugee population and at high per-capita cost. The Facility has invested in some remote services (through UNHCR’s Services Advisor and online Help function, and through hotlines managed by UNHCR, TRCS and NGOs), but this has been a relatively small investment. The

444 Refugees International, (2019), *Insecure Future: deportation and lack of legal work for refugees in Turkey*, Izza Leghtas

445 AIDA (2020). *Country Report: Turkey*. According to the AIDA report, practice on the examination and the decision-making at first instance is not uniform across provinces. The quality of interviews, the assessment of evidence, the lack of identification of vulnerable groups, the lack of training of migration experts, as well as the lack of available interpreters, have been reported as particular concerns. Quality gaps at first instance have also been identified by Administrative Courts in certain cases.

446 AIDA (2020). *Country Report: Turkey*, citing a Turkish Government Court of Auditors report on DGMM.

447 Interviewees were unanimous in this opinion, although there is no evidence of a Government policy regarding Afghan asylum-seekers.

There were reports of Afghans not being granted international protection status but instead being asked to apply for residence permits. Residence permits only provide short-term protection and do not provide access to the same range of social services as international protection status-holders.

See <https://www.asylumineurope.org/reports/country/Turkey/registration-asylum-application>. Several interviewees reported that Afghans are pushed by PDMM to go to a different province to register. Afghans are also, by far, the largest group of refugees with recorded apprehensions: 201,437 in 2019, according to DGMM.

448 The Facility projects explicitly supporting non-Syrian registration (and registration referral) were components of the UNHCR projects with DGMM, and the project with ASAM. Some non-Syrians have also been supported by other Facility projects that took place in provinces with small non-Syrian populations alongside large Syrian populations.

449 IOM, MoNE, WFP/ESSN

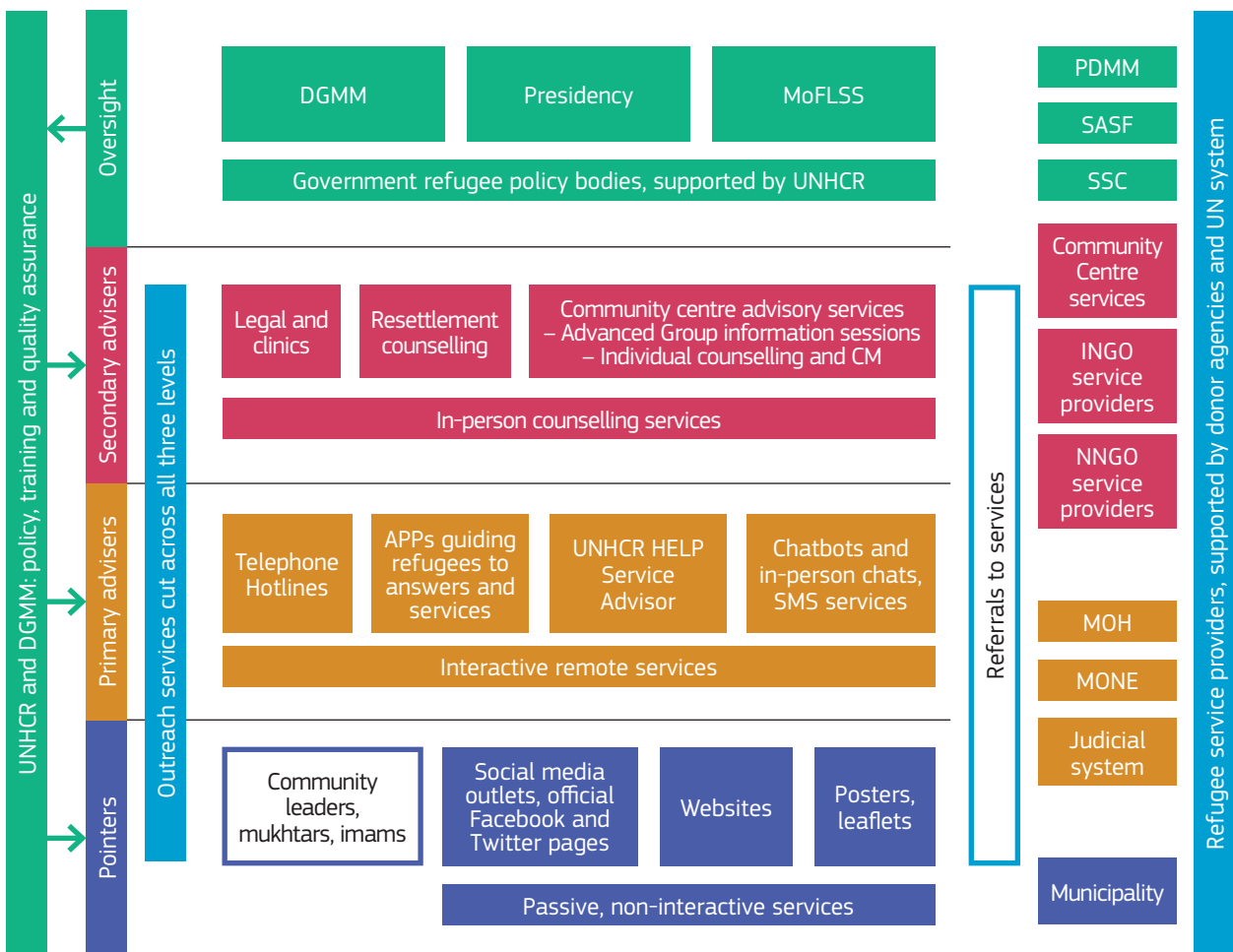
450 Migration and Integration Research Centre, (2020) *Syria Barometer 2019*, Ankara.

evaluation team concluded that the large number of refugees, their geographic dispersal, and low levels of literacy and smartphone availability, together suggest that the most effective way to provide basic information to refugees is through telephone hotlines, supported by online tools such as chat functions associated with websites and messaging apps. This is also the refugees' preferred way to receive information, and even more since the onset of COVID-19, when nearly all refugee information services have moved online.

As far as the evaluation team is aware, neither the Facility nor the greater humanitarian community has taken a system-approach to information and awareness – although in the evaluation team's analysis, there is an implied but not fully articulated 'information and awareness ecosystem'. In the diagram below (Figure 18) the team has attempted to describe the different components of this ecosystem, and recognising the evidence and discussion above, to differentiate them according to their functions. In this system map, the evaluation team has drawn a distinction between four levels:

- a. Activities whose purpose is to attract the attention of refugees and point them to where information can be found (called '**Pointers**').
- b. Activities whose purpose is to provide the first level of information remotely to the largest number of refugees (called '**Primary Advisors**'). After transacting with a Primary Advisor, a refugee should either have received an answer to their information need, self-referred to a service provider, or learned how to access the next level of the system for a more tailored response, which is:
- c. Those activities that provide in-person counselling to refugees (called '**Secondary Advisors**'). This level of the system should be expected to meet the information needs of fewer cases with more complex problems, and to facilitate referrals to specialised services.
- d. Finally, the team felt it was important to envisage that this ecosystem should contain a capacity-building, '**oversight**' and quality assurance function for the whole system, and proposes that this would be carried by the GoTR supported by UNHCR.

Figure 18 System map of the awareness-raising and information ecosystem



Source: Graphic developed by Evaluation Team

Finally, although the evaluation team has little information on the prevalence of Turkish language training, the team suspects that Turkish language training might be a highly cost-effective investment in refugee protection and well-being, as it opens the door to employment, education, health and other services, and social cohesion.

iii. Judgement criterion 11.3 The Facility has strengthened refugee access to specialised protection services

Notwithstanding gaps discussed below, the qualitative evidence suggests that refugees in Turkey are able to access a wide array of protection services. Both media monitoring as well as detailed ESSN surveys show that there is no huge crisis of refugee poverty driving refugees to negative coping strategies in order to meet their basic needs (thanks to a combination of ESSN and tolerance of informal labour)⁴⁵¹, and refugees generally feel increasingly secure in Turkey⁴⁵².

By early 2020, in large urban centres of the south-east (to a lesser extent in Istanbul and lesser still in small cities) the system of referral and services has become quite advanced, with a wide range of service points⁴⁵³ providing diverse services. There is also qualitative evidence that referrals to, as well as services provided by government agencies, are growing stronger and reaching beyond the limits of NGO service providers. In terms of quantity, 514,376 refugees were referred to specialised protection services with support from the Facility Tranche I. Unfortunately, there is no comprehensive data available on the outcomes of these referrals: whether the referred refugees received the recommended services and at a sufficient quality. Partial evidence from interviews and reports suggests that refugees received good support from specialised non-government service-providers including NGOs, CTE and ESSN, adequate support from PDMM (registration) and education institutions, and less robust support from government health services and SSCs.

Government referrals increased substantially when DGMM introduced a separate step in the verification process whereby persons with special needs were sent to a separate unit ('protection desk') within the verification centre, for confidential counselling and onward referral to specialised services. The protection desks ended up becoming a key feature of verification and are regarded by

UNHCR and the EU as one of the most important protection activities in Turkey⁴⁵⁴. Approximately 20% of verified refugees were referred from the registration officer to the protection desk for some sort of protection follow-up using 61 categories of vulnerability (including sexual orientation). However, DGMM did not report to its donors the details of cases assessed by the protection desks.

MoFLSS' extensive network of SSCs provides social assistance in every province and major community in Turkey. They were supported by UNHCR (in the Istanbul region), UNICEF (for the ASDEP services and child protection, as part of CTE), and UNFPA was the main 'structural' UN partner agency. The UNICEF and UNFPA support was financed by the Facility, and UNHCR's support was financed by other donors. While the declared objective of the UNFPA project was 'to improve access of most vulnerable refugees to social services in Turkey,' the implied longer-term strategy was to open up the Turkish social assistance machinery to refugees, and to create the foundations for ongoing refugee support through Turkish government systems⁴⁵⁵. The project seems to have been largely successful in building SSC capacity to provide services to refugees, and in providing a range of services to Syrians and host communities. An external evaluation conducted in 2020 found that the project 'achiev[ed] fully the expected results of its first component (expansion of service delivery). It achieved several of the results envisaged under the second component (improving the quality of service) but is lagging in fulfilling the targets of the third component (strengthening social service policy)'⁴⁵⁶.

By 2020 and thanks to the Facility, TRCS has greatly increased its understanding of protection and assumed a central role in the system of referral and protection services in Turkey. Though diverse, the 16 TRCS community centres all provide a common core set of services in protection, livelihoods, social inclusion and health, including PSS. They also continued to work in the field despite the challenges of the pandemic. Over the life of the Facility, as TRCS has become more experienced and as the refugee population has become more settled, there has been a clear evolution in the nature of services offered by community centres. An initial focus on basic information and distribution of non-food items (and in some locations even basic health services) has evolved into more sophisticated protection counselling and legal assistance, while classes in life skills (sewing, handicrafts, cooking,

451 Readers should note that this report was drafted before the impact of COVID-19 on refugee incomes was assessed, although the protection community was very concerned at the possibility of a dramatic worsening of refugee poverty due to the collapse of informal employment (necessary for refugees to meet their basic needs).

