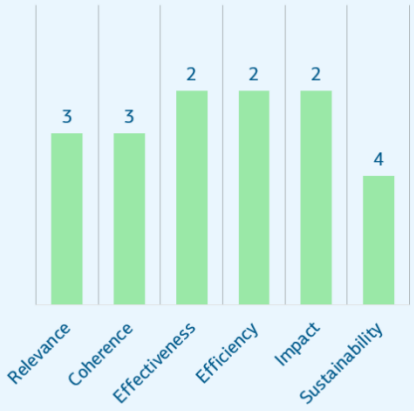
Ex-post evaluation

Employment of Syrian personnel in the Turkish health sector, Turkey

Title	Support for the employment of Syrian personnel in the Turkish health sector – Phase I
Sector and CRS code	12181 Medical education and training (85%), 12220 Basic health services (15%)
BMZ number	2017 40 828
Commissioned by	BMZ
Recipient and executing agency	World Health Organisation (WHO)
FC financing volume and instrument	EUR 21.2 million, grant
Project duration	2018-2021 **Reporting year** 2024 **Sample year** 2023

Overall rating

successful



1: very successful – **6:** completely unsuccessful

Project objectives and implementation

The outcome-level objective underlying this EPE was to improve healthcare for Syrian refugees in the catchment areas of seven refugee health centres in Istanbul, Ankara, Gaziantep, Izmir, Hatay, Sanliurfa and Mersin. The aim was to achieve an improvement in the health status of Syrian refugees at the impact level. Output level: The WHO trained Syrian doctors, nurses and home care workers. In addition, the project financed part of the salary and operating costs of the above-mentioned centres for Syrian refugees as well as home care for Syrian patients

Key findings

The project was commissioned as an emergency measure due to the massive acute need with limited sustainability requirements and made effective contributions to improving healthcare for Syrian refugees and employing Syrian healthcare personnel. However, sustainability is significantly at risk. Nevertheless, the project is still appraised as "successful" for the following reasons:

- Relevance: The programme met the target group's need for free, high-quality healthcare in Arabic, which was ensured by employing Syrian healthcare workers at special training and healthcare centres for refugees.
- Coherence: The project was embedded in and complemented the EU's SIHHAT programme for healthcare for Syrian refugees.
- Effectiveness and impact: By providing further training for Syrian health workers and medical translators and partially financing the operating costs of the health centres, the project helped to break down linguistic and social barriers to accessing the health system. There are indications of an improvement in the vaccination rate among Syrian children and a reduction in maternal mortality. Syrian health workers were able to earn an income in line with local standards throughout the project period.
- Sustainability: With the training and health centres for refugees, the project supported a parallel structure that is entirely dependent on EU funding and is unlikely to be sustainable in the long term. Due to the limited sustainability claim, this criterion is not included in the Overall rating.

Conclusions

- By integrating psychosocial support services into health centres, the project provided Syrian refugees with low-threshold access to such services, thereby responding to a high level of demand.
- With its Arabic-speaking home care service, the project created a temporarily successful model for promoting employment among women in a restrictive social context.
- The establishment of parallel structures for the healthcare of refugees can lead to resentment towards them and thus hinder social cohesion.

Contents

List of abbreviations

PCR	Final inspection
ASAM	Association for Solidarity with Asylum Seekers and Migrants
GDP	Gross domestic product
BMZ	Federal Ministry for Economic Cooperation and Development
BONO	Middle East Employment Initiative
DAC	Development Assistance Committee
DGMM	Directorate-General for Migration Management at the Ministry of the Interior
DWW	Doctors Worldwide
EPE	Ex-post evaluation
EU	European Union
EUR	Euro
EVSAD	Turkish Home Health and Social Services Association
FRIT	Facility for Refugees in Turkey
FC	Financial Cooperation
FC E	FC Evaluation
HDI	Human Development Index
MHPSS	Mental Health and Psychosocial Support
NGO	Non-governmental organisation
PA	Project appraisal
PAR	Project appraisal report
PP	Project proposal
SIHHAT	Supporting Migrant Health Services in Turkey
TC	Technical Cooperation
UNHCR	United Nations High Commissioner for Refugees
USD	US dollar
WHO	World Health Organisation
USD	US dollar

Overview

General conditions and classification of the project

Since 2012, around 6.6 million people have fled war and persecution in Syria, mainly to neighbouring countries such as Turkey, Jordan, Lebanon and Iraq. At the beginning of 2018, there were 3,424,237 registered refugees from Syria living in Turkey, alongside around 367,000 refugees from Afghanistan, Iraq and Iran, among other countries (UNHCR 2022). The majority of Syrian refugees live in the southern provinces of Gaziantep, Sanliurfa, Hatay, Kilis and Adana, where they make up around 20-25% of the population, as well as in the major cities of Istanbul, Izmir, Ankara and Bursa. In 2014, the Directorate *General of Migration Management* (DGMM) within *the Ministry of the Interior* issued regulations on the temporary protection of refugees from Syria, according to which registered refugees receive free access to healthcare services. However, the presence of over 3 million refugees placed a drastic strain on the Turkish healthcare system, which was unable to cope with the existing capacities and structures. Language barriers and the vulnerable situation of the refugees exacerbated the pressure on the healthcare system. In order to relieve Turkey of these tasks, the European Union is financing the establishment and operation of 180 health centres for refugees (Migrant Health Centres, hereinafter: Refugee Health Centres) in Turkey since 2015 through the programme "Supporting Migrant Health Services in Turkey" (SIHHAT) to establish and operate 180 health centres for refugees (*Migrant Health Centres*, hereinafter referred to as Refugee Health Centres) in 32 provinces with a high proportion of Syrian refugees (as of 2022). The centres provide primary care and employ around 4,000 health professionals, 79% of whom are Syrian. In addition, there are seven *Migrant Health Training* Centres (MHTCs) operated by the WHO with EU funding, which offer an extended range of treatments and provide further training for staff from other health centres. These centres received financial support from KfW as part of the project evaluated here.

Brief description

The project promoted the provision of high-quality health services to registered Syrian refugees in Turkey by financing the personnel and operating costs of seven training and health centres for refugees, the further training of Syrian health personnel, and the training and employment of Syrian personnel for home care. The project was part of an overarching WHO programme to improve healthcare for Syrian refugees in Turkey. The target groups of the project, which was implemented between January 2018 and August 2021, were mainly Syrian refugees in Turkey, whose healthcare was to be improved, and Syrian healthcare personnel, who were offered employment opportunities

Breakdown of total costs

Optional text

	Phase 1 (plan)	Phase 1 (actual)	AM (plan)	AM (actual)
Investment costs (total) in EUR million	**21.2**	**21.2**	**0**	**0**
Own contribution in EUR million	21.2	21.2	0	0
External funding in EUR million	0	0	0	0
of which BMZ funds in EUR million	*21.2*	*21.2*	*0*	*0*

***Table1**: Breakdown of costs.*

Map of the project region

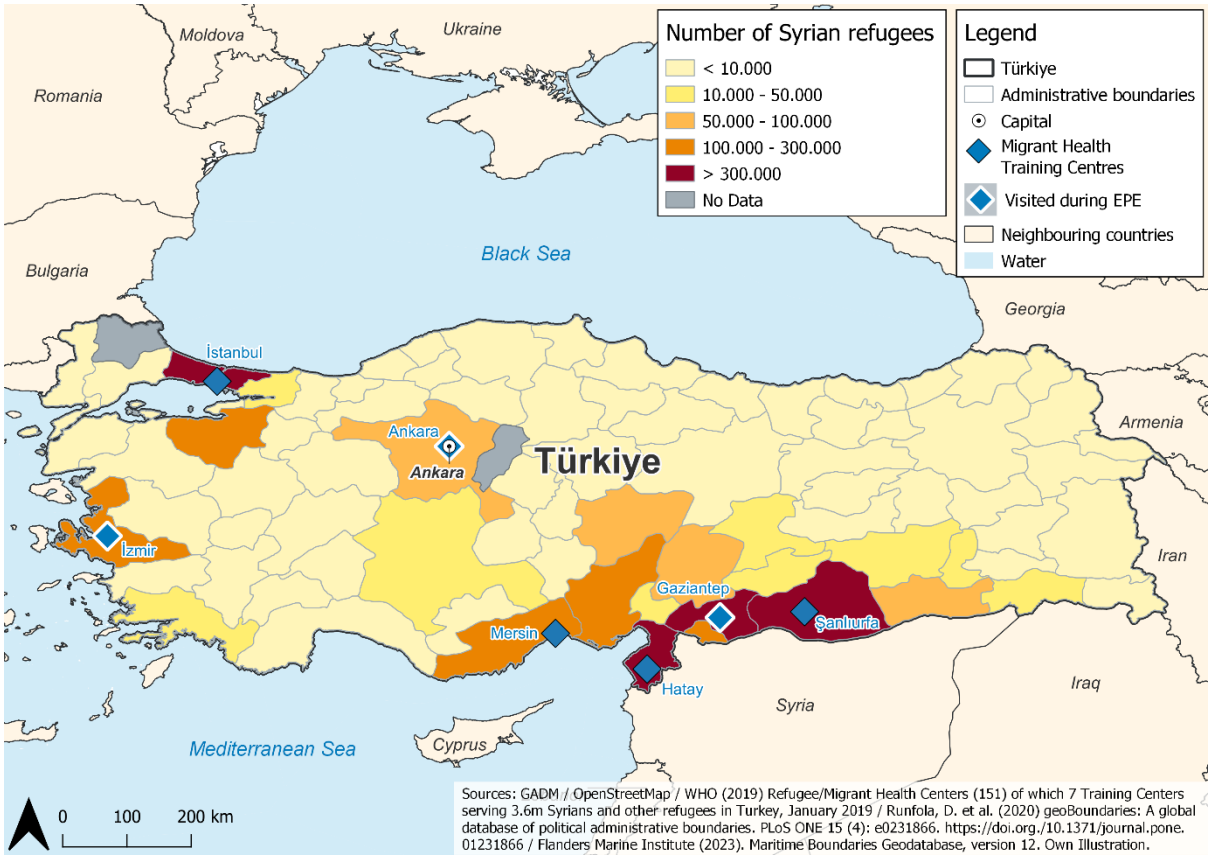


***Figure1**: Map of Turkey including project locations.*

Project-specific strengths and weaknesses of the project

The strengths include in particular:

- The WHO and its implementation partners were able to implement the project competently and largely smoothly.
- The project offered women an opportunity to earn their own income as medical professionals or home-based carers, thereby gaining greater autonomy and self-confidence.
- The project sought to integrate medical and psychosocial patient care. In doing so, it responded to the high prevalence of mental health problems among the Syrian population caused by trauma and a precarious socio-economic situation.
- With its home care service, the project supported an innovative approach to caring for particularly vulnerable groups while creating jobs, especially for women.
- The project was integrated in many respects into the EU's SIHHAT programme to support healthcare for Syrian refugees in Turkey. While SIHHAT mainly financed the operating and salary costs of the refugee health centres, this project supported complementary measures such as the training of medical staff, non-medical staff at the health centres and the home care service.
- The training and health centres were used intensively by the Syrian community, especially as they offered health services in Arabic.