452 Migration and Integration Research Centre, (2020) *Syria Barometer 2019*, Ankara.

453 Community centres, legal aid clinics, SSCs, MHCs, specialised NGOs.

454 Observers in DGMM, UNHCR and the EU felt that one of the most important outcomes of the protection desks was that they increased the level of understanding throughout DGMM of what protection is, and that staff came to see the function of DGMM as more than administration but also as a key actor in a greater ecosystem of refugee assistance.

455 The legal foundation for this is provided in the LFIP Article 30-2: 'For those who are in need among the foreigners within the scope of this Regulation, access to social services shall be provided according to the principles and procedures set forth by the Ministry of Interior and the Ministry of Family, Labour and Social Services.' However, UNFPA correspondence with the Commission explains that there was no record or anecdotal evidence of refugees being assisted by SSCs prior to the UNFPA project.

456 Al-Azar, Rima. et al., (2020). *UNFPA evaluation of 'Improving access of most vulnerable refugees to social services in Turkey*. DARA.



With the EU's financial support, KfW (German Bank for Reconstruction) works together with MoNE (Ministry of National Education) to provide equipment for workshops of VET (vocational education and training) institutions. Mohamed is 19, studies accounting and wants to study economics. The only city that he has seen besides Istanbul is Çanakkale and he wants to see the Black Sea Region. His dream may come true with the awareness activities that the schools will organise thanks to this project.

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(photographer: Berna Cetin)

computer literacy) have changed focus to the skills needed by the labour market, and related skills such as job-search strategies and interview tips. Over time, what was initially a general range of relief services has narrowed down to two sets of longer-term structural needs for refugees: protection and employment. Because of TRCS's access to government and the extent of its referral network, its community centres are probably more effective than INGOs at resolving most of the problems presented by refugees.

INGOs provided a high quality of service to refugees, and were better at including unregistered refugees, but their scope was limited first of all by the Commission-guided model of operating out of a relatively small number of physical community centres in provinces with large Syrian populations, and by regulatory restrictions (i.e. limitations on outreach, and on the delivery of advanced PSS services, GBV response and legal aid). INGOs were an important part of the referral ecosystem, but were not allowed to fulfil their potential. Several NGOs were supported by the Facility as sub-contractors of INGOs and especially as partners of UNHCR. A few NNGO protection partners were highly specialised in providing services to 'niche' populations at particular risk, including LGBTI+ refugees, refugees in detention, and seasonal agricultural workers (SAWs) - often *Dom*.

The evaluation team looked in depth at the services offered to different vulnerable groups. The team concluded that the Facility has taken appropriate measures to provide GBV awareness and response services, within a difficult operating environment. However, the team does have a concern with the future of GBV services for refugees, as most of these are

provided by NGOs or by MoFLSS with direct support from UNFPA. Similarly, through support to UNFPA⁴⁵⁷, the Facility has risen to the challenge posed by the provision of services to LGBTI+ refugees in Turkey, and seems to the evaluation team to have provided a response proportionate to the special needs of this community.

Facility partners were inhibited in reaching socially and physically isolated vulnerable groups by government policies limiting outreach, and also did not seem to have the programme and policy leverage to overcome structural protection problems for refugees that are also prevalent in Turkish society (notably child labour and early marriage). Specific vulnerabilities where the Facility did not provide enough support, and where the evaluation team thinks progress could be made, are addressing the particular problems of seasonal agriculture workers, out-of-school children, refugees needing psychosocial support (see health chapter), and non-Syrians generally.

iv. Judgement criterion 11.4: The Facility has put in place provisions for the sustainability of protection interventions

It needs to be stated, again, that the most important steps towards sustainability have been taken by the GoTR. This is rooted in the generous provisions of the LFIP, and complemented by a number of tactical policy decisions such as the phasing out of TECs and taking over registration of non-Syrians. Including refugees within the scope of GoTR programmes (health, education, social assistance) provides them with a firm foundation for their sustainable future in Turkey.

457 UNHCR also has an initiative to support LGBTI+ refugees in Turkey, but not with Facility funding.

The Facility has welcomed the GoTR's commitments to support refugees in Turkey and has worked with the GoTR to achieve this goal. As part of this overall strategy, the Facility has shifted the weight of funding and effort from humanitarian to development channels, and from NGO/UN delivery to implementation by government ministries. This transition is fully in line with the principles of the humanitarian-development nexus, the *Global Compact for Refugees* and the EU policy statement *Lives in Dignity*. By thus aligning with the Government political will, and providing substantial additional resources to government programmes, the prospects for sustainability are improved.

On the GoTR side, the two key protection services are registration by DGMM, which is expected to continue (although the sustainability of the protection desks is uncertain), and refugee assistance provided by the MoFLSS SSCs. While the evaluation team is optimistic that including refugees in the mandate and work practices of MoFLSS will enhance sustainability, the team remains concerned that this will not provide an improved quality of service (services will be 'wide but shallow'), that the SSCs will continue to be under-resourced and overloaded, and they will not improve their linkages to CSOs. The evaluation team expects that the Facility's direct grant with SSCs in Tranche II will provide more sustainable support for refugees, but that this will not be on a larger scale or greater quality.

The main sustainability challenge regarding the TRCS community centres is their high cost in relation to their beneficiaries: there are 16 well-established full-service community centres in 15 provinces, providing a deep level of service to relatively few refugees – a 'five-star approach' that is unlikely to be maintained at its current scale⁴⁵⁸. While interviewees differed in their diagnosis of TRCS sustainability, the evaluation team is confident that TRCS will remain standing as the single largest and strongest refugee support agency in Turkey. However, how it is funded will also determine what it focuses on. TRCS's core business and Red Cross/Crescent roots are relief supplies and assistance to large numbers of people in times of disaster. If it is funded by some combination of development actors, the Turkish government and local philanthropic supporters, which seems the most likely scenario, then the consensus of interviewees is that it will probably reduce some of the more 'humanitarian protection' work that is taking place now, and focus more on relief distribution as well as livelihoods.

Regarding NGOs, the evaluation team could not find evidence of a well-developed exit strategy in any INGO documentation in the DG ECHO database, HOPE⁴⁵⁹. Some INGOs are likely to be supported for several years to come by donors including the EU. However, the costs of working in Turkey are relatively high, the operating environment is difficult, and the Government will not

finance INGO projects. As a result, INGOs are unlikely to be able to continue their work in Turkey after external donor financing ceases. Some of the smaller NNGOs addressing 'niche' protection needs (asylum seekers in detention, LGBTI+, SAWs, *Dom*, GBV) existed before the recent refugee influx, usually based on a combination of small-scale philanthropy, volunteers, and direct funding from affiliate INGOs. They are expected to continue their work indefinitely, but on a limited scale.

Regarding protection mainstreaming, the evaluation team found (see JC2.5) that protection was quite well mainstreamed in other sectors, although there were some weaknesses in health (insufficient focus on MHPSS), education (inability to reach 400,000 out-of-school children), and ESSN (targeting criteria that did not fully address protection risks). As Facility Tranche II further increases use of government channels, deliberate consideration of protection, through shared understanding of protection and structured approaches to 'protection mainstreaming,' will become more important.

4.2.5. EQ12: To what extent has the Facility contributed to migration management that is in line with human rights standards?

Rationale

This EQ relates to the Facility's expected intermediate impact that irregular migration is reduced. It evaluates the Facility contribution to migration management, a small portfolio based on supporting the Turkish state in this area. The EQ has two JC looking at reception for irregular migrants and the capacity of Turkish reception centres and Coast Guard.

Summary

The Facility has contributed to supporting Turkey in the management, reception and hosting of irregular migrants in Turkey. This contribution has been relevant, but it has also been relatively small and time-bound given the broader EU migration management portfolio. The six coastguard vessels provided took part in a good number of search and rescue operations, undoubtedly saving lives.

The Facility funded two projects on migration management, one to boost removal centre infrastructure, and one to provide search and rescue capacity through the provision of six coastguard vessels. These also sought to increase capacity in the level of human resources through staffing and training which, whilst appreciated, is unlikely to be sustainable without adequate follow-up funding and institutionalisation of training. Some of this is ongoing via IPA outside of the Facility and IOM.

458 'Quality' approaches seem to be preferred by GoTR showcase programmes, such as the temporary accommodation centres.

459 Recall that the Evaluation Team did not consider projects being implemented in Facility Tranche II.

Migration management was initially a part of the Facility in anticipation of larger returns from Greece under the 'one-for-one' part of the *EU-Turkey Statement*. When these numbers did not materialise, support was scaled down. The evaluation team was not able to visit centres or interview detained migrants as a result of the COVID-19 pandemic. As a result, the degree to which humanitarian border standards are being upheld is not clear. Final reports for the projects and key informant interviews suggest there have been improvements but gaps remain in knowledge of asylum procedures and their application in removal centres, as well as in relation to the detention of families and minors⁴⁶⁰.

i. Judgement criterion 12.1 The Facility has contributed to migrants being received and hosted in adequate conditions

The *EU-Turkey Statement* was agreed at a time of extreme migration pressure in Europe, primarily as a result of the Syrian civil war, and many starting their journey from Turkey. It envisaged a number of measures to slow or prevent irregular and dangerous migration, principal amongst these the 'one-for-one' mechanism, whereby irregular migrants would be returned to Turkey and in return there would be an equivalent number of refugees legally given sanctuary in Europe.

In response to this aspect, the Facility (as another key component) sought to finance the safe reception of those irregular migrants being returned to Turkey. This was not – and is not – the only EU support for Turkish efforts to stem and control the flow of irregular and dangerous migration. Much work had been done already outside the Facility through the regular pre-accession assistance and there is also financing available through the Instrument contributing to Stability and Peace. However, the Facility did fund two projects – one to support the new DGMM and another with IOM.

In the event, the anticipated flow of people back to Turkey did not materialise and, over the lifetime of the projects and the first tranche of the Facility, only 369 Syrians and 1,605 non-Syrians⁴⁶¹ had been hosted in the Facility supported Turkish removal centres⁴⁶². Towards the end of 2017, conscious of the small numbers being repatriated from Greece, the Facility and DGMM reoriented the project towards migrants apprehended in Turkey.

The DGMM project aimed to establish one removal centre and conduct maintenance work in 18 removal centres; ensure the safe and dignified transfer of migrants and refugees; provide psychosocial support, interpretation and accommodation services to irregular migrants; support DGMM capacity on fraud detection; provide equipment for fraud detection and fingerprint recording devices; and expand the GÖÇ-NET database on irregular migration. Facility monitoring data up to Q4 2019 records that 325,589 migrants have received assistance while being hosted in removal centres under this action. The Çankırı removal centre has been operational since July 2019 with a capacity for 750 persons and with the possibility for extension to host 1,500 persons. Rehabilitation and additional equipment has been undertaken at all 18 additional removal centres.

A total of 184 staff have been recruited to work in removal centres to provide services to migrants hosted there: 15 social workers, 24 psychologists, 53 translators/interpreters, 15 food engineers, 45 technicians and 32 drivers. DGMM also allocated the cost of medication and medical treatment to five centres in Kayseri, Izmir, Gaziantep, Van and Çankırı. All removal centres have mobile libraries, and in some centres movie theatres and sports equipment have also been provided. People in removal centres have received support in the form of hygiene/cleaning kits, clothing, baby care and clothing kits.

At the end of 2019 DGMM detention capacity stood at 20,000 places in 28 removal centres⁴⁶³. It is worth noting that, in 2015, several removal centres were established at the request of the Government, for instance in Kayseri, Erzurum, Van, Izmir and Gaziantep with the support of IPA funding provided outside of the Facility for migration management⁴⁶⁴. Both of these points suggest that the Facility's contribution needs to be viewed within a broader picture of needs and migration management funding outside of the Facility. Interviews conducted for this evaluation suggest that support for migration management has decreased over time even though irregular migration has increased. According to the DGMM website, the number of irregular migrants apprehended in 2019 was 454,662⁴⁶⁵. With the project coming to an end and IPA funding being more limited and costs being covered from the national Turkish budget (including deportation costs, which are very high), it is not possible to cover the same scope of services for migrants at removal centres and as a result staffing is no longer covered due to lack of financing from the Ministry of Finance⁴⁶⁶.

460 KIs MM01, MM02, MM03

461 DGMM final report.

462 The reasons for the slow progress under the 1-for-1 part of the EU Turkey deal are dealt with extensively elsewhere, with the log-jam in case processing still ongoing in Lesbos and the infamous Moira camp.

463 Asylum Information Database: Turkey Country Report (2019 update).

464 European Commission. (2016). Draft Report on the fact-finding mission of the Budgetary Control Committee to Turkey 1-4 November 2016. Brussels.

465 DGMM (2019) 'Return Statistics: The Number of Irregular Migrants That Have Been Apprehended by Years', available at: <https://en.goc.gov.tr/irregular-migration>, accessed on 12th November 2020.

466 KIs MM01, MM03

Support provided by the IOM intervention with IcSP funding delivered six boats with adequate technical specifications for sea rescues to the Turkish Coast Guard.

ii. Judgement criterion 12.2 The Facility has contributed to the increased capacity of Turkish immigration officials and the Turkish Coast Guard to assist migrants in line with humanitarian border management standards

Facility data on migrants hosted and assisted in removal centres does not provide their perspective on the conditions under which they are hosted. Interviews conducted during the field phase suggest that there remain gaps in applying humanitarian border management standards at removal centres and more generally in relation to migration management practices. For example, instances of lack of awareness of procedures for processing applications for asylum from removal centres were cited – although there is a noted variation between provinces in relation to ‘the quality of interviews, the assessment of evidence, the lack of identification of vulnerable groups, the lack of training of migration experts as well as the lack of available interpreters have been reported as particular concerns throughout the year’⁴⁶⁷. Even though families are not meant to be kept in detention, in practice sometimes families are hosted in removal centres; and there are also persons under 18 held in removal centres when they should be put in other facilities in line with child protection standard practices⁴⁶⁸.

The literature additionally cites conditions in removal centres varying from one facility to another and hosting different categories of persons (including those with a foreign terrorist fighter, or YTS, code). There continue to be reports of lawyers in some instances being denied access to centres. In addition, there are also instances of authorities apprehending irregular migrants and Syrians who are not registered in the province they are present in, most notably in Istanbul, and being sent to removal centres (or temporary accommodation centres in the case of Syrians). There have also been concerns of enforced returns to Syria in 2019⁴⁶⁹. Nonetheless, there are also noted improvements in 2019, for example legal amendments that provide alternatives to detention including residence at a specific address, volunteering, financial guarantees, electronic tagging, and weekly sign-up at a police station⁴⁷⁰. It is also worth noting that not all irregular migrants are kept at removal centres, with some who will be asked issued a summons to leave the country and released but they will stay; and others who are released while their asylum application is being considered⁴⁷¹.

There is evidence of lives saved as a result of the six new coastguard vessels provided by IOM to the Turkish Coast Guard (TCG) under this aspect of the Facility assistance. The IOM final evaluation of their project⁴⁷² found that 820 people had been reported rescued at sea and that there had been a drop of 80% in the number of deaths between 2015 and 2017 (much more attributable to the *EU-Turkey Statement* and migration flow trends than to the boats themselves). The IOM evaluation reports that the new design allows the Coast Guard better capacity for search and rescue at sea. There was also significant training provided and some counselling support to those who had been involved in difficult rescue operations. There were also 14 smugglers apprehended during this period.

467 Asylum Information Database: Turkey Country Report (2019 update), p37

468 KII MM01; Asylum Information Database: Turkey Country Report (2019 update).

469 See for example Amnesty International. (2015a). *Europe's Gatekeeper: Unlawful Detention and Deportation of Refugees From Turkey*; and Asylum Information Database: Turkey Country Report (2019 update).

470 KII MM01; Asylum Information Database: Turkey Country Report (2019 update)

471 KIIs MM02, MM03

472 Ex Post External Evaluation of the 'Strengthening the operational capacities of the Turkish Coast Guard in managing migration flows in the Mediterranean Sea' Project.



5 The Facility's response to the COVID-19 crisis



Practitioner Esad Aslan is monitoring his patient Ahmed Haj's blood pressure.

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This additional chapter summarises the findings of a supplementary study on the impact of COVID-19 which was conducted during October and November 2020, based on a literature review, review of Facility documents and KIIs. Due to its timing, this study largely focuses on the response to the onset of the pandemic and ‘first wave’ of the virus in 2020. The full study is presented in Volume III, Annex 1.

5.1. National response to COVID-19 in Turkey

Based on the information available at the time of writing, the trajectory of the COVID-19 epidemic in Turkey appears to have been broadly comparable to that experienced by EU Member States. There was a rapid acceleration of community transmission of the virus in March and April 2020, a reduction in weekly cases and deaths from May through to August, and an increase in September and October back to levels of infection and mortality comparable to those experienced in March and April – a ‘second wave’. As in EU MS, the utility of case numbers is challenged by variable/evolving testing capacity, but also because Turkey chose to exclude asymptomatic cases from official statistics for several months in 2020⁴⁷³.

Turkey’s strong public healthcare and health insurance systems appear to have enabled the country to mount a robust response to the pandemic. A key point of comparison between Turkey and the largest EU countries is its higher number of intensive care unit (ICU) beds – some 46 ICU beds per 100,000 population in 2018, which indicates a strong improvement in one of the critical capacity factors to tackle the pandemic⁴⁷⁴. As reported by WHO, ‘even at the [first] peak of the pandemic ... the highest occupancy of ICU beds did not exceed 60%’ in Turkey⁴⁷⁵. However, Turkey had comparatively low numbers of doctors (1.9) and nurses (2.3) per 1000 inhabitants (the second lowest among OECD countries) in 2018⁴⁷⁶ and the pressure on human resources has been very high, maybe unprecedented⁴⁷⁷. There are several factors in addition to the health system capacity that put people at risk of being affected by COVID-19, though these are principally economic. COVID-19 has derailed a fragile economic recovery in Turkey⁴⁷⁸; the economy (GDP) contracted by 9.9% between Q2 2019 and Q2 2020⁴⁷⁹; unemployment reached 14.3% in June 2020 (its highest rate since 1991); and 2.3m fewer people were employed at Q2 2020 compared with Q4 2019⁴⁸⁰, with services and manufacturing sectors most heavily disrupted⁴⁸¹.

The Turkish government was relatively quick to pursue policies to contain the various effects of the pandemic (see Volume III of this report (Annex 1)) as cases multiplied. All schools and universities were closed on 16th March 2020. Online and TV broadcasting education named EBA (*Education Information Network*) started for primary and secondary schools after a one-week half-term break⁴⁸². A variety of age-selective and comprehensive curfews and travel bans were imposed locally and nationally from late March to early June before being relaxed in the summer months, and strategic stockpiling and local production avoided critical shortages of drugs and medical equipment⁴⁸³. Along with the mitigation and containment measures, the Government also implemented several social protection measures to alleviate the COVID-19 shock⁴⁸⁴. These included increased budgets for SASFs, increased payments to healthcare workers, relaxation of means-testing and increases to existing social assistance transfers including a one-off TL 1000 transfer to vulnerable households, increases to pensions, prohibitions on layoffs and allowances for short term work. However, these social protection schemes implemented by the Government have mainly targeted Turkish citizens to protect them from the COVID-19 shock, and none of them address the specific needs of refugees.

473 The Health Minister explained on 1st October 2020, that COVID-19 case figures exclude the number of people who have tested positive but are showing no symptoms. This practice of not reporting asymptomatic cases is not compatible with the WHO definition of ‘a confirmed COVID-19 case’, which is ‘a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms’ – Daventry, M. (October 2020); WHO (2020a). Later on, the total number of cases in Turkey was updated by the Ministry of Health by adding the asymptomatic cases recorded between 29 July 2021 and 10 December 2021.

474 Ministry of Health (2018)

475 WHO (2020c)

476 OECD (2020b)

477 COVID-19 KIIs, Oct and Nov 2020

478 Ibid

479 IMF (2020)

480 OECD (2020c)

481 TURKSTAT (2020); World Bank (2020b)

482 WHO (2020c)

483 Ibid

484 Please see Gentilini et al.2020 for the full list and explanation of social protection responses to COVID-19 that have been implemented in Turkey.

5.2. Impact of COVID-19 on refugees

There is no available data on the extent to which refugees in Turkey have been any more or less likely than their host communities to be infected with COVID-19. However, it can be said with some certainty that COVID-19 has made it more challenging for refugees to access education, the labour market and social safety nets. Nevertheless, refugees have not been specifically addressed by the aforementioned mitigation measures implemented by the Government. Refugees have been disproportionately excluded from these measures as they are mostly working informally, have barriers to access to online education, and unregistered refugees and refugees under international protection are not covered by general health insurance. The evaluation team did not find government agency analysis of the impact of COVID-19 on refugees in Turkey. Interviews with EC staff indicated that the Turkish authorities did provide a document entitled 'needs assessment', however this was considered a collection of budget lines from the overall national response rather than an actual analysis of refugee needs⁴⁸⁵. According to a survey carried out by IFRC and TRCS with 468 ESSN beneficiary households, 78% reported facing an increase in expenses to cover additional costs like food and hygiene items⁴⁸⁶. Accordingly, as stated by the UN, 'COVID-19 has increased the reliance of Syrian refugees on international assistance'. Refugees' job losses have also been combined with an increase in expenses and increasing coping mechanisms such as borrowing money in Turkey⁴⁸⁷.

COVID-19 has deepened pre-existing vulnerabilities of refugees in Turkey across all sectors including education, health, socio-economic support and protection (explored in more detail under the sections in Annex 1 of Volume III of this report). However, the biggest challenge of COVID-19 for refugees in Turkey is economic⁴⁸⁸. Refugees are much more likely than host community members to work informally (85% vs. 35%), and in the sectors most heavily affected by the pandemic (74%)⁴⁸⁹. This implies that the majority of working Syrians are not under the coverage of the mitigation regulations on layoffs, reduced work time and wage subsidies. Consequently, refugees have been much more likely to lose income and employment during the pandemic. Surveys carried out by ASAM⁴⁹⁰ and DGMM/IOM⁴⁹¹ suggest that as many as 80% of refugees lost work and income due to the pandemic, in a context where most refugee households were already

resorting to the use of negative coping strategies in early 2019⁴⁹². Syrian-owned enterprises have also been more vulnerable to the pandemic due to a lack of information about government support, limited working capital and the difficulty of moving to remote working.