The weaknesses include in particular:

- By establishing and operating training and health centres for Syrian refugees, the project supported a parallel structure that will not be sustainable in the long term.
- The existence of the parallel health infrastructure for Syrian refugees financed by the EU (and KfW) contributed to resentment among the local population against the alleged preferential treatment of refugees.
- There is no meaningful reporting on the objectives, implementation, costs and results of the various pilot projects (e.g. autism centre, remote monitoring of bedridden patients) that the project supported financially.
- Some of the WHO's reporting is not very specific, making it difficult to understand costs and effects, for example.

General conclusions/lessons learned

- Establishing a parallel structure for healthcare provision for refugees can have undesirable consequences for social cohesion between refugees and the local population and may also be unsustainable. For this reason, consideration should be given to integrating refugees into existing local healthcare systems and, where necessary, strengthening these systems.
- Sustainability aspects should be taken into account in project planning from the outset. At the same time, it is important to make a realistic assessment of political decisions affecting the project (e.g. with regard to the recognition of Syrian professional qualifications, work permits for Syrian doctors). Greater sustainability of the home care service could possibly have been achieved through cooperation with private providers of such services.
- With its home care service, the project created a successful model for employing women in a restrictive social context. The project demonstrated the great importance of culturally accepted employment and independent income for women's self-confidence, individual autonomy and social recognition. The women's income benefited their families as a whole.
- By integrating psychosocial support services into the health centres, the project provided Syrian refugees with low-threshold access to such services, thereby responding to the high demand.

Assessment according to OECD DAC criteria

Relevance

1. Alignment with policies and priorities

The objective of the measure was based on the BMZ's strategic guidelines valid during the project period. The measure was financed by funds from the special initiative "Combating the causes of flight, (re)integrating refugees". Accordingly, the measure aimed to promote the integration of refugees in the host country Turkey by improving their health care and providing employment opportunities for health care personnel. The measure was part of the BMZ's "Middle East Employment Initiative" (BONO), which aimed to "improve the living conditions of refugees, internally displaced persons, returnees and vulnerable populations in host communities in the countries most affected by the Syrian crisis by providing short-term employment and income opportunities"[1] . BONO envisaged refugees performing activities in the public interest with a focus on education and health and also sought to make a "contribution to social peace". With its dual objective of promoting the employment of Syrian health workers in Turkey and improving health care for Syrian refugees, the project implemented the BMZ's policy guidelines.

The project was also aligned with the strategic guidelines of the Turkish government. It supported the implementation of the *Regional Refugee Resilience Plan* Turkey (2017–2018, 2019–2020), which committed to expanding refugee health centres, employing Syrian health workers at these centres and improving psychosocial care, among other things.[2]

The project measures were in line with the relevant legal framework. In order to issue work permits and allow employment at refugee health centres, the Turkish government required Syrian doctors and nurses to complete an eight-week *adaptation training* course. This training was developed by the WHO in collaboration with the Ministry of Health and offered at the refugee health centres supported by this project. The project thus contributed to the implementation of this guideline.

At the time of the evaluation (June 2024), 3.1 million Syrian refugees were registered in Turkey. Of the 190 refugee health centres originally funded by the European Union, 172 were still active at that time, while the remaining 26 centres had been destroyed by the earthquake in February 2023. The refugee health centres employed around 4,000 people, 75% of whom were Syrian and 61% of whom were men. Due to the high demand for the centres' services, the workload of the staff was very high.

2. Alignment with the needs and capacities of stakeholders and beneficiaries

The project was commissioned as an urgent measure due to the acute and important need of the target group, Syrian refugees, for healthcare and income. The target group – Syrian refugees in Turkey without language skills, financial resources or work – had very limited capacity for self-help. Over 75% of the refugees suffered from health problems, often related to their flight or current difficult living situation. From the perspective of the ex-post evaluation, a limited sustainability claim had to be applied to the project for this reason and because of the above-mentioned overburdened capacities of the Turkish health sector.

The project met the needs and capacities of the actors involved. By providing financial support for training and health centres for refugees and further training for Syrian staff working at these centres, the project was intended to make a significant contribution to relieving the burden on the Turkish health system. At the same time, the project met the needs of Syrian refugees for high-quality, comprehensive healthcare in Arabic. In particular, the project addressed the need for psychosocial support, which is very high among Syrian refugees due to traumatic experiences during their flight and their current precarious situation, as well as the need for qualified home care. Before the refugee health centres were set up, only a few Syrian refugees used primary healthcare services, instead going straight to hospitals in acute cases. Reasons for this included the language barrier, a lack of knowledge about the Turkish healthcare system, and experiences of discrimination. At the same time, Syrian refugees had a particularly high burden of disease, including mental health problems, due to their experiences of flight and violence and difficult living conditions.[3] The refugee health centres were intended to create language- and culturally-sensitive health services that would be well received by refugees. An important mediating role was to be played by the training and employment of medical translators ("*patient* guides"), who were to accompany patients in the refugee health centres as well as to appointments with specialists or in hospitals. The Arabic-speaking care services, which were financially supported by the project, were intended to be accessible to elderly people, people with chronic illnesses and disabilities, and pregnant women who needed home care. In many cases, their needs overwhelmed the families who cared for them on daily basis.

[1] BMZ, 2021: Conceptual framework for implementing the Middle East Employment Initiative as part of the Special Initiative on Refugees. Berlin.
[2] Regional Refugee & Resilience Plan 2017-2018 in Response to the Syria Crisis. Turkey.
[3] Kurt, Gulsah et al., 2022: Estimated prevalence rates and risk factors for common mental health problems among Syrian and Afghan refugees in Turkey. BJPsych Open 8, e167, 1–7. doi: 10.1192/bjo.2022.573

The project design also addressed the need of Syrian refugees for a regular income: it provided employment opportunities, created the necessary conditions for employment, training and scholarships for participants.

In addition, the project supported three short pilot projects in which the WHO tested new approaches to healthcare on behalf of the Ministry of Health. These included a support centre ("Active Life Centre") for Syrian refugees with disabilities, modelled on similar centres for Turkish citizens, a pilot project for the digital monitoring of patients' vital functions in their home environment in Izmir, the renovation of a centre for people with autism in Istanbul, and a measure to support women with high-risk pregnancies. These were intended to benefit both Turkish citizens and refugees and were later partially incorporated into the regular health system. The project also supported extensive training measures on mental health, psychosocial support, health education and gender-based violence for staff already working at refugee health centres . The aim was to improve the quality of their work. The topics were selected on the basis of various needs assessments carried out by the WHO and thus corresponded to the needs of Syrian patients and Syrian health personnel.[4]

3. Appropriateness of design

Two objectives at the *outcome* level were formulated in the project proposal: 1) "Training and employment of Syrian medical support staff with the aim of deploying them in cooperation with additional operating staff at the training and health centres for mobile health care for vulnerable groups," 2) "Free access to high-quality healthcare at seven training and health centres and the improvement of needs-based care for Syrian refugees". The overarching objective at the impact level was: "Improved access to high-quality and equitable healthcare for refugees and host communities in Turkey".

The project's target system was adjusted as part of this ex-post evaluation to comply with the currently valid formal requirements[5] at the outcome/objective at outcome level. To this end, a new objective at outcome level was formulated and previous formulations at the objective at module level were used for the output level. The new objective at outcome level is as follows: "Healthcare for Syrian refugees in the catchment area of seven training and health centres for Syrian refugees and the employment of Syrian healthcare personnel working at these centres has been improved." The overarching project objective at the impact level is therefore: " " The health status of Syrian refugees in the catchment area of seven training and health centres for Syrian refugees and the income of Syrian health personnel have improved. This should be achieved through the following four outputs: a) "Syrian doctors and nurses are trained with the aim of formal employment at the refugee health centres." b) "Syrian medical assistants are deployed at the training and health centres for mobile health care for vulnerable groups." c) "Seven training and health centres provide free and needs-based healthcare for Syrian refugees." d) "The range of healthcare services for Syrian refugees is improved through training for healthcare workers, studies and pilot projects."

The project proposal does not explicitly formulate an impact logic. This was therefore formulated retrospectively as follows: "If Syrian doctors and nurses are trained with the aim of formal employment at refugee health centres, if additional operating staff and home care staff are available to refugee health centres, if seven training and health centres are able to provide free and needs-based health services for Syrian refugees, and if the range of health services for Syrian refugees is improved through the training of health personnel, studies and pilot projects, then the health care of Syrian refugees will improve, which in turn will have a positive effect on their health." This impact logic is fundamentally appropriate and suitable for helping to solve the core problem of inadequate healthcare for Syrian refugees in the catchment area of the seven training and health centres in the cities of Ankara, Istanbul, Izmir, Gaziantep, Sanliurfa, Hatay and Mersin. It also combines the creation of income opportunities for Syrian health and support staff with the improvement of healthcare for Syrian refugees in Turkey.

The outputs (i.e. former formulations at module target level) were each backed up by quantitative indicators that are comprehensible and easily measurable. The value assigned was appropriate in some cases. Due to the Ministry of Health's unforeseeable decision in 2018 to no longer allow Syrian doctors and nursing staff to participate in adaptation training, the value assigned to indicators 1 and 2 on the number of people successfully completing the qualification measures proved to be too ambitious. This was already adjusted in the first report in consultation with the BMZ.

The original wording of Output 1 (formerly objective at outcome level 1) implied that the project-funded qualification would enable Syrian doctors and nurses to work in the Turkish health system in accordance with their training. This expectation is also reflected in the final report on the first phase of the project. In accordance with the requirements of the Ministry of Health, the two-month adaptation training only enabled Syrian health personnel to work at refugee health centres financed by the EU and German development cooperation. Working in the Turkish healthcare system, on the other hand, requires the acquisition of Turkish citizenship and a complex process of recognition of Syrian professional qualifications. This meant that the expectation that

[4] Mipatrini, Daniele et al., 2019: Survey on the health status, services utilisation and determinants of health of the Syrian refugee population in Turkey. Ankara: WHO.
5 E.g. according to corresponding updated procedural information on the impact matrix from the BMZ

Syrian healthcare workers would be able to work throughout the Turkish healthcare system as a result of the project-funded training was unrealistic.

Output 2 aims to provide mobile healthcare for vulnerable groups. With EU funding, the refugee health centres do indeed have mobile units of qualified health personnel who regularly visit highly vulnerable population groups, such as Syrian seasonal workers living in tents. However, this project supported the establishment of a home care service that focused on providing basic care for bedridden people by non-medical personnel. Output 3 refers to the coverage of personnel and operating costs for the seven training and health centres run by the WHO, which provide training for medical staff on mental health and psychosocial support (MHPSS) and other topics, as well as various pilot projects and studies. The pilot projects are not explicitly mentioned in the impact matrix. Output 4 comprises training measures for Syrian and Turkish personnel on topics such as language teaching and psychosocial support, as well as the implementation of various studies and pilot projects to improve the provision of health services for Syrian refugees. All outputs are aimed at the immediate provision of health services for Syrian refugees. They do not address sustainability aspects such as the long-term employment of Syrian health personnel or the long-term financing of refugee health centres.

This impact logic does not adequately reflect the project's integration into the WHO's overarching programme for healthcare provision to refugees in Turkey or the large-scale measures taken by the EU, in particular the SIHHAT programme (see section on coherence) to finance 180 refugee health centres.

4. Adaptability – response to change

The programme was able to respond flexibly to emergency situations. During the COVID-19 pandemic, the programme financed protective equipment for medical staff and patients in refugee health centres. Some of the programme-financed health personnel were deployed to trace contacts among Syrian refugees. In addition, the WHO- e used project funds worth approximately EUR 1.4 million to procure medical supplies and protective equipment. Project funds were also used flexibly to bridge supply gaps caused by interruptions in financial contributions from other donors. This resulted in major shifts in the individual budget lines, which were agreed with KfW.

Rating summary of relevance: moderately successful (3)

The project aimed to relieve the Turkish health system, which was under severe strain due to the care of Syrian refugees, and to ensure health care for Syrian refugees while also creating employment opportunities for Syrian health care workers. Although the training and further education measures to be financed could also offer short- to medium-term potential for impact, the creation of healthcare provision for Syrian refugees to meet acute needs was a priority and the project was therefore geared towards short-term effects.Due to its focus on urgently relieving the Turkish healthcare system against the backdrop of the acute situation and improving healthcare for Syrian refugees in Turkey, as well as the successful conceptual combination of the goals of income generation and health, the appraisal of the relevance of the project is still considered successful. The insufficient consideration of the sustainability aspect in the project design, which provided for the healthcare of Syrian refugees in parallel with the Turkish population, and the lack of links between the pilot projects and studies and the other aspects of the programme limit the relevance of the programme.

Coherence

5. Internal coherence

This project was the only German development cooperation project in the health sector in Turkey, so there were no specific links to other development cooperation projects. Originally, potential synergies with TC projects to set up community centres for Syrian refugees were considered, but these were ultimately not exploited. During the project period, German development cooperation carried out a number of projects in Turkey that, like the project under review here, were financed by the Middle East Employment Initiative (BONO) (e.g. programme to support Syrian volunteer teachers). As these did not relate to the health sector and were implemented by other partners, there were no points of contact between these measures.

6. External coherence

The project was part of measures taken by the European Union and other donors to expand healthcare for Syrian refugees in Turkey. Since 2014, when the Turkish government declared free access to the Turkish healthcare system for refugees from Syria, the Ministry of Health has been overseeing the transfer of healthcare facilities for Syrian refugees, which had previously been run by various NGOs, to a system controlled by the ministry. EU funds, initially provided through the *European Union Trust Fund* ("Madad Fund") and later through the *Facility for Refugees in Turkey* (FRIT), made a significant contribution to this. With these funds, the EU set up the SIHHAT I programme worth EUR 300 million (2016-2021), which was later followed by SIHHAT II (EUR 210 million, 2020-2023) and now SIHHAT III. The SIHHAT funds were paid directly to the Ministry of Health as a grant, which used them to set up 180 refugee health centres in 32 regions with a high proportion of Syrian refugees from 2017 onwards.[6]

The Ministry of Health used the SIHHAT funds to finance the personnel and operating costs of the health centres (SIHHAT I: 39% personnel costs, 61% operating costs). The refugee health centres are each managed by a Turkish specialist employed by the Ministry of Health. In order to meet the high demand for healthcare, the Ministry of Health suspended the usual regulations on the recognition of foreign professional qualifications for the healthcare sector and approved the deployment of Syrian medical staff at the refugee health centres after they had completed "*adaptation training*". The Ministry of Health retained control over the selection of candidates for the adaptation training and the selection of medical staff for the refugee health centres. The measures of the project under consideration here fit into this context and supported the Turkish Ministry of Health's own efforts to provide healthcare for Syrian refugees.

The WHO has been involved in providing medical care for refugees in Turkey since 2013. Due to its relevant expertise, the WHO was commissioned to develop and implement the adaptation training in cooperation with the Ministry of Health and Turkish universities. The practical phases of this training took place at seven "training and health centres" operated by the WHO specifically for this purpose. The WHO was also commissioned by the Ministry of Health to provide ongoing training for Syrian and Turkish staff working at the refugee health centres, to train medical interpreters (*patient guides*) and to provide training on mental health and psychosocial support (MHPSS). In addition to KfW and the EU, the WHO received financial support from the US State Department and the governments of Norway and Japan. Even before receiving financial support from KfW, the WHO was already operating the seven training and health centres and training Syrian and Turkish health personnel. The German contribution here was to provide continuous funding for the centres and increase the number of trained medical professionals. The establishment of a home care service, on the other hand, was an innovation that arose from cooperation with the German FC and its interest in promoting employment. However, this also meant that the home care services were not embedded in an overarching programme, which compromised their sustainability.

Rating summary of coherence: moderately successful (3)

Due to its good integration into overarching programmes of the Turkish government, the WHO and the EU, but its limited relevance to the German development cooperation portfolio in Turkey, the coherence of the measure is appraised as moderately successful.

Effectiveness

7. Achievement of objectives

The adjusted objective at outcome level on which this evaluation is based is: "Health care for Syrian refugees in the catchment area of seven training and health centres for Syrian refugees has been improved and the employment of Syrian health personnel working at these centres has been improved." This should be achieved through the following four outputs: a) "Syrian doctors and nurses are trained with the aim of formal employment at the refugee health centres." b) "Syrian medical assistants are deployed at the training and health centres for mobile health care for vulnerable groups." c) "Seven training and health centres offer free and needs-based healthcare for Syrian refugees." d) "The range of healthcare services for Syrian refugees is improved through further training for healthcare personnel, studies and pilot projects."

The achievement of the outcome-level target can be summarised as follows:

Indicator	Status at time of review	Target value at EPE (review)	Actual value at PCR	Actual value at EPE

[6] European Commission, 2024: EU Support to Refugees in Turkey. Priority Area Brief Health. No. 4. Brussels.

(1) Number of Syrian doctors and nurses who have successfully completed qualification measures.	0	239 doctors 208 nurses 300 medical professionals	239 doctors 208 nursing staff 300 medical professionals	Further training measures were carried out in phase II of the project (2020-2023). Target value achieved
(2) Number of Syrian medical assistants trained and employed, as well as number of additional operational staff employed.	0	350 medical assistants trained and employed 150 operational staff employed	435 home care workers trained and employed 278 operational staff employed	The figures fluctuated during Phase II. Most employment contracts expired in January 2023. Target value achieved
(4) Number of treatments carried out by refugee health centres	300,000 treatments per year	360,000 treatments of Syrian refugees at the seven training and health centres during the project period per year	806,491 treatments of Syrian refugees at the seven training and health centres during the project period (cumulative between January 2018 and June 2020, i.e. 322,596 treatments per year)	The Migrant Health Training Centres (MHTC) remain open. They provide primary health care services for Syrian refugees. The doctors and nurses trained through the project continue to work there. Operating costs and salaries are financed by the EU (SIHHAT programme). Target value achieved
(5) Number of measures to improve healthcare for Syrian refugees	0	Training courses for 300 medical professionals on mental health Training for 300 translators 5 studies 5 conferences	Training courses for 300 medical professionals on mental health Training courses for 300 translators 6 studies 0 conferences Implementation of pilot projects	Most of the medical professionals and translators continue to work at refugee health centres with funding from the EU (SIHHAT programme). Some of the pilot projects have been discontinued. Target value achieved

***Table 2**: Outcome target achievement.*

8. Contribution to the achievement of objectives

Contribution to the provision and use of services

The project delivered its services as adjusted in the 2020 report. The adjustment related to the reduction in the number of qualified Syrian doctors from 600 to 239, which resulted from the Turkish Ministry of Health's admission freeze for further Syrian doctors. In order to achieve its objectives, the project financed scholarships for participants in qualification and training measures and salaries for medical support staff, covered the salaries and operating costs of the training and health centres, and supported various training measures, pilot projects and studies to improve the quality of health care.

Under Output 1, between 2018 and 2020, the project supported the participation of the above-mentioned 239 Syrian doctors and 208 *nurses* in the eight-week 'adaptation training' , thereby fulfilling the requirement stipulated by the Turkish Ministry of Health for employment in refugee health centres. The training content was developed by experts from Yildirim Beyazit University in consultation with the Ministry of Health and the WHO. The adaptation training consisted of one week of theoretical instruction, a six-week practical phase at Turkish health care facilities, and one week of on-the-job training. The training was designed to impart basic knowledge about the Turkish health care system, professional ethics and patient rights, data management in the Turkish health care system, and the working conditions of Syrian health care personnel.

As the project covered not only training and travel costs but also a stipend for the duration of the training, participants did not suffer any loss of income during the training period. Candidates for the adaptation training were selected by the Ministry of Health. Employment at the refugee health centres was financed by the European Union's SIHHAT programme, channelled through the Ministry of Health. In 2022, SIHHAT financed the salaries of 4,091 medical professionals at 180 refugee health centres in Turkey.[7]

Although the adaptation training was a prerequisite for employment at the refugee health centres, it did not constitute recognition of the equivalence of Syrian professional qualifications. The individuals who received training with project funds are part of

[7] European Commission, 2022: Communication from the Commission to the Council and the European Parliament. Sixth Annual Report on the Facility for Refugees in Turkey. COM (2022) 243 final. Brussels.

a total of 1,000 Syrian doctors and nurses who have been prepared for work in the 180 refugee health centres by the WHO on behalf of the Ministry of Health since 2017. By the end of the project (August 2020), a total of 3,400 Syrian professionals were working there, including 725 doctors and 998 nurses.[8] This means that around a quarter of the Syrian medical professionals (doctors and nurses) employed at the refugee health centres in Turkey were prepared for their tasks with the support of the project.

Under Output 2, the project supported home care for elderly Syrians and people with disabilities. To this end, the project provided funding for the training of 580 non-medical *community health* workers. Of these, 80% were female employees. The training included four weeks of theoretical training on topics such as communication, hygiene, nutrition, safety, health problems in different population groups and the basics of care, as well as two weeks of practical training at various health facilities. The carers received a scholarship from project funds for the duration of their training. Following the training, 435 nurses were employed at specially established centres for home care in the provinces of Ankara, Gaziantep, Hatay, Istanbul, Izmir, Mersin and Sanliurfa. These were affiliated with the refugee health centres, but were organisationally independent. There, the nurses were able to take advantage of further in-depth training opportunities. In addition, they were offered psychosocial support (supervision) and counselling on gender equality issues. The home care centres were run by various Turkish non-governmental organisations such as the *Association for Solidarity with Asylum Seekers and* Migrants (ASAM), *Doctors* Worldwide (DWW) and *Turkish Home Health and Social Services* Association (EVSAD) on behalf of the WHO, which also concluded the employment contracts with the carers. Setting up the home care centres required a certain amount of lead time, so that the first four centres did not start operating until 2019 (Izmir, Hatay, Sanliurfa, Gaziantep). From March 2020, the centres had to suspend home care due to the outbreak of the COVID-19 pandemic. Instead, they focused on delivering care supplies. Home care services were not resumed until the second half of 2020. During the project period, home care workers supported a total of around 900 people in need of care with 86,214 home visits. This corresponds to around 100 home visits per person in need of care. The care workers provided services in the areas of hygiene, wound management, nutrition, medication intake and blood pressure measurement. In addition, the care centres organised psychosocial support services for the relatives of those in need of care and their children. In groups led by psychologists and social workers, they were able to discuss various aspects of their life situation and develop coping strategies.