Employment is not the sole challenge for refugees. The closure of schools also resulted in inequalities for refugee children in terms of access to remote education. Refugee households have been found by a number of surveys to be less likely to possess the required equipment (TV, mobile phone, computer and internet) to enable children to continue their education, in addition to the learning at a distance, in a second language, in potentially distracting household conditions⁴⁹³. In health, Turkey remains an example of good practice in terms of including refugees in the national health system, with MHCs continuing to provide free of charge healthcare throughout the pandemic, even to unregistered/ undocumented refugees in the case of diagnosis and treatment for COVID-19⁴⁹⁴. However, access to health for refugees and also the host population was interrupted, in particular routine hospital visits and access to SRH and MHPSS services. Furthermore, the pandemic has had a disproportionate impact on refugee access to healthcare, given that it has exacerbated existing barriers such as language (for delivery of COVID-19 information, and contact tracing) and economic barriers. Incidences of refugees wrongly assuming healthcare facilities are closed⁴⁹⁵ or fearing deportation if found to be COVID-positive⁴⁹⁶, have been documented. More importantly, irregular migrants and refugees under international protection over 18 who have been registered as such for more than one year are not able to benefit from general health insurance.

The economic, health and education impacts of COVID-19 on refugees also come with associated protection risks. For example, disruption to education and loss of employment/income increase negative coping strategies (behaviours that increase protection risks) such as reducing the quantity and quality of food consumption, increasing debt⁴⁹⁷, accepting dangerous or illegal work, child labour, child marriage, begging and crime. Finally, the COVID-19 crisis is likely to have posed severe protection risks for vulnerable refugee groups such as those waiting for resettlement, women, Afghans or LGBTI+ individuals (detailed in Annex 1, Volume III).

485 Kils on COVID19, Oct and Nov 2020

486 IFRC and TRCS (2020)

487 IFRC and TRCS (2020)

488 Kirişçi and Erdoğan (2020)

489 Dempster et al. (2020)

490 ASAM (2020)

491 IOM (2020) Rapid Migrant Vulnerability Assessment as cited in United Nations (2020a)

492 Maunder, Seyfert, Aran and Aktakke (2020)

493 United Nations (2020), ASAM (2020), Protection Working Group (2020)

494 Association of Public Health Specialists (2020)

495 Relief International (2020).

496 Association of Public Health Specialists (2020)

497 Refugee household debt has almost doubled between Q2 2018 (TL 1,000) and Q1 2020 (TL 1,907): CVMEs cited in United Nations (2020). COVID-19 Socio-Economic Impact Assessment Report.

5.3. Facility response

EU external action as a whole has followed a collaborative approach to COVID-19 and has taken a series of actions to support its country partners⁴⁹⁸. Accordingly, the approach of the EU in responding to COVID-19 is called '*Team Europe*', aiming to pull together and mobilise contributions from all EU institutions, EU MS and financial institutions. The *Team Europe* COVID-19 contribution in Turkey is being channelled through the re-allocation of existing funds and within the framework of existing financing instruments and commitments in Turkey, one part of which is the Facility⁴⁹⁹.

As already noted, the Facility's response to COVID-19 in Turkey was not based on any rigorous, comprehensive needs assessment conducted in collaboration with the Turkish authorities. Instead, the Commission initiated a process of high-level consultation with Turkey to discuss what support might be needed in early April 2020⁵⁰⁰.

For two main reasons, the Facility management did not have much, if any, scope to undertake new programming to respond to the pandemic, within the Facility's financial envelope (much of the *Team Europe* response falls outside of the Facility). Firstly, on the EC side, the second tranche of the Facility (EUR 3 billion) had been fully committed, so 'new money' was not available; there was no legal basis for it. Secondly, the Turkish authorities were opposed to any suggestion of re-programming existing Facility actions⁵⁰¹.

As such, the Facility had two tools at its disposal to respond to COVID-19 in Turkey:

- The mobilisation of savings and contingencies at Facility-level.
- The reallocation of funding and adaptation of activities at the level of existing projects (actions).

All of these reallocations remain within the Facility's budget ceiling of EUR 3 billion in Tranche I and the same amount in Tranche II. However, the implementation deadlines under the Special Measures that provide the legal basis for IPA funding have been extended by two years.

The decision (or requirement) to mobilise savings and contingencies at Facility-level and adapt activities and budgets at action-level is considered to be highly appropriate by the evaluation team, as the most efficient

course of action available to the Facility in the short-term. This approach required no major reprogramming, or new legal basis for assistance, and allowed Facility actions to respond quickly and flexibly to needs. The much greater challenge for the second tranche of the Facility will be the medium to long-term relevance of actions which were programmed before COVID-19 but are to be largely implemented during and in the aftermath of the pandemic⁵⁰². In accordance with this approach of using savings/contingencies and modifying activities at action-level, in the absence of a comprehensive picture of refugee needs, the Facility was also right to engage its implementing partners, and ask them to share information on needs and to propose adaptations to their ongoing projects, as required.

In February 2020, DG ECHO held virtual meetings with all IPs and assured them that responding to COVID-19 would be considered an 'eligible cost'. In March 2020, DG ECHO communicated with all IPs and gave them flexibility to respond to COVID-19 by switching delivery modalities, and by moving budget lines. The latter required formal approval and amendments to contracts, and when receiving such requests from partners DG ECHO aimed to respond with informal approval or otherwise within 24-48 hours. The vast majority of requests were approved⁵⁰³. On the non-humanitarian side, EUD staff confirmed that funding reallocations from IPA II enabled EUR 4.75 million to be released within 10 days in the health sector, with additional amounts mobilised by EUTF⁵⁰⁴. Some delays in the EUD response to a request to modify PIKTES II were reported by MoNE, however, this request was not considered to be sufficiently evidenced⁵⁰⁵.

Budgetary adaptation to COVID-19 was eased in many cases by the fact that ongoing Facility-funded projects had unspent surpluses. There are three main reasons for this: (i) pre-COVID-19 slow implementation rates; (ii) interrupted implementation due to COVID-19 and the temporary closure of facilities and services and their corresponding budget lines (e.g. school transport, etc.); and (iii) the huge exchange rate swing during the Facility Tranche I period which increased the purchasing power of EUR value grants when procuring goods and services in Turkish lira.

As such, most Facility actions did not require additional funding in order to respond to COVID-19, but rather permission to reallocate resources and also, in many cases,

498 European Commission (2020). *Joint Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: Communication on the Global EU Response to COVID-19*. Brussels: 8.4.2020, JOIN(2020) 11 Final.

499 *Team Europe* (2020). Turkey: *Team Europe COVID-19 response tracker* – last update on 01/10/2020.

500 COVID-19 KII's, Oct and Nov 2020

501 COVID-19 KII's, Oct and Nov 2020

502 COVID-19 KII's, Oct and Nov 2020

503 COVID-19 KII's, Oct and Nov 2020

504 COVID-19 KII's, Oct and Nov 2020

505 COVID-19 KII's, Oct and Nov 2020



Abada Enizan and Nur Elauad are measuring the fever of patients who come to the Migrant Health Center.

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to extend project durations, by 1-2 months in the case of humanitarian projects and longer periods for development projects. It is important to note that humanitarian funding provided under HIP 2020 (including for example the cash grants provided by UNHCR to refugees who are not eligible for ESSN) was not funded from the Facility, but from 'post-Facility' humanitarian allocations. However, this report chooses to mention it to contextualise the response which did sit within the Facility.

Description and analysis of the response of the Facility to COVID-19 at the level of sectors and individual actions is contained in Volume III, Annex 1. However, there are certain responses and approaches that have been applied across the Facility as a whole, or that have dominated the response as thus are of strategic importance.

1. Mobilising savings to make top-up transfers to refugee households: as outlined above, the most significant impact on refugees arising from the pandemic is considered to be economic. As such, the Facility has responded accordingly by allocating the vast majority of Facility-level savings and contingencies to existing socio-economic support projects. The Facility has mobilised around EUR 65 million of which more than EUR 48 million has been allocated to the socio-economic support sector⁵⁰⁶. The most prominent response in this area was a one-off ESSN top-up of TL 1000 (roughly EUR 105), which was allocated to 301,136 households in two instalments in June and July 2020⁵⁰⁷. This top-up is extremely important and highly relevant given the conditions described above, however it is also important to note much less has been

made available for ESSN non beneficiary households, who, due to the homogeneity and precarity of the refugee population, might now be in as much if not more need as many beneficiary households. ECHO's 2020 HIP (outside of the Facility) made available EUR 8 million for TL 1000 per household transfers to non-beneficiaries of the ESSN, and numerous other humanitarian partners used savings (project-level or Facility-level) to implement small scale cash transfers (usually one-off). Similarly, in the education sector, UNICEF paid a one-off TL 85 top-up to all CCTE beneficiaries regardless of participation in remote education (which could not be monitored), mirroring the arrangements of the national CCTE programme. However, this is another resource transfer to the benefit of previous beneficiaries, rather than to those who are newly disadvantaged by circumstances brought about by COVID-19.

2. Switching to remote modalities: this was a major mitigation measure pursued by many IPs, particularly in the education sector. At the height of the pandemic, remote learning represented the only option for the continuation of education, and IPs were quick to adapt and align with the national EBA system. However, there are major concerns about the impact of remote modalities on equitable access and participation in education for refugees (introduced in the section above further explored in Volume III, Annex 1). PIKTES II was aware that the lack of access to technology in refugee households is primarily an issue of economic disadvantage and would have liked to provide tablets, especially to secondary students. However, this was

⁵⁰⁶ European Commission Team Europe. (2020). COVID Reprogramming in Turkey. (October 1).
⁵⁰⁷ IFRC (2020)

considered too expensive, not possible at scale within the required timeframe, and potentially harmful to social cohesion (may have caused resentment from Turkish families). As far as the evaluation is aware such a proposal has not been made to the EC⁵⁰⁸. All other non-educational in-person activities delivered by Facility actions were forced to move online or be cancelled/postponed. Those that continued online included: MHPSS activities for students, protection referrals, counselling and social cohesion services. As with education, there is an absence of data with which to paint a full picture of participation and obtain an understanding of effectiveness of such activities at this stage.

3. New COVID-specific activities: Facility actions have generally sought the continuation, adaptation or extension of pre-existing activities during the pandemic. However, there are notable exceptions of IPs proposing and implementing new activities that would not have been foreseen prior to the pandemic. Most significant among these is in the health sector (where projects have generally been modified the least, as they always aimed to supply healthcare), in the form of PPE procurement – totalling around EUR 11.3 million in Facility-level savings and contingencies mobilised, through SIHHAT (MoH), UNDP, WHO, Danish Red Cross and several humanitarian IPs. In the employability/livelihoods sub-sector, some actions designed and implemented new activities to support their previous objectives, for example micro-grants to small businesses (ILO) and incentives to retain Syrian refugees already in employment (TOBB). In the protection priority area, new awareness-raising content

and campaigns were developed by IPs in Arabic and Farsi around COVID-19 and around the anticipated protection risks (domestic violence and GBV, child labour, CEFM, etc.).

In reviewing the Facility's adaptations to COVID-19 it is also important not to lose sight of the pre-existing relevance of the Facility to the needs that are brought about and amplified by the crisis. The Facility is in the process of investing EUR 6 billion in a range of programmes that are already very relevant to the needs of refugees, during a pandemic or otherwise. The ESSN has been a vital lifeline for refugees that has reduced the need to resort to negative coping mechanisms and its importance amid the pandemic is simply reaffirmed. The Facility's investments in health care (seeking to expand availability and access), in education (promoting enrolment and attendance and targeting out of school children), and in protection (seeking to protect the most vulnerable and ensure that the rights of all refugees are realised) were already based on strategies which are and will continue to be highly relevant in the COVID-19 context. There are, however, some areas of Facility support in which Facility strategy now looks less relevant, given the new context. For example, the goal of integrating refugees into the formal labour market as a transition strategy for the ESSN, was already very ambitious, and now appears to be impossible. Similarly, as is argued in the sections below, the relevance of the Facility's social cohesion activities is challenged by COVID-19, and the overall approach to social cohesion may need to be revised in the coming years, if possible.

5.4. Impact of COVID-19 on Facility results

The impact of COVID-19 on Facility results is explored in detail and by sector in Volume III, Annex 1. However, across the whole of the Facility portfolio, four main themes emerge as the most salient impacts of the pandemic on Facility objectives and achievements.

i. Delayed achievement of output targets

In many cases, the cancellation, postponement or delay of project activities will lead to actions achieving their planned outputs but in a longer than anticipated timeframe. This is likely to be the case for a number of education activities (e.g. early child education, back-up and catch-up summer schools and social cohesion activities), and other projects that provide services or training in person. Construction projects in the health and education sectors, which were already experiencing delays, have also been pushed back further by COVID-19, delaying the improvements in access to education and healthcare services for both refugees and host communities.

ii. Outcome-level achievements reduced

In terms of outcomes, certain Facility achievements are also likely to be significantly reduced by the pandemic. In education, the Facility has recorded some impressive progress in terms of maximising refugees' participation, strengthening of the education system to cope with the refugee caseload, and potentially improving learning outcomes. The emerging picture of refugee education during the pandemic, with reduced participation, inevitable loss of quality, and increased negative coping mechanisms, suggests that there will be some degree of back-sliding on these gains. Returning to pre-pandemic levels of enrolment and attendance will be very challenging. In health, the pandemic has disrupted routine health service provision and demand, which will likely have a knock-on effect in terms of refugee health indicators. However, in this area there is insufficient evidence to suggest that refugees have been much more greatly affected than Turkish citizens, given that there has

⁵⁰⁸ SUMAF, *Promoting Integration of Syrian Kids into Turkish Education System (PIKTES II)*, Contract No: IPA/2018/403-554 Ad Hoc Mission SUMMARY REPORT 19 October 2020. p.12.

been a similar continuity of access to the health system for both populations. Basic needs provision through the pandemic has been vital to refugee households that have lost income. However, the safety net provided by the Facility is now even more likely to only mitigate the declining socio-economic situations of most refugees, rather than help to deliver positive improvements in wellbeing, as might have been hoped.

iii. Relevance, achievability and sustainability of some objectives compromised

Certain non-humanitarian Facility actions were designed based on an underlying assumption that there would not be a renewed crisis for the refugee population residing in Turkey, and that their situation would be generally stable. COVID-19 has undermined this, demonstrating the precarity of the refugee population and the persistent humanitarian need. The change in context has severely compromised the objectives of the livelihood and employability actions within the socio-economic support sector. Since the projects under the socio-economic sector started around 2017, the economic conditions were already becoming increasingly challenging. The negative effects of COVID-19 as well as the deteriorating economic outlook will make job creation and formal employment outcome targets unrealistic, and previous modest achievements in terms of job creation, establishment and expansion of SMEs may prove unsustainable. Some positive impacts of these programmes have been evident during the pandemic, however, with TOBB finding that refugees provided with skills certification by the Facility were more likely to retain their jobs⁵⁰⁹.

Similarly, social cohesion activities that had relevance prior to the pandemic, appear to be of declining relevance to refugees who are increasingly facing humanitarian needs. In the relative stability of pre-pandemic Turkey, many Facility activities which had longer term objectives relating to social cohesion and integration, had significant relevance and space to work. However, in the COVID-19 context, these activities are not only much harder to implement, but also much less relevant to immediate refugee needs. This is not to say that social cohesion will not be a challenge in the pandemic and post-pandemic context. On the contrary, development of a broader strategy for social cohesion, much wider than the previous activities, will be necessary to mitigate increasing tensions that are likely to result from the economic effects of the pandemic.

iv. Inequities/exclusion accentuated

Across all sectors, in general, the evaluation team concludes that COVID-19 has accentuated coverage and access gaps that were inherent in the system before COVID-19 and that, as a result of COVID-19, groups of refugees who were already under-served or excluded will become further excluded and fall further behind.

COVID-19 will cause many refugees to fall from just above the poverty line to below it⁵¹⁰. In this way, a 'new poor' is emerging, defined as 'those who were expected to be non-poor in 2020 before the COVID-19 outbreak but are now expected to be poor in 2020'⁵¹¹. Currently, 69.9% of all re-allocated Facility-level savings and contingencies have been allocated under the ESSN and CCTE programmes targeting current beneficiaries through a top-up. In other words, the ESSN top-up was given to ESSN beneficiaries who had already been recorded as a 'beneficiary' in June and July 2020⁵¹².

Given that the Facility COVID-19 response (in general) has been structured through the re-allocation of budget lines within the existing projects, implementing partner activities have also remained restricted to their beneficiary pools (other examples include CCTE, protection partners, etc.). This restricted 'beneficiary' scope has deepened the problem for accessing marginalised groups.

509 Note that the difference in outcomes cannot be fully attributed to the impact of the certification programme, as there is likely to be a selection bias and endogeneity as the unobserved characteristics of refugees who take the certification exams are likely to be correlated with their probability of keeping their jobs in this time period.

510 Mahler et al. (2010).

Note: *The baseline scenario assumes that the outbreak remains at levels currently expected and that activity recovers later this year, while the downside scenario assumes that outbreaks persist longer than expected, forcing lockdown measures to be maintained or reintroduced.* (Mahler et al., 2020).

511 Ibid

512 KII 1 Nov 19, 2020



6 Environment as a cross-cutting issue



4 months old baby Nur Nebil is waiting for vaccination.

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(photographer: Yunus Özkazanç) 2020

10. POLİKLİNİK
20
Bakım ve Koll. Servisi
Ail. Hekimliği

In this chapter, we examine the environmental dimension of the Facility, exploring the extent to which environmental and climate change considerations have been mainstreamed in the strategy and the implementation of the Facility, in accordance with relevant best practice guidance, as laid out in the EC guidance *Integrating the environment and climate change into EU international cooperation and development*⁵¹³.

i. Extent to which the Facility has used, strengthened, or improved national systems (policy, legislation, strategies, etc.) for environmental and climate assessment where relevant

Facility interventions correspond well with Turkish needs and priorities on environment, as indicated in the evaluation of the EUTF⁵¹⁴ which found that projects

implemented through the EU Trust Fund were closely aligned with several Turkish policies on energy efficiency, renewable energy and climate change. The most obvious examples are the KfW implemented project, *Clean Energy and Energy Efficiency Measures for refugee affected host communities in Turkey* and the UNDP Turkey Resilience Project, which is preparing a Climate Change and Carbon Footprint Plan for Hatay.

Figure 19 Measures to increase the sustainability of EU trust funds

BOX 3.8 EU trust funds and mainstreaming

EU trust funds provide opportunities for harmonising approaches to mainstreaming environment and climate change. Trust funds in the EU external action are funds pooled from a number of donors – notably, the EU, its Member States, third countries, international organisations and private donors such as foundations or citizens – that provide support to agreed-upon objectives. In fragile and conflict-affected situations, the trust funds allow the EU and other donors to respond collectively, with a clear division of tasks and an economy of scale, to immediate political and security needs where few other countries have embassies or their own development agencies. In these circumstances the trust funds seek to link relief, rehabilitation and development and to meet immediate needs as well as increase resilience and address the longer-term persistent causes of conflict and fragility.

As many of these causes have an environmental and climate change dimension, there are opportunities to improve the performance and sustainability of trust fund actions by mainstreaming environment and climate change into them. The Delegations can support mainstreaming by:

- Ensuring that national systems for environmental and climate assessment and mainstreaming processes are foreseen in the operating procedures of the trust fund;
- ensuring that country and regional analyses and insights on environment and climate change are made available to the trust fund – e.g. the importance of an ecosystem-based approach on environmentally fragile regions;
- ensuring that appropriate environmental and climate change screening, assessment and mainstreaming processes are foreseen in the operating procedures of the trust fund;
- exploring opportunities to encourage action, investments and complementary measures that promote the environment and climate;
- ensuring appropriate use of indicators to monitor environment; and climate change impacts.

Source: EC, 2016

⁵¹³ European Commission (2016) *Integrating the environment and climate change into EU international cooperation and development – Towards Sustainable Development*.

⁵¹⁴ European Union (2019) *Evaluation of EUTF Syria-funded Programmes and Projects for Livelihoods*.

Documents examined for this analysis show that, where relevant, and according to the nature of the project, national systems for environmental and climate assessment have been adopted, such as environmental screening, which is a legal requirement in Turkey for all infrastructure projects within the scope of the *Turkish Environmental Impact Assessment Regulation* (Gazette number: 25.11.2014/29186) Annex 1⁵¹⁵ or Annex 2⁵¹⁶. These processes are followed as part of IFIs' own standards and procedures, as shown during interviews for this evaluation⁵¹⁷ in which one of the main implementing partners (the World Bank) highlighted the importance of pre-construction activities, such as environment and climate assessments and Environmental and Social Management Plans (ESMPs).

Meaningful stakeholder engagement, capacity strengthening and awareness-raising on environment was evident within some Facility interventions, for example stakeholder events, peer-review activities on the environment and natural disasters and integration activities with an environmental theme⁵¹⁸. The *Clean Energy and Energy Efficiency Measures* project is also providing training to MoNE on energy efficient management and operation of solar panels installed, which includes both legal and regulatory aspects, and awareness and information campaigns within schools and the local community to promote the sustainable use of renewable energy. Other examples include capacity building on the delivery of municipal services in terms of improvements to planning, operations and management⁵¹⁹ which is being informed by a solid waste management plant study and climate change and carbon footprint study.

During the interviews conducted for this evaluation⁵²⁰, one of the main implementing partners for infrastructure projects observed a change in mindset within the MoNE, which is now giving more importance to environmental issues. A similar situation was found for the *Education Infrastructure for Resilience Activities in Turkey*; here the IP mentioned strengthening of awareness of environmental considerations amongst contractors and supervisors, as a result of working with IFIs on Facility projects.

ii. Extent to which the Facility has ensured that appropriate environmental and climate change screening, assessment, and mainstreaming processes are foreseen in operating procedures.

Implementing partners have procedures in place to ensure that environment and climate risks and impacts are managed throughout implementation. All sampled interventions which involved construction had some kind of environmental and social management plan in place, in line with the standards and procedures required by the relevant implementing partners, and particularly the World Bank whose *Environmental and Social Framework* (ESF) is considered international best practice, and is adopted by other agencies and organisations.