Under Output 3, the project financed the costs of Syrian and Turkish non-medical staff and the operating costs of the seven WHO-run training and health centres for refugees over a period of 32 months. These centres offered a particularly wide range of health services, including internal medicine, ophthalmology, dentistry, paediatrics, reproductive medicine, psychology, physiotherapy and social work. In March 2020, 182 medical professionals (doctors, nurses, midwives, laboratory technicians) funded by the EU's SIHHAT programme and 278 non-medical professionals worked at the centres, with their salaries financed by the project over various periods. These included 72 translators, 45 drivers, 41 social workers, 29 psychologists, 17 receptionists, 17 support staff, 10 health educators, 13 coordinators, 17 administrative staff, 6 nurses, 5 doctors, nutritionists and physiotherapists. Thirty-nine per cent of these professionals were women. These individuals were employed by WHO's implementation partners. Shortly before the outbreak of the COVID-19 pandemic, the seven training and health centres collectively provided around 70,000 treatments per month. During the project period (January 2018 to August 2021), this amounted to a total of 806,491 treatments, which the WHO attributes to the capacities strengthened by FC funding. In addition, psychologists and social workers funded by the project provided 45,442 psychosocial counselling sessions and treatments, which benefited women in particular. These included counselling on individual life situations, nutrition, education, professional activities and support in dealing with trauma and its psychological effects. Special safe and child-friendly treatment rooms were set up for children. The specially trained medical translators (25% of whom were women) were an important factor in Syrian refugees' access to the Turkish health system. They worked at refugee health centres and also accompanied Syrian patients to specialists, hospital visits and vaccination campaigns.

Under Output 4, various measures were implemented to improve the quality of care for Syrian refugees. To this end, the project financed the mandatory training of 300 bilingual patient guides (medical translators) and the further training of 150 Syrian and 150 Turkish medical professionals working at refugee health centres in mental health and psychosocial support based on the standardised WHO training programme Mental Health Gap Action Programme (mhGAP). As planned in the project concept, this enabled them to provide qualified interventions in the field of mental health and psychosocial support at the primary care level.

In addition, the project supported various pilot projects implemented by the WHO on behalf of the Turkish government. These included a project for the diagnosis and monitoring of high-risk pregnancies among Syrian and Turkish women in Sanliurfa, health education measures, the establishment of a centre for children with autism in Istanbul, a system for the digital monitoring of patients in need of care in Izmir, a centre for psychosocial support for people in need of care and their relatives in Izmir, and the deployment of Arabic-speaking staff to five women's shelters in Gaziantep, Izmir, Istanbul and Ankara. Some of these initiatives were later continued by the Ministry of Health with its own funds. The autism measure was not related to the Syrian refugee population. In addition, the WHO used project funds to conduct several studies on the health situation of the Syrian

[8] WHO, 2020: Supporting the employment of Syrian personnel in the Turkish health sector, Phase I. Final report to the KfW Development Bank, German Federal Government. Ankara.

population in Turkey, which were used to plan further measures. In view of the restrictions imposed by the COVID-19 pandemic, conferences were not held.

The refugee health centres provided language- and culture-sensitive healthcare services that were well received by refugees. Particularly noteworthy is the training and employment of medical translators ("*patient* guides") who accompanied patients to the refugee health centres as well as to appointments with specialists or in hospitals. The training and health centres, which were run by the WHO with financial support from the project, offered a particularly comprehensive range of services, from general practitioner care to specialised paediatric, gynaecological, dental and internal medicine care, as well as psychological, physiotherapy and social work services. By networking these services and offering them under one roof, Syrian patients were able to make better use of them. The Arabic-speaking care services, which were financially supported by the project, were aimed at elderly people, people with chronic illnesses and disabilities, and pregnant women who needed home care. In many cases, their needs overwhelmed the families who cared for them on a daily basis. The carers took over basic care and simple medical tasks such as measuring blood pressure and administering medication. They also organised self-help groups for family carers, where they could seek advice and exchange experiences with others in similar situations.

In addition to the operating costs of the seven training and health centres, the FC project covered part of the personnel costs when a gap between two EU programmes had to be closed. At times, the project financed the salaries of doctors, nurses, physiotherapists, psychologists, coordinators, administrative staff, drivers and translators at these centres. Women accounted for 39% of the workforce. The project thus ensured the continuous operation of the refugee health centres and met the need of health personnel for a steady income. In addition, the project supported the pilot establishment of an Arabic-speaking home care service at the training and health centres, as well as the training and employment of home care workers. This created new income opportunities for non-medical staff. The home care workers received six weeks of training and regular supervision to support them in their challenging work. The scholarships for the training participants were above the minimum wage, and the salaries for the Syrian operating staff and home care workers were based on the corresponding salaries in Turkey.

Contribution to equal access to services

During the project period, the Turkish government guaranteed free access to the Turkish healthcare system for all 3.6 million officially registered Syrians in Turkey ("*Syrians under temporary protection*"). The establishment of 180 refugee health centres by the EU, including the seven centres supported by this project, was intended to relieve the burden on the Turkish health system. The aim was to ensure that all Syrians had access to healthcare. The centres were open to registered Syrians. Refugees of other nationalities were only treated there in emergencies.

The provision of healthcare services in Arabic and by staff familiar with Syrian culture played an important role in promoting access to healthcare services for the Syrian population. Nevertheless, there were some population groups whose access to the healthcare system was difficult. These included the many Syrians who were living outside the province where they were first registered. In addition, there were mobile population groups, such as seasonal workers, who were located far away from the refugee health centres. The WHO endeavoured to reach these groups through mobile health teams, which also included some professionals funded by this project. By financing psychosocial support services, especially for children and women, and setting up a home care service, the project contributed to the medical care of particularly disadvantaged groups.

Employment at the training and health centres was only open to Syrians with a medical degree. Selection was carried out by the Turkish Ministry of Health according to unknown criteria. Due to the lack of transparency in the selection process, it is unclear to what extent all potentially qualified individuals actually had access to these employment opportunities. Employment as a home care worker was generally open to all Syrians who were able to work. Selection was carried out by a committee composed of representatives from the Ministry of Health, the immigration authorities and the respective WHO implementation partners.

Contribution to the achievement of objectives

By financing the participation of 239 Syrian doctors and 208 nurses in the adaptation training courses already set up by the WHO in cooperation with the Turkish Ministry of Health, which enabled them to work in refugee health centres, the project contributed to equipping these centres with qualified Syrian personnel. The project design was based on the assumption that the trained doctors and nurses would subsequently be employed at one of the 180 refugee health centres with funding from the EU's SIHHAT programme. In this way, the project contributed to the functioning of these centres. By training 300 medical professionals in aspects of mental health and psychosocial support and providing further training for 300 medical translators (*patient guides*), the project made further contributions to language- and culture-sensitive healthcare for Syrian refugees and to the professionally qualified treatment of the numerous traumas they experienced during their flight and in Turkey. This was particularly beneficial for women, who often struggle with both language problems and mental health issues.[9] The project also financed the temporary employment of 435 home care workers and 278 non-medical staff at the seven training and health centres. Their

[9] WHO, 2020.

remuneration was above the Turkish minimum wage. In this way, the project provided a stable income for a total of 713 people and their families over a certain period of time. The duration of the employment relationships cannot be determined from the project documents. Given the difficult economic circumstances in which Syrian refugees live in Turkey, employment at the health centres was an important source of income for skilled and unskilled workers. At the same time, it enabled them to find employment commensurate with their training. Some nurses reported that they had previously had to work in factories for lower wages.

The project achieved a high employment rate among women. Around one third of the health personnel at the refugee health centres are women, even though women account for only 16. % of Syrian doctors. A particularly high proportion of women was achieved among community workers (100 %), non-medical nutrition and health advisors (73 %), nurses and midwives (67 %), psychologists (59 %) and social workers (56 %). Around 80 % of home care workers were women. Many of the home care workers were women who were divorced or whose husbands were unable to work. They were particularly dependent on the income provided by the project, especially as women have few alternative sources of income. Given the very low labour force participation rate among Syrian women, the employment of numerous women through the project is to be appraised positively.

By covering the personnel and operating costs of the seven training and health centres over a period of 32 months, the project enabled these centres to continue providing services and thus ensured that the Syrian population had access to them. The training and health centres run by the WHO offer a wide range of primary and, in some cases, secondary health care services. These include general medical care, gynaecology, paediatrics, dentistry, psychology and psychosocial care. Their range of services goes beyond that offered by the refugee health centres financed by SIHHAT. The number of treatments at the training and health centres rose steadily between the start of the project and the outbreak of the COVID-19 pandemic, indicating growing acceptance of these centres among the Syrian population.

The selection of pilot projects supported by the project, which was carried out by the WHO at the request of the Turkish Ministry of Health, appears arbitrary and has no clear connection to the other project activities. The content and scope of the pilot projects, the financial contribution of the project, and the results of these activities are not clearly documented, making it difficult to conduct an appraisal of these measures. Some are related to healthcare for the Syrian community, such as Arabic-language pregnancy classes, while others appear to have been selected arbitrarily (e.g. centre for autism, remote monitoring of vital signs of people in need of care). It is unclear what results these measures have produced and how they have been used.

The WHO studies funded by the project examined various aspects of the health status of Syrian refugees in Turkey, challenges in accessing the health system, and the training needs and satisfaction of Syrian health personnel in Turkey. According to its own statements, the WHO used these studies to further improve its programme activities for the Syrian population. This is understandable.

9. Quality of implementation

The project was jointly managed by KfW, the Turkish Ministry of Health and the EU. To this end, a total of four meetings of the *joint steering committee* were held at six-month intervals. The meetings served to jointly coordinate priorities, discuss the progress of the project and ensure complementarity between it and the EU-funded SIHHAT programme. In addition, two technical coordination meetings were held with various stakeholders at provincial level to plan the technical implementation of the home care service.

Given Turkey's highly centralised health system, the Turkish Ministry of Health played a decisive role in steering project activities. The Ministry of Health has its own Department *of Migrant Health*, which is responsible for supervising refugee health centres. , the Ministry of Health defined the general principles for the operation of these centres, provided some of the premises and selected the staff. This applied both to the Syrian doctors and nurses who were allowed to participate in the adaptation training and to the other staff at the health centres and home care workers. The Ministry of Health also determined the content of the adaptation training and the training for home care workers. In principle, the WHO had to consult the Ministry of Health on all strategic and operational issues and obtain its approval. The close involvement of the Ministry of Health contributed to the smooth running of the project measures, but at the same time exposed them to a high degree of political influence. Although the WHO was able to contribute its technical expertise to the project, it ultimately functioned as an implementing organisation of the Ministry of Health. This could become problematic if Turkey decided to tighten its originally generous refugee policy and restrict social services for Syrian refugees. However, this government-oriented approach was inevitable given the political situation in Turkey. The WHO made some cautious attempts to bring about improvements in health policy for this group by conducting various scientific studies on refugee health in Turkey.