World Bank Environmental and Social Framework (ESF):

Outlines ten standards that all of its projects have to follow. This covers assessment and management of risks and impacts, labour conditions, resource efficiency and pollution management, health and safety, land acquisition and resettlement, biodiversity conservation, indigenous peoples/traditional local communities, cultural heritage, financial intermediaries and stakeholder engagement.

By their nature, some of the Facility's interventions will have more of a potential environmental impact than others. It would be fair to say that, in its choice of implementing partners for its major infrastructure projects, the Facility has ensured appropriate environmental and climate change screening, assessment and mainstreaming processes. Given the large amount of funds that are allocated to these projects, this is a reliable way of ensuring that environmental standards are upheld, and environmental impact reduced.

515 Turkish Environmental Impact Assessment Regulation (Gazette number: 25.11.2014/29186) Annex 1 – Projects which require an EIA – include large scale solar above 10MWe, waste storage or dispose of more than 100 tons per day, wastewater treatment of over 30,000m³ per day and medical waste incinerator above 1 ton per day.

516 Turkish Environmental Impact Assessment Regulation (Gazette number: 25.11.2014/29186) Annex 2 – Projects which should obtain a screening decision – include medical waste incinerators above 200-1000kg per day, interim hazardous (e.g., medical) waste storage, solar energy installation of 1 to 10 MWe (excluding roofs), treatment of wastewater 10,000-30,000m³ per day, storage and disposal of waste under 100 tons per day.

517 KII with WB. (2020) Field Phase I.

518 *Enhanced Support to Refugees Affected by the Syrian and Iraqi Crises in Turkey* (ASAM – TF-MADAD/2017/T04.56).

519 UNDP Turkey Resilience Project in response to the Syria Crisis (TF-MADAD/2017/T04.76).

520 KII with KfW (2020) Field Phase I and KII with World Bank (2020) Field Phase I.

While the interventions sampled did not provide evidence of any systematic environmental mainstreaming within non-infrastructure or renewable energy technology projects, some examples were found. For example, in a process driven by the implementing partner, the *Enhanced Support to Refugees Affected by the Syrian and Iraqi Crises in Turkey* project (ASAM) has incorporated environment and climate in its social integration activities, through community-based discussions. This is a very good example of what could be considered best practice in terms of mainstreaming environmental considerations and benefits within the context of another, primary objective, such as social integration.

iii. Extent to which the Facility has taken into account country and regional analyses and insights on environment and climate change where available

As mentioned above, the Needs Assessments of 2016 and 2018 recognised the additional demand on municipal infrastructure, including waste, water and other basic services that would inevitably result from the influx of refugees in Turkey⁵²¹. Facility interventions respond to a range of relevant EU policies, on environment, such as *EU Sustainable Development Strategy*⁵²², *new European Consensus on Development*, *EU External Investment Plan* priority on sustainable energy⁵²³, *ECHO Strategic Plan*⁵²⁴, and, in particular, *Lives in Dignity*⁵²⁵ which recognises the need for basic services for both host communities and refugees, including waste management, water, sanitation and housing, and particularly in the context of long term pressures. These issues have fed into the Facility's strategic priorities on basic needs (covering WASH) and socio-economic support (covering social demands on municipal infrastructure), although for reasons explored in other parts of this report (EQ3), municipal infrastructure as a sector was not prioritised in Facility Tranche I.

At the intervention level, the *UNDP Resilience* project has been designed to improve waste management practices and wastewater management within Tranche I. Under Tranche II, the Facility will continue to support the municipal infrastructure of water, waste and wastewater with a budget planned of EUR 380 million based on the Programming of the Second Tranche Note⁵²⁶. Energy demand and the need for clean energy have been prioritised in Facility interventions through the following infrastructure projects:

- *Education Infrastructure for Resilience Activities* in Turkey supporting educational infrastructure investments to be energy efficient.
- *Health Infrastructure in Kilis project* – an Environmental and Social Management Framework for the project requires buildings to be constructed in line with energy efficient requirements.
- *Construction of a State Hospital in Hatay project* – an Environmental and Social Commitment Plan for the project requires an energy efficient plan and are incorporating energy efficiency measures for construction and operation of the hospital buildings.
- *Clean Energy and Energy Efficiency Measures for refugee affected host communities in Turkey* – solar energy for schools and capacity development on management of solar energy, energy efficiency rehabilitation for schools and on energy efficiency.

iv. Extent to which the Facility has explored opportunities to encourage action, investments and complementary measures that promote the environment and climate change

The main example found within this review was in vocational education projects in which the EUD⁵²⁷ has been encouraging education, medical, construction and environment-related fields in response to future needs. While there appears to be some consideration of environment and climate opportunities, actions or other measures outside of the Facility's core intervention areas, this does not seem to be significant.

521 3RP Reports, World Bank Country Partnership for the Republic of Turkey, Inter Agency Shelter and WASH Assessment Report, *Compendium on Good and Innovative Practices in The Regional Response to The Syria and Iraq Crisis: Volume II – Good Practice Principles, Refugees in Turkey: Comprehensive Vulnerability Monitoring Exercise Round 4, Multi-Sectoral Needs Assessment of Syrian Refugees in Turkey, and World Migrant Report*.

522 European Commission (2001) Communication from the Commission A Sustainable Europe for a Better World: A European Union Strategy for Sustainable Development.

523 European Union (n.p.) EU External Investment Plan. Available: https://ec.europa.eu/commission/sites/beta-political/files/external-investment-plan-factsheet_en.pdf

524 ECHO (2016) ECHO Strategic Plan 2016 – 2020. Accessed: https://ec.europa.eu/info/sites/info/files/strategic-plan-2016-2020-dg-echo_march2016_en.pdf [Last Accessed: 23/5/2020].

525 European Commission (2020) *Lives in Dignity: from Aid-dependence to Self-reliance*

526 EU Facility for Refugees in Turkey 11th Meeting of The Steering Committee, Brussels, 30 November 2018 – Programming Note.

527 KI with EUD (2020) Field Phase I

v. Extent to which the Facility has ensured appropriate use of indicators to monitor environmental and climate change impacts

As explained elsewhere in this report, the first Facility Results Framework monitors the Facility's progress in achieving a series of intermediate and longer-term outcomes, focussed around the core areas of education, health, socio-economic support and migration management. The inclusion of environment and climate change fall within the outcomes relating to educational infrastructure and operational capacity of the healthcare systems. Here, there is only one explicit environmental indicator, under Outcome 1.2.2: Educational infrastructure improved, **namely Indicator 1.2.2.3. Number of educational facilities equipped with renewable energy**. Overall environment and climate achievements, therefore, are not currently being systematically monitored at the level of the Facility, only at the action-level by the individual Facility IPs.

vi. Conclusions

While environmental and climate change considerations do not feature prominently in the strategic objectives of the Facility, its support is in alignment with relevant policies and standards of the Turkish government, and with wider EU and global policies on environment and climate change. Given that a considerable proportion of the Facility is being implemented by 'pillar-assessed' entities (IFIs), for example the World Bank, it is not surprising to see that the large infrastructure projects, in particular, are being implemented according to good environmental standards. These construction projects mostly showed consideration of environmental legislation and managed the environmental and climate impacts. However, this also means that there is an inconsistent approach and, ultimately this is likely to lead to varying standards of quality across the interventions.

There is evidence of engagement on environmental and climate change with stakeholders at intervention level, with capacity building activities either planned into the project or mainstreamed by the implementation partner. In some cases, IPs are also taking a proactive approach to mainstreaming environment and climate change in their delivery of non-environment related projects.

It is also worth noting that, through its considerable investment in cash transfers under the ESSN, the Facility has promoted local consumption and markets, and thus this modality reduces the carbon footprint that would otherwise be associated with heavy logistics.

The evaluation did not find evidence of a specific EC sustainable procurement policy applicable to EU humanitarian and development support, although this does exist at the level of EU Member States through the *Public procurement for a better environment – COM (2008) 400*⁵²⁸, published in July 2008. While it may not be possible to introduce such a policy within the timeframe of the Facility, the guidance, tools and lessons learned could have great value in reducing the environmental impact of the consumables, goods and services supplied through the Facility, such as those used in education and health facilities.

⁵²⁸ https://ec.europa.eu/environment/gpp/gpp_policy_en.htm



7 Conclusions



Emad Nayef, re-establishing his bridal atelier in Istanbul

© 2019 ILO (photographer: Berke Araklı)

7.1. Conclusion 1: The Facility was unprecedented in scale and reach, and was mobilised quickly

- The Facility has allowed the EU and its Member States unprecedented scale and reach. The Facility has become the foremost external funder of the Turkish refugee response. (EQ7)
- Member States are emphatic in their support for the Facility. Its size and scale allowed the EU to have an impact that would not be possible for Member States alone. (EQ7)
- The Facility was fast and responsive. It mobilised funds quickly, and contracted them rapidly. It is noteworthy that four signature initiatives, ESSN, PICTES, CCTE and SIHHAT were all operational by late 2016/early 2017, a year after the initial decisions to create the Facility. (EQ3)

7.2. Conclusion 2: The Facility largely met the needs of refugees, and was targeted relatively effectively

- Refugees are very satisfied with services provided, in particular the ESSN, but also health and education (EQ2).
- The ESSN has made a significant difference to refugees' well-being, reducing negative coping behaviour and ensuring living standards are maintained. It has contributed to social cohesion and made a key difference in the lives of refugees. This is a major achievement for the Facility (EQ10, EQ1, EQ2).
- The Facility has effectively reached most refugees in Turkey. Coverage has been best for Syrians, and is adequate (but reducing) for non-Syrians. Seasonal agriculture workers receive very few services in Turkey. (EQ2, EQ11)
- The size of the Facility, and the generous policy of Turkey to provide a welcoming environment with free health care and education, mean that most refugees can access the assistance and services they need. The majority of households surveyed in early 2020 reported that there are no other essential services that they need, but cannot access. The area where refugees would like more progress is access to employment. (EQ1, EQ10)
- The purchasing power of the ESSN payment has decreased since 2016, such that by 2020 it only meets 40% of refugees' basic needs. Refugees must work in order to make up the difference. (EQ10)
- ESSN targeting was intended to be progressive and at first succeeded in this. However, as the refugee community has become more economically homogenous, it has become difficult to target the most vulnerable refugees. The Facility has taken mitigation measures, but these targeting difficulties still persist. (EQ2, EQ10)
- The ESSN's use of demographic eligibility criteria allowed for rapid scale-up, but also resulted in some biases with potentially adverse protection consequences. (EQ2, EQ11)
- In education, there was a substantial effort to enrol refugee children, and ensure that they continue to attend school. This was successful with the numbers increasing in percentage and real terms. However, dropout continues to be an issue that is likely to increase as economic hardship worsens, and there are still 400,000 children out of school. (EQ8)
- In health too, services have been made accessible to all, and wealth has not been a barrier to people who need health care. Non-Syrians have sharply reduced access to health care since the Government of Turkey changed its health insurance policy in late 2019. (EQ9)
- Health is determined by broader determinants beyond health care, including income, culture, education and gender. (EQ9).
- The Facility targeted provinces with the most refugees, based on DGMM data, which may not have captured the secondary movement of refugees seeking work. As a result of these secondary movements, some provinces are under-served, and others (relatively) over-served. (EQ2)

7.3. Conclusion 3: The Facility is a model for refugee operations, combining humanitarian and development assistance well

- The Facility is a model for refugee response, as it combines agile humanitarian action with longer-term structural development. In this regard it reflects current thinking on best practice in protracted crises; fast and principled response with humanitarian assistance while simultaneously addressing long term needs (access to services, livelihoods), through government systems where possible. (EQ5)
- The mix of instruments is appropriate for the context. Rapid mobilisation of humanitarian partners, and large multi-year development investments complemented each other well. (EQ3)

7.4. Conclusion 4: The Facility partnered well with Turkey, contributing additional capacity

- The Facility has generally aligned with Turkish policy, not least because the foundation documents (*EU-Turkey Statement* and *Joint Action Plan*) were jointly developed. Also, the Facility made an early strategic decision to work through government systems, in line with global best practice. (EQ1)
- The Facility has been able to adapt to the changing Turkish policy context (EQ1), although some government policies have resulted in refugees being partly excluded from coverage. (EQ11)
- The Turkish government was very involved in the design and selection of projects working with government partners. This represents good practice. However, refugees themselves were not consulted or part of the design process. (EQ3)
- The Facility has contributed to additional capacity within the Turkish system, particularly in the health and education sectors, but also in the important area of refugee registration and to a lesser extent in social assistance. Much of this additional capacity is temporary in nature, and its future is uncertain. However, there are a few key areas where sustained capacity has been built, most notably in DGMM with regard to refugee registration. (EQ3, EQ11)
- In both health and education, the Facility helped the Turkish government institutions scale up services faster than would have been possible without the Facility. (EQ8, EQ9)

7.5. Conclusion 5: The Facility was largely coherent with key EU policies

- The humanitarian principles of humanity, neutrality, impartiality and independence are fundamental to the *European Consensus on Humanitarian Aid*. This evaluation has found that the Facility performed well in terms of humanity and impartiality but is not fully independent as it is part of a broader political agreement. At a programmatic level, the evaluation found humanitarian interventions to be independently designed and executed, although subject to some constraints due to government policy. (EQ5)
- The strategy of the Facility is coherent with the EU's main humanitarian and development policy frameworks, including *Lives in Dignity*. (EQ6)
- The Facility is in line with the EU's main relevant sector policy frameworks. (EQ6)
- The Facility is in line with the *new European Consensus on Development* and the SDGs, although neither are governing frameworks. (EQ5)

7.6. Conclusion 6: The Facility set-up enabled rapid scale-up, but has not been optimal for strategic coherence

- Whilst there is broad complementarity between the various services and instruments operating within the Facility, there are challenges of coherence, particularly at the strategic level. The services largely operate separately, they are located in different offices and they are governed by different approval mechanisms. The Facility Secretariat does not manage in a hierarchical sense, but instead coordinates services and instruments. Whilst this has been made to work by the goodwill and effort of those involved, it is not the same as an integrated team or approach. The result is that programmes and projects are not systematically jointly planned and implemented, and this has arguably weakened the ability of the Facility to develop a joint strategic vision. (EQ3, EQ5, EQ7)
- Whilst all stakeholders saw the Steering Committee as the strategic governance mechanism for the Facility, neither the MS nor the Commission found it satisfactory. Instead, the Facility has suffered a strategic deficit, unable to leverage its large scale funding to influence policy, confined largely to ensuring that funds are spent against the priorities defined at its inception. (EQ7)
- The Facility has been a rapid and effective response that has not evolved as it could have. Whilst the management arrangements worked well for the mobilisation phase, they are too fragmented for the medium term, especially if EU support continues beyond the second tranche. Field offices that represent all components of the Facility are one practical measure that might help move towards more of a 'one team' approach. (EQ3)
- Transition from the humanitarian to development approaches has been somewhat challenging for ESSN and protection. In the case of ESSN the issues relate to the continued economic precarity of the refugees, and the inability of Turkey to finance this alone. In the case of protection, the challenge relates to the different perceptions and skillsets required for humanitarian vs. social protection. (EQ5, EQ10, EQ11).

7.7. Conclusion 7: The Facility approach to host communities and some key groups has been uneven, and there is more work to be done to reach some of those least likely to access assistance

- Some affected populations are not as well covered. The largest of these is the out-of-province refugees, followed by seasonal agricultural workers, non-Syrians (who have difficulty registering since 2018) and some socially isolated groups such as LGBTI+ people. (EQ2, EQ11)
- The Facility did not have a host community strategy or targets, and has reached fewer members of the host population than the Government might have reasonably expected. (EQ2)
- The Facility's response has largely been relevant to men, women, girls and boys, and to different age groups, according to their different needs. However, the Facility has also been weak in its gender analysis and planning. (EQ2, EQ6)
- The Facility's response to the needs of persons with disabilities has been uneven, with a better response in ESSN and health. Whilst mental health was addressed by the Facility, the need far outstrips current capacity, and most provision is via non-government actors. This is a key area of future support for the Facility and any successor. (EQ2, EQ8, EQ11)
- The Facility's services to raise refugee awareness of their rights and obligations have been effective, but are not managed as a coherent system that rationally differentiates between in-person, telephone and social media channels. The need for a coherent system approach has become more evident since community centres closed and most services moved online as a result of COVID-19. (EQ11)
- Across the board, refugee access to health, education, employment, protection and social cohesion is significantly greater when refugees can speak Turkish. Turkish language training would have an important multiplier effect on all access to all rights and services. (EQ9, EQ10, EQ11)
- Some refugee groups are 'doubly disadvantaged,' for example they can be refugees, non-Syrian, unregistered, poor and LGBTI+ at the same time and, for this reason, experience multiple and compounded (intersectional) challenges to access essential services. (EQ 8, EQ9, EQ11).

7.8. Conclusion 8: The Facility was constrained by the modalities available to it

- The main IPA modalities chosen were indirect management with international organisations and direct management with government. Even if the Facility had no feasible option, direct management proved to be challenging for some government ministries, who felt that the EU approach was overly prescriptive. The Turkish government has also been critical of the involvement of development banks under indirect management, who they view as unnecessary and costly intermediaries. (EQ3)

7.9. Conclusion 9: Monitoring has improved through the lifetime of the Facility, and is sometimes used to strengthen programming

- The Facility's Results Framework was not in place when the first tranche of the Facility was launched: it was developed in late 2016, then refined and rolled out by the Facility Secretariat at the beginning of 2017, in parallel to some interventions already being contracted and implemented. By March 2017 there was a single Facility Results Framework, which by agreement between EC services did not report on protection. From early 2017 selected results indicators from all instruments were gathered and reported against the Facility Results Framework. The Results Framework was progressively refined as the monitoring system was strengthened, and, by 2020, the revised Results Framework covers all Facility activities including protection, supported by a technical assistance contract for monitoring and reporting. (EQ4)
- The extent to which monitoring and reporting has contributed to adaptation varies across the portfolio. There was more use of monitoring to influence adaptation at the action-level, and especially in the humanitarian portfolio which benefits from an inherent ability to make in-year course corrections that are more difficult for the larger multi-year development initiatives (especially those working with government partners). (EQ4)
- At the strategic level, there was less adaptation and learning within the scope of Facility Tranche I, but there is considerable evidence that a suite of evaluations conducted during Tranche I, as well as a series of interservice planning workshops and discussions in the Steering Committee based upon internal reports, ensured that Facility Tranche II benefited from lessons learned during Facility Tranche I. (EQ4)

7.10. Conclusion 10: Support for economic opportunities has been the least developed intervention so far, and construction has been delayed

- Socio-economic programmes have been slower to start and scale up than health, education or protection. This is partly because they were a lower government priority, especially initially. (EQ10)
- The socio-economic programmes have taken an overly 'supply side' approach and failed to make a deep enough analysis of the Turkish labour market and how refugees can access this. Neither has there been enough analysis of how refugees can obtain better labour opportunities and conditions within the informal sector. This has led to programmes that are not targeting critical barriers, or helping refugees access opportunities. There are also distortions within the ESSN that could be improved. (EQ10).
- The infrastructure components of the health and education sectors have been slow in implementation and, as these are a large portion of the non-humanitarian budget, this has compromised the performance of the Facility overall. (EQ3, EQ8, EQ9)



8 Recommendations (strategic)



Syrian children attending school with Turkish children. This helps them learn Turkish and build social cohesion.

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Recommendation	Links to conclusions and EQs	Timeframe
Cluster 1: Reach (coverage, targeting and marginal groups)		
Strategic recommendation 1: Increase access to services for underserved refugees	Conclusions 2, 7	
Who: EC services, in close cooperation with GoTR		
How:		
1.1 Undertake a province-level mapping analysis to determine coverage and gaps in education, health and socio-economic support services to underserved refugees (especially out-of-province refugees, non-Syrians, and seasonal agricultural workers).	EQs 1, 2	Immediately a decision is made to continue EU support to refugees after the Facility
1.2 Advocate and support (if resources are available) for (a) registration of non-Syrians, (b) registration of refugee interprovincial transfers, and (c) access by refugee seasonal agriculture workers to basic services and employment outside their province of registration.	EQs 2, 10, 11	Immediate
1.3 Advocate and support for the provision of and/or access to education, health and socio-economic support services for underserved refugees (including non-Syrians no longer covered by health insurance).	EQs 2, 8, 9, 10, 11	Advocacy – immediate Support – if decision is made to continue support after the Facility
Strategic recommendation 2: Mitigate the impact of increasing social tensions for refugees in Turkey	Conclusions 2, 7	
Who: EC services, in close cooperation with GoTR		
How:		
2.1 Work together with the GoTR and 3RP stakeholders, to develop a social cohesion strategy that ensures that education, health and socio-economic support are provided to refugees and host communities holistically and equitably, and in ways that strengthen positive perceptions of others among all communities. Appoint a Social Cohesion Coordinator to serve as a focal point, to ensure that social cohesion resources are transparently allocated and tracked, and to monitor progress.	EQs 2, 8, 10, 11	Immediate
2.2 Ensure that all Facility partners follow ‘Do No Harm’ principles (part of protection mainstreaming) so that activities mitigate rather than aggravate social tensions.	EQs 2, 10, 11	Immediate
2.3 Continue to closely monitor trends in public opinion and government policy regarding refugees in Turkey, analyse which strategies are more effective at reducing social tensions, and use this analysis to fine-tune strategic direction and operations.	EQs 1, 2	Immediate
2.4 Work with the Government and partners to develop proactive campaigns aiming to increase the awareness of refugee challenges and rights in Turkey on the part of government officials and the general public.	EQ 11	Medium-term