In implementing the project, WHO collaborated with three Turkish non-governmental organisations (NGOs), which supported the operational running of the training and health centres, contracted non-medical staff and home care workers on behalf of the project, and paid the grants for participants in the adaptation training courses. For legal reasons, the WHO was unable to employ

the specialist and support staff itself. The non-governmental organisations were *the Association for Solidarity with Asylum Seekers and Migrants* (ASAM), *Doctors Worldwide Türkiye* (DWWT) and *Turkish Home Health and Social Services Association* (EVSAD). All of these are large and long-established aid organisations with experience in providing healthcare to refugees. As part of the project, the NGOs took responsibility for the technical operation of the health and training centres, the employment of medical professionals and additional tasks in the area of health education and psychosocial support for refugees. They also provided supervision services for the staff of the centres and home care workers. Other WHO implementation partners included two national universities (Ankara University and Yildirim Beyazit University), which developed training materials for adaptation training and other training courses in accordance with the guidelines of the Ministry of Health and the WHO.

The WHO was primarily responsible for coordination and consultation tasks within the framework of the project implementation and was also responsible for monitoring and financial management of the project measures. Monitoring was based on bi-monthly reports from the implementation partners and was supplemented by quarterly project visits to the training and health centres. WHO representatives also regularly appraised the quality of the training events. The monitoring of project activities was gender-disaggregated, with the number of female and male participants or beneficiaries being recorded. Further gender-related results or risks were not recorded.

Overall, this is a vertical project structure in which the WHO and NGOs act as implementation partners of the Turkish Ministry of Health. The WHO's project management appears to be appropriate overall, although the strong influence of the Turkish Ministry of Health on all aspects of project implementation must be taken into account. This is remarkable, especially since the Ministry of Health did not make any financial contributions to the project itself.

10. Unintended effects (positive or negative)

There is no evidence of serious negative effects of the project on human rights, gender relations, corruption, poverty reduction, the environment, conflict and digitalisation. However, they cannot be ruled out[10] . During the project period, free access to healthcare in Turkey for Syrian refugees repeatedly led to tensions with the local population. Some people accused the refugees of receiving better treatment than the Turkish population. However, this decision was made by the Turkish government and goes beyond the scope of the project under consideration here. The fact that non-Syrian refugees were only treated in the centres in emergencies is to be appraised as disadvantageous. The training and health centres did not have a complaints mechanism that patients could turn to if they had problems. Possible problems therefore remained invisible. On the other hand, positive effects of the project measures on gender relations and inclusion can be expected. The data protection implications of the digitisation of patient management in the refugee health centres cannot be reliably appraised within the scope of this evaluation.

Rating summary of effectiveness: successful (2)

Text The project was largely able to achieve its objectives (health care for Syrian refugees, training and employment in the health sector, see above), and the contribution of the project activities to the achievement of these objectives is comprehensible. Despite a variety of challenges, the refugee health centres were still making an important contribution to basic healthcare for Syrian refugees in Turkey at the time of the evaluation.[11] The project was managed in a goal-oriented manner and there is no data on possible negative effects. For these reasons, the effectiveness of the project is appraised as successful.

Efficiency

11. Production efficiency

Between January 2018 and August 2020, project funds amounting to EUR 21,200,000 (100 % of the total amount provided) were spent. Due to delays in project implementation, the project was extended by eight months from the original December 2019 to August 2020 at no additional cost. During the project period, EUR 9,982,480 (47. % of the total costs) was spent on scholarships for participation in training and adaptation courses, the salaries of the operating staff of the training and health centres and home care workers, as well as training costs for home care workers, medical translators and mental health medical staff. There were significant deviations from the original plan in this regard. Significantly less money was spent on adaptation training for doctors and nurses, as fewer people than originally planned received this training. This also applies to the employment of operational staff at the health centres and home care workers, especially as the development of home care services was slow in the

[10] During the evaluation mission, the evaluator was accompanied at all times by a representative of the Turkish Ministry of Health. Discussions with Syrian aid workers and professionals took place in the presence of the Ministry of Health, the management of the health centres and other officials. In this situation, it appeared that the interviewees avoided addressing any potentially critical aspects of the project. Discussions with Syrian patients could not take place for logistical and data protection reasons, so their perspective is missing from the evaluation.
[11] European Commission, 2024: EU Support to Refugees in Turkey Priority Area Brief Health. No. 4. March 2024. Brussels.

first years of the project. More money was spent on training home care workers. At EUR 6,134,335 (29 % of total costs), the project spent almost six times as much as originally planned on the operating costs of the training and health centres. The additional costs were agreed with KfW and resulted, among other things, from increased material costs during the COVID-19 pandemic (e.g. protective equipment). Expenditure on studies and research (EUR 539,963) (2.5 %) and communication (EUR 161,588) (0.7 %) was roughly in line with the budget. There was a significant increase in costs for the WHO's implementation partners (NGOs), for which EUR 1,678,345 (8 %) was spent. In addition, there were the WHO's project costs for project implementation, where there were slight savings (EUR 1,316,373) (6.2 %), as well as the WHO's fixed overheads amounting to 7 % of the total costs (EUR 1,386,916). The costs incurred by the WHO and its implementing partners for the implementation of the project measures thus amounted to EUR 4,543,222, or 21.4 % of the total project costs. This share can be considered reasonable.

With total costs amounting to EUR 6,134,335, the average operating costs for each of the seven training and health centres amounted to EUR 876,333, i.e. EUR 328,625 per year. The WHO does not provide any information on the composition of these costs. They do not include salary payments, which were budgeted separately. At the same time, a project financed by the EU's MADAD fund covered another part of the operating costs of the training and health centres. The operating costs appear high.

The costs for the six-week training courses for the 435 home care workers amounted to EUR 1,702,455, including training fees and scholarships, i.e. EUR 3,913 per person. This amount may include the costs of developing the training curriculum in collaboration with a Turkish university. Nevertheless, the amount seems somewhat high. EUR 2,852,205 was spent on employing the 435 home care workers. This means that each care worker would have earned EUR 6,556 over the course of the project. The minimum wage in Turkey in 2019 was EUR 392 per month. A home care worker would have had to work for 17 months to earn this amount at minimum wage. However, the WHO does not provide any information on the salaries paid to the care workers or the average length of employment. Salary payments for the 278 operational staff at the health centres amounted to EUR 3,455,941, meaning that each person earned an average of EUR 12,431 over the course of the project. Here, too, there is a lack of information on salaries and length of employment to be able to assess these costs.

The costs for the implementation partners amounted to EUR 1,678,345, meaning that they were compensated EUR 239,763 each for the operation of one training and health centre. According to the WHO, additional costs were incurred here due to the need for additional specialist and administrative staff to implement the project measures, as well as for the personnel management of the nursing and operating staff and their psychosocial and professional support. These costs are presumably reasonable.

The WHO does not provide any information on which budget line was used to finance the above-mentioned pilot measures. This would be desirable.

Overall, production efficiency is satisfactory. However, some information is missing to verify the plausibility of the costs incurred.

12. Allocation efficiency

With regard to allocation efficiency, the question arises as to how efficient the seven training and health centres for refugees run by the WHO were in comparison to the 180 refugee health centres financed by the EU's SIHHAT programme, which were run directly by the Turkish Ministry of Health. The latter had lower operating and personnel costs but also offered only a limited range of services. In contrast, the training and health centres had a particular quality standard to meet, especially as they were to benefit from the WHO's expertise and better equipment. In addition, the WHO wanted to use the centres to test innovative approaches and anchor them broadly by using the centres as training facilities for Syrian medical personnel. Little information is available on the innovative aspects of the training and health centres. In principle, however, the local Syrian community benefited from the good facilities at the training and health centres, as this enabled them to access specialised health services in Arabic. The health centres are operating at full capacity.

With a total of 713 people receiving salaries from the project at times as home care workers or operational staff, the employment effect of the project is moderate. In the area of home care, a greater employment effect could possibly have been achieved through cooperation with private providers of home care services, who could have used project funds to set up a subsidised Arabic-language care service. However, this appears to be a novelty in Turkey, so that the legal basis for this was still lacking.

The employment of home care workers was discontinued in October 2023 with the end of phase II of the project evaluated here. At the same time, it is becoming increasingly clear that the Turkish Ministry of Health will not continue to fund the infrastructure of 180 refugee health centres created by the SIHHAT project from its own resources. This would also mean that the Syrian doctors and nurses trained through the project would lose their jobs.

The costs charged by the WHO for project implementation appear moderate. As the WHO, as a UN organisation, was unable to employ Syrian nursing and specialist staff itself, it had to rely on cooperation with Turkish non-governmental organisations for subcontracting and personnel management of these individuals. Their implementation costs appear reasonable.

Rating summary of efficiency: successful (2)

The project was implemented efficiently for the most part, even though there were some initial delays and challenges due to the COVID-19 pandemic. The project was well suited to efficiently generate income for Syrian medical and nursing staff while improving the quality of healthcare for Syrian refugees in Turkey. The measures were implemented in a targeted manner and with moderate overhead costs. The limited long-term development effectiveness of the measure restricts its Allocation efficiency. Overall, however, the efficiency of the measure is appraised as successful.

Impact

13. Overarching developmental changes

The project objective at impact level, as adjusted within the framework of the EPE, is: "The health status of Syrian refugees in the catchment area of seven training and health centres for Syrian refugees has improved and the income of Syrian health workers has increased."

The achievement of the impact-level objective can be summarised as follows.

Indicator	Status at time of review	Target value at EPE (review)	Actual value at PCR	Actual value at EPE
(1) Improvement in the health status of the Syrian population (e.g. maternal mortality, vaccination rate) in the catchment areas of the project locations	Retrospectively reconstructed indicator	Retrospectively reconstructed indicator	Retrospectively reconstructed indicator	No data available, but positive anecdotal reports. Data insufficient
(2) Increase in income of Syrian health personnel employed at the above-mentioned 7 refugee health centres	Retrospectively reconstructed indicator	Retrospectively reconstructed indicator	Retrospectively reconstructed indicator	No data available, but positive anecdotal reports. Data insufficient

***Table 3**: Impact target achievement.*

14. Contribution to overarching intended developmental changes

The project's impact was evaluated on the basis of three dimensions. Firstly, the extent to which the project measures were suitable for improving access to health services for refugees from Syria and potentially also from other countries, and subsequently improving their health care, was examined. Secondly, the extent to which improved access and utilisation led to an improvement in the health status of refugees was analysed. Thirdly, the working and income situation of Syrian health personnel was examined.