Strategic recommendation 3: Develop a specific gender strategy for future EU support to refugees in Turkey, drawing on the GAP III and other EC gender frameworks.	Conclusion 7	
Who: EC services, in close cooperation with GoTR		
How:		
3.1 Convene a broad-based reference group consisting of interested Member States, Commission services, UN agencies and representatives of civil society, to inform the EC's current and future support for gender equality in the refugee response in Turkey.	EQs 2, 6	Immediate
3.2 Conduct a Turkey-specific (refugee context) gender analysis to inform future support to refugees in Turkey (or support a gender analysis conducted by the broader humanitarian community).	EQs 2, 6	Immediately a decision is made to continue EU support to refugees after the Facility
3.3 Develop a gender strategy for future EU support to refugees in Turkey, to be approved by the appropriate EU authorities.	EQs 2, 6	Immediately the gender analysis is completed
3.4 Develop guidance based on the approved gender strategy and GAP III, to inform future EU programming in support of refugees in Turkey, and retrofit this to existing initiatives where feasible.	EQs 2, 6	Immediately the gender strategy is approved
3.5 Support further gender training and awareness-raising for staff and partners (including training on gender mainstreaming and monitoring), initially based upon existing EU frameworks – and subsequently adapted to the approved gender strategy.	EQs 2, 6	Immediate, and then to be adjusted if a gender strategy is approved
Cluster 2: Strategy (strategy and joint working)		
Strategic recommendation 4: If future EU funding for refugees in Turkey is made available, update the <i>strategic concept note</i> based on this evaluation and other analysis.	Conclusion 6	
Who: EC services, in close cooperation with GoTR		
How:		
4.1 Put in place a rolling/ongoing needs assessment system based on data collection and thematic/regional analysis to underpin new and integrated strategic planning.	EQs 1, 4	Immediate
4.2 Develop scenarios for future likely refugee situations in Turkey over the medium-term, and model the programming profiles and resource implications for each scenario.	EQ 1	Medium-term
4.3 Update the <i>strategic concept note</i> , revisiting the sector-level strategic objectives to reflect current realities and updated analysis outlined above, including also inputs from evaluations such as this one.	EQ 1	Immediately a decision is made to continue EU support to refugees after the Facility
4.4 If the decision is made not to continue EU support to refugees after the Facility, immediately create an EU Task Force or Working Group to manage the transition, and with the responsibility to plan and manage (a) sustainability; (b) responsible exit and handover to other service or aid providers, if and where available (including the possibility of select 'after-sales service' activities to sustain the results of initiatives that are continuing without EU funding); (c) communications with refugees, as well as with the Turkish and European authorities and publics; and (d) continued monitoring and reporting to Member States until the end of the phase-out period.	EQs 3, 4	Immediately a decision is made not to continue EU support to refugees after the Facility

<p>Strategic recommendation 5: Re-design the strategic governance of any future external funding for refugees, based on lessons to date. In the event that externally assigned revenues are mobilised, re-orient the current Steering Committee toward oversight and encourage Member State involvement in working level structures.</p>	<p>Conclusions 4, 6, 8</p>	
<p>Who: EC and Member States</p>		
<p>How:</p>		
<p>5.1 Re-purpose the current Steering Committee (assuming that a Steering Committee is required for post-Facility assistance) so that its role is primarily oversight, and continue its work in the current format but with reduced frequency.</p>	<p>EQs 3, 7</p>	<p>Immediately a decision is made to continue EU support to refugees after the Facility</p>
<p>5.2 Encourage Member State involvement in smaller groups focused on enabling operational decision-making, whilst being clear this is within existing frameworks and rules on competencies and responsibilities.</p>	<p>EQ 7</p>	<p>Immediately a decision is made to continue EU support to refugees after the Facility</p>
<p>5.3 Work with the VP's office and relevant line Ministries to optimise the coordination of implementation.</p>	<p>EQs 3, 5</p>	<p>Immediate</p>
<p>Cluster 3: Management (structure, partnerships, modalities and M&E)</p>		
<p>Strategic recommendation 6: Review the Facility implementation structure with the aim of optimising management and reporting lines and boosting on-the-ground capacity, including in key provinces.</p>	<p>Conclusion 6</p>	
<p>Who: Facility Secretariat, with relevant EC services and Member States</p>		
<p>How:</p>		
<p>6.1 Commission a structural review to assess implementation models. The review should present models of implementation that are feasible, drawing on historical precedent and current best practice, and which are to be based on existing Commission rules and regulations. The overall objective should be to ensure better coordination, more on the ground presence and optimised management.</p>	<p>EQ 3</p>	<p>Immediate</p>
<p>6.2 Explore ways for the EC services involved in Facility implementation to increase their physical presence and capacity to support coordination and monitoring in key provinces.</p>	<p>EQ 3</p>	<p>Immediate</p>
<p>6.3 Present the structural review as part of the Commission's proposals to the Council for the continuation of financing for Syrian refugees in Turkey, as invited by the Statement of the members of the European Council, 25 March 2021⁵²⁹.</p>	<p>EQ 3</p>	<p>Immediately after the structural review is completed</p>
<p>6.4 Assess current modalities of support for their alignment with OECD principles, and where additional flexibilities can be introduced, they should be.</p>	<p>EQ 3</p>	<p>Immediately a decision is made to continue EU support to refugees after the Facility</p>
<p>6.5 If the decision is made not to continue a similar magnitude of EU support to refugees after the Facility, then put in place a lighter EC coordinating mechanism at the Ankara level, to ensure coherence and synergy between future humanitarian and development programming (from HUMA or IPA III sources) for refugees and refugee-affected communities.</p>	<p>EQ 3</p>	<p>Immediately a decision is made not to continue substantial support to refugees after the Facility</p>

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Strategic recommendation 7: Strengthen the system of data collection, analysis and outcome measurement, in order to inform strategic decision making and accountability	Conclusion 9	
Who: EC, in cooperation with GoTR and implementing partners		
How:		
7.1 Recognising that reliable performance data is essential for effective planning, efficient programming and accountability, continue to advocate for the Government to make available key data on the trends, needs and vulnerabilities of the refugee population (respecting Turkish information and data protection laws).	EQs 1, 4, 11	Immediate (ongoing)
7.2 In order to meet the Facility's accountability obligations to the Member States and other stakeholders, the Facility's monitoring and technical assistance services should continue their efforts to measure the outcomes of the Facility's revised Results Framework, using government and refugee survey data.	EQ 4	Immediate (ongoing)
7.3 Support new data collection initiatives by government, partners and academic institutions that build on the base of initiatives such as the (ESSN) CVME and Syrian Barometer.	EQ 4	Immediate
Cluster 4: Strategic recommendations for each sector		
Recommendation 8: Increase the focus on refugee student integration into the classroom	Conclusions 2, 7	
Who: EC services, in close cooperation with GoTR		
How:		
8.1 Increase education support for children with disabilities and special needs, as possible within budget limitations	EQs 2, 8	Immediate
8.2 Increase support for Early Childhood Education.	EQ 8	Medium-term
8.3 Ensure that a strategy and budget for social cohesion in schools is included within the recommended social cohesion strategy (see Strategic Recommendation 2).	EQs 2, 8, 11	Immediate
8.4 Strengthen integration of child protection and psychosocial support (PSS) within schools, including adequate numbers of trained school counsellors and guidance teachers, stronger and clearer referral pathways to community-based services, and provision of clinical supervision to school counsellors and guidance teachers.	EQs 2, 8, 9, 11	Medium-term
8.5 Strengthen in-service teacher training that supports refugee integration, especially knowledge and skills for: teaching in Turkish to non-native speakers; teaching large classes; teaching students of diverse origins, languages, ages and abilities; teaching children affected by conflict and displacement; child protection; psychosocial support, and social and emotional learning (SEL); teaching children who live with disabilities; and adjusting to the impact of COVID-19	EQs 2, 8	Medium-term
8.6 If EU support to refugees continues after the Facility, reduce the proportional budget allocation to construction of new schools in favour of increased support for student integration into the classroom.	EQ 8	Immediately a decision is made to continue EU support to refugees after the Facility

Strategic recommendation 9: Integrate migrant health care into the mainstream health system	Conclusions 2, 4, 7	
Who: EC services, in close cooperation with GoTR		
How:		
9.1 Develop a plan with the MoH for integration of MHCs and EMHCs.	EQ 9	Immediate
9.2 Develop a plan with the MoH for equivalency for Syrian health care workers.	EQ 9	Immediate
9.3 Advocate for the mainstream health system to increase the provision of appropriate mental health services to refugees.	EQ 9, 11	Immediate
Strategic recommendation 10: Overhaul economic support programmes to match current economic and labour market realities	Conclusion 10	
Who: EC services, in close cooperation with GoTR		
How:		
10.1 Re-focus supply-side programmes to primarily concentrate on Turkish language training and skills certification.	EQ 10	Immediate
10.2 Introduce new programmes, policies and advocacy activities to improve the employability of refugees, including demand-side incentives and regulatory adjustments (i.e. simplified work permit procedures, changed ratios of permitted refugee to host workers, lower qualification thresholds for work permits).	EQ 10	Immediate
10.3 Advocate for measures to improve the conditions of informal and agriculture labour (possibly advocating for expansions of the regulations currently governing agricultural labour, to cover more classes of entry-level employment), and to facilitate the regularisation of refugees working outside their province of registration.	EQs 10, 11	Medium-term
10.4 Accelerate and expand support for small businesses, especially those run by refugees, whilst also ensuring that any support enhances social cohesion.	EQ 10	Medium-term
Strategic recommendation 11: Continue cash support to meet basic needs, with increased focus on the most vulnerable refugees, and in line with similar support to Turkish citizens	Conclusions 2, 10	
Who: EC services, in close cooperation with GoTR		
How:		
11.1 Continue with ESSN (or a similar mechanism) for a further 2-3 year period (if support continues after the Facility).	EQs 10, 11	Immediately a decision is made to continue EU support to refugees after the Facility
11.2 Continue to support participation in education through cash-based support.	EQ 8	Immediately a decision is made to continue EU support to refugees after the Facility
11.3 Evaluate the delivery of social assistance through MoFLSS before considering scaling it up (if support continues after the Facility).	EQs 10, 11	If a decision is made to continue EU support to refugees after the Facility
11.4 Shift support for basic needs to a new, multi-annual, implementation construct as outlined in strategic recommendation 6 above (if support continues after the Facility).	EQ 10	If a decision is made to continue EU support to refugees after the Facility

Strategic recommendation 12: Strengthen the mainstreaming of protection across the Facility response	Conclusion 7	
Who: EC services, GoTR and implementing partners		
How:		
12.1 Develop and deliver a practical training programme, tailored to the Turkey context, to bring the understanding of protection by EU Turkey field staff and partners to the same level. Maintain this understanding by ensuring that ongoing protection mainstreaming technical support is available to all EC staff in Turkey.	EQs 2, 11	Immediate
12.2 Encourage Facility partners to undertake protection needs assessment and analysis to strengthen project implementation, using guidance that the EU already has available.	EQs 2, 11	Immediate
12.3 Develop a methodology for assessing protection mainstreaming in each priority area (i.e. indicators of inclusion and protection-sensitive response). Based upon this methodology, include a protection mainstreaming assessment in all future project-level monitoring of EU support to refugees in Turkey.	EQs 2, 4, 11	Medium-term
12.4 Encourage cross-fertilisation of ideas and knowledge between the EC services, for example encouraging humanitarian teams to share their understanding of protection, encouraging development teams to share their understanding of sustainability, conducting joint analysis, joint planning and joint field missions.	EQs 2, 3, 6, 11	Immediate