Improved healthcare

Since 2011, around 3.6 million Syrians have fled to Turkey to escape the civil war in their home country. More than half of them are concentrated in the provinces of Gaziantep, Hatay, Istanbul, Mersin and Sanliurfa. Since 2011, Syrians in Turkey have been able to register as refugees and thus receive temporary *protection* status. Since 2013, this protection status has entitled them to free healthcare in Turkey. Syrian refugees have placed a heavy burden on the Turkish healthcare system, especially in the southern provinces with a high proportion of refugees. For this reason, the international community, in particular the EU, supported the establishment of 180 additional *migrant health* centres in the affected provinces. These centres are based on the concept of Turkish community health centres and combine various services for the prevention and primary care of the population. This also includes the seven training and health centres co-financed by this project.[12]

Nevertheless, Syrian refugees' access to healthcare remained limited during the project period (2018-2020). A 2018 study showed that 57 % of Syrian refugees had never visited a general practitioner, community health centre or refugee health centre. Instead, 48 % of refugees obtained medication themselves from pharmacies, while 67 % of refugees had sought hospital treatment for an acute illness at least once. Over 67 % of refugees had never been treated by a dentist. Only around 5 % were aware

[12] Regional Refugee and Resilience Plan in Response to the Syria Crisis, 2019: 3RP Country Chapter. 2019/2020 Turkey. Ankara.

of the possibility of cancer screening and 15 % were aware of vaccinations. However, around 15 % of Syrian refugees had visited a refugee health centre at least once.[13]

The limited access to healthcare that these figures reveal can be attributed to various barriers[14] faced by Syrian refugees in Turkey. These include a) Administrative and legal barriers: Only refugees with temporary protection status have access to free healthcare services. Unregistered refugees or those registered in other provinces cannot access services unless they pay for them themselves. Complex and time-consuming processes for registration and referrals to specialised facilities lead to delays or prevent treatment[15] . b) Linguistic and cultural barriers: Many Syrian refugees do not speak Turkish, while there are too few interpreters available in public health facilities. This made communication with medical staff, diagnosis and compliance with treatment recommendations difficult. Different cultural norms, especially in the treatment of women and children, lead to misunderstandings and inhibitions about using health services. c) Overburdened health system: Provinces with large Syrian populations (e.g. Gaziantep, Sanliurfa, Hatay, Istanbul) are facing an overload of their health infrastructure. This leads to longer waiting times and limited availability of services. Many hospitals and health centres suffer from a shortage of medical professionals and capacity, which affects the quality of care. d) Economic barriers[16] : Refugees living in rural areas or outside their province of registration often have to travel long distances to access health services. Transport costs are prohibitive for many. While basic services are free, refugees often have to pay for medicines, laboratory tests or specialised treatments, which places a financial burden on many. e) Social and psychological barriers: Negative attitudes towards Syrian refugees that exist in some parts of society can lead to them being treated unequally or feeling unwelcome. Trauma from war and displacement, as well as fear of authorities, can cause refugees to avoid contact with official institutions. f) Inadequate provision of certain health services[17] : There is a high demand for mental health and psychosocial support, chronic disease management, disability services and reproductive health care in remote areas, but provision is limited. g) Refugees in inaccessible informal settlements and rural areas are often cut off from health care and information about it. Mobile health services find it difficult to reach them.

The project's activities were designed to remove some of the barriers described here. By financing the operating and salary costs of the seven training and health centres, the project made a contribution, albeit limited, to relieving the burden on the Turkish health infrastructure. However, the interviews revealed that the number of refugee health centres is not keeping pace with rising demand, meaning that they are constantly overloaded. The financing of adaptation training for Syrian doctors and nurses, who were thus prepared for deployment at the refugee health centres, also aimed to relieve the burden on the health system. Their deployment was also important in overcoming linguistic and cultural barriers to medical treatment. Of particular importance in this regard was the training of medical interpreters who accompanied Syrian patients both in the centres and at appointments with specialists or in hospitals, where they assisted with communication. By financing the salaries of psychologists, social workers and therapists at the training and health centres, as well as providing further training for medical staff on mental health and psychosocial support, the project contributed to improving treatment capacities in this area. Due to their experiences as refugees and their precarious living situation in Turkey, the prevalence of mental health issues among the Syrian population in Turkey is particularly high. By supporting mobile forms of care and medical treatment, the project also helped to improve care and health services for hard-to-reach groups. By addressing numerous barriers that made it difficult for Syrian refugees in Turkey to access health care, the project can be assumed to have actually contributed to improving this access.

However, the project was unable to address important barriers. These include restrictions on non-Syrian refugees, unregistered Syrian refugees and registered Syrian refugees residing outside their province of registration. The project also had no impact on bureaucratic and economic barriers such as high transport costs or the level of financial contributions required for certain health services. It is unclear to what extent the measure contributed to improving the tense relations between the Syrian and Turkish populations, for example by relieving the burden on Turkish community health centres, or whether the existence of well-equipped training and health centres caused envy among some, which in turn led to tensions. Similarly, it was not possible to determine whether the project contributed to overcoming the stigmatisation of refugees in the health care system and possible derogatory behaviour on the part of Turkish health care personnel.

In general, Syrian refugees surveyed in various surveys expressed satisfaction with the quality of their treatment at refugee health centres and training and health centres. In 2021, around 70% of respondents who had been treated at such a facility stated that they were satisfied with their treatment overall. They were particularly satisfied with the psychological and psychosocial support (85 %), while satisfaction with emergency care, dental care and reproductive health services (65 %) was lower. Important influencing factors were the time available to healthcare staff per patient, the accessibility of the centres and communication in Arabic.[18]

[13] Mipatrini, Daniele et al., 2019: Survey on the health status, services utilisation and determinants of health. Syrian refugee population in Turkey. Ankara: WHO.
[14] Zhang, Elwyn/Worthington, Roger, 2021: Barriers to Healthcare Access and Utilisation among Urban Syrian Refugees in Turkey. Journal of Student Research 10(2).
[15] Aras, N. Ela Gokalp et al., 2021: Right to health and access to health-care services for refugees in Turkey. Journal of Services Marketing 35(7).
[16] Tengilimoglu, Dilaver et al., 2021: Refugees' Opinions about Healthcare Services: A Case of Turkey. Healthcare 9(490). https://doi.org/10.3390/healthcare9050490
[17] Tayfur, Ismail et al., 2019: Healthcare Service Access and Utilisation among Syrian Refugees in Turkey. Annals of Global Health 85(1):42, 1–6. DOI: https://doi.org/10.5334/aogh.2353
[18] WHO, 2021: Patient satisfaction and experience at migrant health centres in Turkey. Ankara.

Overall, the project supported structures with training and health centres that are suitable for providing Syrian refugees with linguistically and culturally appropriate healthcare. The refugee health centres, which are predominantly funded by the EU, have a broad impact and, according to WHO calculations, reach around one third of Syrians living in Turkey. However, these are parallel structures which, although they follow the basic concept of primary health care in Turkey, are not fully integrated into the Turkish health system. This poses challenges in terms of the sustainability of the centres (see below). Without the measure, Syrian refugees' access to health care in Turkey would probably have been worse (development policy additionality).

Improving the health status of Syrian refugees in Turkey

The health status of Syrian refugees in Turkey is marked by the effects of war, displacement and difficult living conditions. Many Syrian refugees suffer from diseases related to poor living conditions, limited access to clean water, inadequate hygiene and poor nutrition. In the early years of the Syrian crisis in particular, there was an increase in cases of tuberculosis, hepatitis, measles and skin diseases, which have since declined, partly as a result of vaccination campaigns. Mental illnesses such as post-traumatic stress disorder (46 % of the Syrian population), depression (41 %), anxiety disorders (41 %) and psychosomatic complaints are common.[19] They can be linked to experiences of violence and loss of loved ones, displacement, insecurity, unemployment and discrimination in the host country, as well as chronic stress and untreated trauma. Complications during pregnancy and childbirth are common due to poor nutritional status, and many women seek medical help too late. Respiratory diseases, diarrhoeal diseases and malnutrition are common problems among Syrian children.[20] These are also due to precarious living conditions, poor nutrition and lack of hygiene in families. This affects the physical and cognitive development of children. The mortality rate among Syrian mothers and children is higher than among the Turkish population. Children and women in particular suffer from poor nutritional status. In addition to acute malnutrition, vitamin deficiency and anaemia are common among women. In contrast, unhealthy diets and lack of exercise in cities lead to obesity. Many older Syrian refugees suffer from chronic diseases such as diabetes, high blood pressure, cardiovascular disease, asthma and chronic obstructive pulmonary disease[21] . Added to this are war injuries and disabilities resulting from the war in Syria.

There is no systematic data available on the improvement in the health status of Syrian refugees through the establishment of refugee health centres and training and health centres. It is reasonable to assume that improved access to medical treatment contributes to the early detection of health risks and the treatment of existing diseases. In the long term, this can lead to a better health status for Syrian patients. In an interview, the management of one of the training and health centres visited stated that since the establishment of these centres, maternal and child mortality in the area surrounding their centre had decreased measurably. While the vaccination rate for Syrian children in the first few years after 2011 was still low at 45 % for polio and 41 % for measles, by 2020 it had already reached the level of Turkish children at almost 100 %[22] . It is reasonable to assume that the work of refugee health centres, which care for many Syrian mothers and children, has contributed to this progress. However, the health centres have little influence on the socio-economic and psychosocial causes of illness, in particular poverty, economic insecurity, malnutrition, inadequate hygiene, gender norms, violence in families, and the experience of displacement and exclusion. These factors can only be addressed selectively in the context of psychosocial counselling for patients.

Improving the working and income situation of Syrian health workers in Turkey

The project also contributed to improving the working and income situation of Syrian health workers and home care workers. By financing adaptation training for qualified Syrian doctors and nurses, it enabled them to work in refugee health centres, even if not in the regular Turkish health care system. A 2019 WHO survey on job satisfaction among Syrian health workers at refugee health centres showed that around 65 % of doctors and nurses were satisfied with their current professional situation.[23] Important aspects of job satisfaction included the opportunity to use their skills and knowledge for the benefit of the Syrian community, the income and social status associated with their profession, adequate workplace facilities and good teamwork. Syrian specialists were unable to use their specialist knowledge at the refugee health centres and had to take on general medical duties there. For this reason, their job satisfaction was slightly lower than that of nurses and general practitioners. This was confirmed by the interviews conducted as part of this evaluation. Job satisfaction among healthcare personnel was slightly higher at the training and health centres than at the refugee health centres, which may be related to their better equipment and more diverse range of tasks. Their professional activities enabled many doctors employed at the health centres to acquire Turkish citizenship, which was also appraised positively. However, there were also factors that affected the job satisfaction of healthcare personnel. These included the lack of career prospects at the refugee health centres, including a lack of opportunities to work regularly in the Turkish healthcare system. Further challenges were salaries, which were considered too low, and the high number of patients

[19] Kurt, Gulsah et al., 2022: Estimated prevalence rates and risk factors for common mental health problems among Syrian and Afghan refugees in Turkey. BJPsych Open 8, e167, 1–7. doi: 10.1192/bjo.2022.573
[20] Bucak, Ibrahim et al., 2017: An overview of the health status of Syrian refugee children in a tertiary hospital in Turkey. Avicenna Journal of Medicine 7:110-114.
[21] WHO, 2019.
[22] Sahin, Ecem et al., 2020: Vulnerabilities of Syrian refugee children in Turkey and actions taken for prevention and management in terms of health and wellbeing. Child Abuse and Neglect. https://doi.org/10.1016/j.chiabu.2020.104628
[23] WHO, 2021: Job satisfaction among Syrian health workers in refugee health centres in Turkey. Ankara.

who had to be treated every day. Around a third of doctors treat over 60 patients per day[24] . This is well above the limit of 25 patients per day, which is considered safe by international professional associations such as the British Medical Council.

The predominantly female (80 %) home care workers reported largely positive experiences of their work in the interview. The main factors cited were income and the associated financial security and independence, teamwork with colleagues, and serving the community. In interviews, many carers stated that, as single mothers or with husbands who were unable to work, they were dependent on their income as home carers. They performed work that is considered culturally appropriate for women. Working in a team meant that the women were in a safe environment despite making home visits. Some carers reported that this job was the first time in their lives that they had earned their own money, which made them proud and increased their independence within the family. They also said that their job earned them respect in their community. These aspects were frequently discussed and reinforced during supervision with the psychologists and social workers at the NGOs where they were employed. At the same time, many carers appreciated that their work enabled them to support other members of the Syrian community in difficult life situations. The recognition of their work by patients and their relatives was particularly important to them. Some carers also reported that they now apply the medical knowledge they acquired in preparation for their work in a private context. However, the carers also mentioned the hard physical work and stressful working conditions they were exposed to in home care. Overall, a positive effect on the empowerment of these women was observed, particularly thanks to the dedicated support provided to the home carers by the NGO supervisors.

Broad impact

After completing their training under Output 1, the doctors and nurses were employed not only at the seven training and health centres supported by the FC, but at all refugee health centres financed by SIHHAT. The same applies to the health personnel and medical translators trained under Output 2. For all training measures, the WHO was able to draw on structures and concepts that had already been developed as part of the overarching refugee health programme. In addition, the WHO used project funds to carry out various studies and pilot projects that, although they had little connection to the activities financed by KfW, benefited the WHO's overall refugee health programme in Turkey. These included studies on the health situation of the Syrian population and their use of health services. They aimed to develop general approaches and learning experiences for the further development of health services for refugees in Turkey.

15. Contribution to overarching unintended developmental changes

Improving the health status of Syrian refugees in Turkey

The health status of Syrian refugees in Turkey is marked by the effects of war, displacement and difficult living conditions. Many Syrian refugees suffer from diseases related to poor living conditions, limited access to clean water, inadequate hygiene and poor nutrition. In the early years of the Syrian crisis in particular, there was an increase in cases of tuberculosis, hepatitis, measles and skin diseases, which have since declined, partly as a result of vaccination campaigns. Mental illnesses such as post-traumatic stress disorder (46 % of the Syrian population), depression (41 %), anxiety disorders (41 %) and psychosomatic complaints are common.[25] They can be linked to experiences of violence and loss of loved ones, displacement, insecurity, unemployment and discrimination in the host country, as well as chronic stress and untreated trauma. Complications during pregnancy and childbirth are common due to poor nutritional status, and many women seek medical help too late. Respiratory diseases, diarrhoeal diseases and malnutrition are common problems among Syrian children.[26] These are also due to precarious living conditions, poor nutrition and lack of hygiene in families. This affects the physical and cognitive development of children. The mortality rate among Syrian mothers and children is higher than among the Turkish population. Children and women in particular suffer from poor nutritional status. In addition to acute malnutrition, vitamin deficiency and anaemia are common among women. In contrast, unhealthy diets and lack of exercise in cities lead to obesity. Many older Syrian refugees suffer from chronic diseases such as diabetes, high blood pressure, cardiovascular disease, asthma and chronic obstructive pulmonary disease[27] . Added to this are war injuries and disabilities resulting from the war in Syria.

There is no systematic data available on the improvement in the health status of Syrian refugees through the establishment of refugee health centres and training and health centres. It is reasonable to assume that improved access to medical treatment contributes to the early detection of health risks and the treatment of existing diseases. In the long term, this can lead to a better health status for Syrian patients. In an interview, the management of one of the training and health centres visited stated that since the establishment of these centres, maternal and child mortality in the area surrounding their centre had decreased measurably. While the vaccination rate for Syrian children in the first few years after 2011 was still low at 45 % for polio and 41

[24] WHO; 2021: ibid.
[25] Kurt, Gulsah et al., 2022: Estimated prevalence rates and risk factors for common mental health problems among Syrian and Afghan refugees in Turkey. BJPsych Open 8, e167, 1–7. doi: 10.1192/bjo.2022.573
[26] Bucak, Ibrahim et al., 2017: An overview of the health status of Syrian refugee children in a tertiary hospital in Turkey. Avicenna Journal of Medicine 7:110-114.
[27] WHO, 2019.

% for measles, by 2020 it had already reached the level of Turkish children at almost 100 %[28] . It is reasonable to assume that the work of refugee health centres, which care for many Syrian mothers and children, has contributed to this progress. However, the health centres have little influence on the socio-economic and psychosocial causes of illness, in particular poverty, economic insecurity, malnutrition, inadequate hygiene, gender norms, violence in families, and the experience of displacement and exclusion. These factors can only be addressed selectively in the context of psychosocial counselling for patients.

Improving the working and income situation of Syrian health workers in Turkey

The project also contributed to improving the working and income situation of Syrian health workers and home care workers. By financing adaptation training for qualified Syrian doctors and nurses, it enabled them to work in refugee health centres, even if not in the regular Turkish health care system. A 2019 WHO survey on job satisfaction among Syrian health workers at refugee health centres showed that around 65 % of doctors and nurses were satisfied with their current professional situation.[29] Important aspects of job satisfaction included the opportunity to use their skills and knowledge for the benefit of the Syrian community, the income and social status associated with their profession, adequate workplace facilities and good teamwork. Syrian specialists were unable to use their specialist knowledge at the refugee health centres and had to take on general medical duties there. For this reason, their job satisfaction was slightly lower than that of nurses and general practitioners. This was confirmed by the interviews conducted as part of this evaluation. Job satisfaction among healthcare personnel was slightly higher at the training and health centres than at the refugee health centres, which may be related to their better equipment and more diverse range of tasks. Their professional activities enabled many doctors employed at the health centres to acquire Turkish citizenship, which was also appraised positively. However, there were also factors that affected the job satisfaction of healthcare personnel. These included the lack of career prospects at the refugee health centres, including a lack of opportunities to work regularly in the Turkish healthcare system. Further challenges were salaries, which were considered too low, and the high number of patients who had to be treated every day. Around a third of doctors treat over 60 patients per day[30] . This is well above the limit of 25 patients per day, which is considered safe by international professional associations such as the British Medical Council.

The predominantly female (80 %) home care workers reported largely positive experiences of their work in the interview. The main factors cited were income and the associated financial security and independence, teamwork with colleagues, and serving the community. In interviews, many carers stated that, as single mothers or with husbands who were unable to work, they were dependent on their income as home carers. They performed work that is considered culturally appropriate for women. Working in a team meant that the women were in a safe environment despite making home visits. Some carers reported that this job was the first time in their lives that they had earned their own money, which made them proud and increased their independence within the family. They also said that their job earned them respect in their community. These aspects were frequently discussed and reinforced during supervision with the psychologists and social workers at the NGOs where they were employed. At the same time, many carers appreciated that their work enabled them to support other members of the Syrian community in difficult life situations. The recognition of their work by patients and their relatives was particularly important to them. Some carers also reported that they now apply the medical knowledge they acquired in preparation for their work in a private context. However, the carers also mentioned the hard physical work and stressful working conditions they were exposed to in home care. Overall, a positive effect on the empowerment of these women was observed, particularly thanks to the dedicated support provided to the home carers by the NGO supervisors.

Broad impact

After completing their training under Output 1, the doctors and nurses were employed not only at the seven training and health centres supported by the FC, but at all refugee health centres financed by SIHHAT. The same applies to the health personnel and medical translators trained under Output 2. For all training measures, the WHO was able to draw on structures and concepts that had already been developed as part of the overarching refugee health programme. In addition, the WHO used project funds to carry out various studies and pilot projects that, although they had little connection to the activities financed by KfW, benefited the WHO's overall refugee health programme in Turkey. These included studies on the health situation of the Syrian population and their use of health services. They aimed to develop general approaches and learning experiences for the further development of health services for refugees in Turkey.

Rating summary of impact: successful (2)

[28] Sahin, Ecem et al., 2020: Vulnerabilities of Syrian refugee children in Turkey and actions taken for prevention and management in terms of health and wellbeing. Child Abuse and Neglect. https://doi.org/10.1016/j.chiabu.2020.104628
[29] WHO, 2021: Job satisfaction among Syrian health workers in refugee health centres in Turkey. Ankara.
[30] WHO; 2021: ibid.

The project contributed to improving healthcare for Syrian refugees in Turkey and thus possibly also to improving the health status of the refugees[31] . To this end, the professional and income situation of the Syrian healthcare personnel employed was improved. The positive effects of training and employing women are particularly noteworthy. For these reasons, the developmental impact of the project is appraised as successful.

[31] However, the available data does not allow for causal conclusions to be drawn between the project measures and the health status of the Syrian population in the catchment area of the seven supported health centres.

Sustainability

16. Capacities of beneficiaries and stakeholders

The project was financed by the BMZ's Special Initiative on Refugees and was commissioned as an emergency aid measure with the aim of achieving short- to medium-term effects and against the backdrop of weak capacities among the target groups. Further funding of the programme by external donors or the Ministry of Health was unrealistic due to the political situation and orientation, as was the idea, which had been considered in the meantime, of employing Syrian health personnel in the Turkish health sector on a longer-term basis. The question of financing subsequent phases, which was already considered open at the time of the project review, could not be resolved in a manner that ensured sustainability either. The evaluation confirms that sustainability is limited in this case. This was due to the target groups' limited capacity for self-help and the project's design, which was geared towards their humanitarian needs (covering the training, salary and operating costs of health centres), which was carried out as part of the Middle East Employment Initiative (BONO), which was also designed to have short-term effects – creating short-term employment opportunities[32] and additionally making a positive contribution to refugee health. The project and measures were therefore primarily aimed at alleviating acute needs rather than at sustainability.

17. Contribution to supporting sustainable capacities

The project has contributed to capacity building for the healthcare of Syrian refugees through a variety of measures. These include funding adaptation training for Syrian medical staff, further training for medical translators, further training for Syrian and Turkish staff in the field of mental health, the establishment of a home care service and further training measures for staff at refugee health centres. At the same time, the project made a financial contribution to the continued existence of the training and health centres during the project period and thus to the personnel and technical capacities built up there. As illustrated above, these capacities are not sustainable due to political decisions.

18. Durability of impacts over time

Syrian refugees are under increasing pressure in Turkey. The difficult economic situation in Turkey and the anti-refugee propaganda of various political parties have led to a social climate in which Syrians are increasingly rejected and persecuted. This repeatedly leads to violent protests and attacks against the Syrian community, most recently in July 2024 in various Turkish cities. Since 2019, the Turkish government has also been increasing pressure on Syrian refugees by deporting them to Syria.[33] The Turkish government has built a fortified wall along the border with Syria and controls a border strip on the Syrian side where, according to the Turkish government, around 670,000 deported and "voluntarily returned" Syrians already live.[34] These developments are affecting the presence of Syrian refugees in Turkey and their use of and access to the healthcare system. This is already restricted by the time limit on access to free healthcare introduced in 2023. Under these circumstances, the sustainability of the project's impact in terms of expanding the healthcare infrastructure for Syrian refugees and their access to this infrastructure is limited.

The project examined here was followed by a second phase with a similar concept (2020– – –2023). The follow-up project was completed on schedule in October 2023. Throughout the entire project period, the operation of the training and health centres, as well as the operation of the refugee health centres, depended on funding from German development cooperation and the European Union via the SIHHAT project. Although the Turkish Ministry of Health was heavily involved in the content and administrative management of the measures, it did not make any financial contributions of its own. For this reason, the European Court of Auditors has determined that the SIHHAT II programme, in which this project was integrated, lacks sustainability: "*This project is currently not sustainable, as the health centres' salary, equipment and rental costs will still need to be covered by IPA (III) under SIHHAT III, which was launched in January 2024. The Turkish authorities are reluctant to assume financial ownership of the project, despite being significantly involved and having the operational and financial capacity to do so.*"[35] There is therefore a risk that the training and health centres, whose capacity development the project has contributed to, will not continue to exist after the expiry of EU funding under SIHHAT III. This would mean unemployment for the Syrian staff trained through the project and the dismantling of the care structures created by the training and health centres. The Turkish government has already taken the first steps in this direction. Since 2023, it has reduced free treatment for Syrian refugees to one year. After that, refugees are expected to obtain health insurance themselves or pay for treatment privately. Aid organisations fear that this will lead to significant restrictions in healthcare for refugees, as many are in precarious employment or unable to cope with the bureaucratic effort

[32] Conceptual framework for the implementation of the Middle East Employment Initiative as part of the Special Initiative on Refugees, BMZ, Division 221, December 2021
[33] WHO, 2020: Supporting the employment of Syrian personnel in the Turkish health sector, Phase I. Final report to the KfW Development Bank, German Federal Government. Ankara.
[34] Reuters, 2024: Turkey closes Syria border after violence flares in both countries. 3 July 2024. https://www.reuters.com/world/middle-east/turkey-closes-syria-border-after-violence-flares-both-countries-2024-07-02/
[35] European Court of Auditors, 2024: The Facility for Refugees in Turkey. Beneficial for refugees and host communities but impact and sustainability not yet ensured. Luxembourg.

involved in obtaining health insurance.[36] The refugee health centres thus represent a parallel structure that is financed by the EU and does not have high levels of sustainability, reflecting the temporary tolerated status of Syrian refugees in Turkey. A more sustainable solution would be the full integration of Syrian refugees and Syrian health workers into the Turkish health system.[37]

The lack of sustainability also applies to the home care service for Syrians in need of care, which is supported by the project. The Turkish Ministry of Health was not prepared to integrate the care service into its regular structures, while the WHO implementation partners involved were unable to maintain the care service without external funding. For this reason, the structures of the care service had already ceased to exist at the time of the evaluation mission. Individual carers were able to continue working for the implementation partners by being offered employment in other externally funded projects. However, the majority of female carers were unemployed again after the end of the project.

The Turkish healthcare system has a severe shortage of skilled workers, both at the level of doctors and nursing staff.[38] Nevertheless, the recognition of the equivalence of Syrian professional qualifications in the medical field is subject to high bureaucratic requirements, which practically exclude the employment of Syrian healthcare personnel in the Turkish healthcare system. For these reasons, it is unlikely that the Syrian healthcare personnel trained through the project will be taken on by the Turkish healthcare system after the end of EU funding. However, some younger doctors have succeeded in obtaining Turkish citizenship and thus entering the Turkish healthcare system. Others are seeking employment abroad, e.g. in the Gulf states, working in unrelated fields or retiring from professional life. At the individual level of Syrian refugees who have used the refugee health centres, the medical care provided there may have had important and sustainable positive effects. These include surviving health crises (e.g. births, illnesses), avoiding long-term health restrictions and disabilities, and maintaining the ability to work through appropriate medical treatment.

Rating summary of sustainability: moderately unsuccessful (4)

The project had positive effects on aspects of the health status of the Syrian population in Turkey (e.g. maternal mortality, vaccination rates among children), but these are now clearly at risk again due to the low sustainability of the measures to improve healthcare for Syrian refugees described above. At the individual level, the trained Syrian health personnel were able to (further) develop their capacities and increase their employability to a limited extent. It must be expected that the refugee health centres will be closed after the expiry of EU funding, thus ending the employment of Syrian medical personnel. For these reasons, the project's sustainability is appraised as moderately unsuccessful.

Due to the limited sustainability requirements, this appraisal is not included in the overall rating.

Overall assessment: successful (2)

With its objective of improving healthcare for Syrian refugees in Turkey while creating employment opportunities for Syrian healthcare personnel, the project was highly relevant. However, in retrospect, the establishment of a parallel structure for providing healthcare to refugees is viewed with ambivalence. The project's objectives and measures met the needs of the target groups and were in line with the relevant strategies of the German and Turkish sides. At the same time, the project was part of the EU's overall commitment to relieve the Turkish healthcare system in providing care for Syrian refugees, which it complemented well. The project successfully targeted women, improving their access to reproductive medicine and psychosocial support while also providing employment opportunities for female health workers. The project achieved its objectives with regard to the further training and employment of Syrian health workers and the operation of training and health centres for Syrian refugees. In this way, the project contributed to providing Syrian refugees with a good health infrastructure. There is anecdotal evidence that this led to an improvement in some aspects of the health status of the Syrian population (e.g. maternal mortality, vaccination rates). The implementation of the measures by the WHO and its implementation partners was largely efficient. However, it is foreseeable that the health structures supported by the project will not be taken over or financed by the Turkish Ministry of Health in the long term and will therefore not be sustainable. Syrian professionals who have received further training have better prospects of finding skilled employment after the end of the project than the home care workers trained by the project. Due to its positive results during the project period, the project is appraised as successful.

[36] Regional Response and Resilience Plan, 2023: Turkey Country Chapter 2023-2025. Ankara.
[37] Kaloti, Rasha et al., 2024: Compounding challenges for Syrian refugees in Turkey in the wake of the earthquake. The Lancet, February 2027. DOI: https://doi.org/10.1016/S2214-109X(24)00044-5
[38] WHO, 2022: Health Systems in Action Turkey. Geneva.

Contribution to Agenda 2030

Universal applicability, shared responsibility and accountability

The project contributed to the following goals of the 2030 Agenda:

Sustainable Development Goal 3 (Good Health and Well-being): The project contributed to ensuring Syrian refugees' access to good healthcare in Turkey.

Sustainable Development Goal 4 (quality education): The project supported the training and further education of Syrian healthcare personnel.

Sustainable Development Goal 5 (gender equality): The programme promoted the employment of women in the health sector, including through the establishment of a home care service. Many of the health services provided by the training and health centres supported by the programme benefited women (e.g. reproductive medicine, psychosocial support).

Sustainable Development Goal 8 (decent work): The project promoted the employment of Syrian healthcare personnel in Turkey and offered good working conditions.

The project was part of the EU's overarching SIHHAT programme to support healthcare for Syrian refugees in Turkey.

Interplay between economic, environmental and social development

The project contributed to improving the health status of the beneficiaries and thus also to their social security. A particularly positive aspect was that healthcare was provided in the Syrian language, which made it easier to use and reduced inhibitions. Those who were trained and employed as part of the project experienced the opportunity for personal and self-esteem development through qualification and by performing socially important tasks. In addition, they earned an income and were able to improve their economic situation, albeit to a limited extent.

Inclusiveness/leaving no one behind

The training and health centres supported by the project were aimed at Syrian refugees, who as a whole represent a disadvantaged group. The services provided by the health centres were generally available to all, even if there were barriers to access due to origin and registration status in Turkey. With its home care service, the project supported a measure aimed at particularly disadvantaged older people, chronically ill people and people with disabilities.

Methodology

Evaluation methodology

The ex-post evaluation follows the methodology of a rapid appraisal, i.e. a data-based, qualitative contribution analysis, and represents an expert opinion. The project is attributed effects based on plausibility considerations, which are based on a careful analysis of documents, data, facts and impressions. Where possible, this also includes the use of digital data sources and modern techniques (e.g. satellite data, online surveys, geocoding). The causes of any contradictory information are investigated, attempts are made to resolve them, and the assessment is based on statements that are confirmed by several sources of information (triangulation), where possible.

The analysis of the effects is based on assumed causal relationships, documented in the impact matrix developed during the project appraisal and updated during the ex-post evaluation, if necessary. The evaluation report sets out arguments as to why certain influencing factors were identified for the effects observed and why the project under review probably made a certain contribution (contribution analysis). The context of the development measure is taken into account in terms of its influence on the results. The conclusions are put into relation to the availability and quality of the data basis. An evaluation concept serves as the reference framework for the evaluation.

The method offers a balanced cost-benefit ratio for project evaluations, on average, with a balance between knowledge gain and evaluation effort, and allows for a systematic assessment of the effectiveness of DFG projects across all project evaluations. Individual ex-post evaluations cannot therefore meet the requirements of a scientific assessment in the sense of a clear causal analysis.

The main objective of the evaluations (knowledge interest) is to measure impacts, provide accountability, promote transparency and enable institutional learning.

Type of evaluation:

Ex-post evaluation with trip to the project areas.

Key questions of the evaluation according to the evaluation concept:

- To what extent has the project been able to improve the employment and income situation of Syrian health workers on a temporary and longer-term basis?
- To what extent have the training activities and the employment of Syrian health workers improved access to and the quality of health care for Syrian refugees and other vulnerable groups? And to what extent did the patients benefit from improved health services?
- To what extent did the measure contribute to improving relations between the refugees and the host communities?
- What contribution did the project make to mitigating the effects of the COVID-19 pandemic?
- Where there any negative effects?

Non-public (internal) documents

Internal project documents (KFW reports, WHO reports, implementation partner reports), secondary specialist literature, strategy papers, context and sector analyses, evaluations of the EU's SIHHAT programme, media reports.

Directory of public sources

See footnotes

Data sources and analysis tools

On-site data collection, interviews, visits to refugee and health centres in Ankara, Gaziantep and Izmir.

Project sites visited

Ankara, Gaziantep and Izmir

Interview partners and modality (in person, virtual/by telephone, in writing)

KfW, interviews with WHO, Ministry of Health, provincial directorates of the Ministry of Health in Ankara, Gaziantep, Izmir, WHO implementation partners (ASAM), interviews with management staff, doctors, nurses, medical translators and former home care workers at the training and health centres in Ankara, Gaziantep and Izmir.

The following aspects limited the evaluation

The entire evaluation mission was accompanied by a representative of the Ministry of Health. For this reason, it was not possible to comply with standard evaluation standards (e.g. confidentiality of interviews, free choice of interview partners, discussions with target groups).

Assessment methodology

A six-point scale is used to assess the project according to OECD DAC criteria, with the exception of the sustainability criterion. The scale values are as follows:

Level 1 Very successful: results significantly above expectations

Level 2 Successful: results fully in line with expectations, without significant shortcomings

Level 3 Moderately successful: results below expectations, but positive results predominate

Level 4 Moderately unsuccessful: significantly below expectations and negative results dominate despite recognisable positive results

Level 5 Unsuccessful: despite some positive partial results, the negative results clearly dominate

Level 6 Highly unsuccessful: the project is useless or the situation has deteriorated

The overall rating on the six-point scale is based on a project-specific weighting of the six individual criteria. Levels 1–3 of the overall rating indicate a 'successful' project, while levels 4–6 indicate an 'unsuccessful' project. It should be noted that a project can generally only be classified as "successful" in terms of development policy if both the achievement of objectives at the outcome level (effectiveness) and impact level, as well as sustainability, are rated at least as "moderately successful " (level 3).

Imprint

Responsible: Evaluation Department of KfW Development Bank

FZ-Evaluierung@kfw.de

KfW Bankengruppe
Palmengartenstraße 5-9
60325 Frankfurt am Main, Germany