United Nations DP/**FPA**/CPD/TUR/4

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.: General
12 October 2005

Original: English

UNITED NATIONS POPULATION FUND

Country programme document for Turkey

Proposed UNFPA assistance: $6.5 million: $4.5 million from regular resources and $2 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2006-2010)

Cycle of assistance: Fourth

Category per decision 2005/13: C

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.5	1	3.5
Population and development	0.5	-	0.5
Gender	1.0	1	2.0
Programme coordination and assistance	0.5	-	0.5
Total	4.5	2	6.5

I. Situation analysis

1. Turkey is a middle-income country, which had a per capita gross domestic product (GDP) of $3,412 in 2003. GDP growth was 7.9 per cent in 2002, but fell to 5.9 per cent in 2003. Membership in the European Union is a priority for the Government. The Government has pursued political and economic stability as well as constitutional and legislative reforms in order to join the European Union. The European Council summit on 17 December 2004 initiated negotiations for full membership for Turkey in October 2005.

2. Another development objective is to reach a population structure compatible with balanced and sustainable development. Support is therefore needed for activities related to sexual and reproductive health, population and development, and gender equality.

3. In 2004, it was estimated that the population of Turkey was 71.8 million; the population growth rate was 1.5 per cent. The population growth rate peaked in the 1950s with 2.85 per cent and since then has declined. Despite the sharp decline in the growth rate, the population will continue to grow.

4. Forty-seven per cent of the population of Turkey is under 24 years of age. Persons aged 65 and over made up 5.7 per cent of the population in 2004, but this age group is growing. The ageing of the population will become an important challenge for Turkey in the years ahead. Sixty-five per cent of the population lives in cities. Since the early 1950s, there has been a phenomenal rate of rural to urban migration. This has resulted in economic, social and environmental problems for both the local and migrant populations.

5. The population trends noted above should be considered in decision-making, development planning and policy setting. Strengthening registration systems in order to collect reliable data on vital statistics is a priority.

6. The total fertility rate declined to 2.23 in 2003. However, there are marked regional disparities in the total fertility rate. While the overall contraceptive prevalence rate is high at 71 per cent, only 42.5 per cent of women use modern contraceptives. Heavy reliance on traditional methods has led to large numbers of unplanned pregnancies and abortions.

7. Infant mortality and under-five mortality have declined to 29 and 37 per 1,000, respectively. There is little reliable data on maternal mortality. In 1997, the maternal mortality ratio was estimated at 49.2 deaths per 100,000 live births. Actual numbers may be much higher.

8. The prevention and early diagnosis of sexually transmitted infections (STIs) are important challenges. Surveys of young people and sexually active adults indicate a lack of knowledge about STIs other than HIV/AIDS. Access to reproductive health information and services is still limited, particularly for males, disabled people and young people.

9. Over the past 10 years, Turkey has made strides in advancing women and promoting their rights. The Government passed legislation to protect and promote women's rights, but it will take time to implement it fully. More government support and commitment are needed to ensure women's equality in social, political and economic life.

10. Violence against women is of concern. Surveys reveal that 39 per cent of Turkish women and 63 per cent of young women aged 15 to 19 believe wife beating is justified in some cases. This indicates a need for training and better awareness of the rights and responsibilities of both sexes.

II. Past cooperation and lessons learned

11. UNFPA has supported population programmes in Turkey since 1971. The third country programme (2001-2005) sought to

provide $4.5 million in regular resources. However, because of financial constraints, the UNFPA commitment was reduced by approximately 25 per cent.

12. The third country programme supported the Government and non-governmental organizations (NGOs) in the following areas: (a) increasing the accessibility of integrated reproductive health services and improving their quality; (b) developing adolescent reproductive health services and addressing the educational needs of youth; (c) strengthening political commitment and resource mobilization at national and community levels in order to implement the Programme of Action of the International Conference on Population and Development (ICPD); and (d) providing information to monitor progress in implementing the ICPD Programme of Action.

13. The midterm review of the third country programme found that it met the needs of Turkey and could be sustained. The programme offered possibilities to scale-up good practices and to replicate them countrywide. The programme paved the way for a broader European Union-funded reproductive health programme. The review also found that the permanent committee chaired by the Ministry of Foreign Affairs had facilitated effective programme implementation. National institutions assumed ownership of the programme. Many of the activities have been integrated as regular activities of the Government and NGOs, and many are being scaled up through the European Union-funded reproductive health programme.

14. A challenge for the programme has been to ensure male involvement in reproductive health issues. UNFPA organized a successful project on male involvement with the Turkish Armed Forces and the Ministry of Health. Every year, approximately 500,000 soldiers are trained on family planning, reproductive health, and STIs, including HIV/AIDS. Nonetheless, efforts to involve men in reproductive health and women's rights need to be expanded.

15. During the previous programme, women's rights and violence against women became the focus of advocacy activities for implementing the ICPD Programme of Action. National stakeholders welcomed this development and requested that these issues receive even greater attention in the fourth country programme.

16. A major lesson learned is that not enough attention has been paid at national and local levels to using data and information on population trends in decision-making, planning and policy formulation.

III. Proposed programme

17. The proposed programme reflects the priorities of the common country assessment, the United Nations Development Assistance Framework (UNDAF), the UNFPA multi-year funding framework, 2004-2007, and the strategic direction of UNFPA. It is also in line with the efforts of Turkey to enter the European Union. The UNFPA programme cycle is harmonized with those of other United Nations agencies in Turkey.

18. The programme will be results-oriented and will emphasize national capacity-building. It will be implemented in accordance with the objectives of the ICPD Programme of Action and the Millennium Development Goals (MDGs).

19. The UNDAF outcomes are as follows: (a) by 2010, strengthened individual and institutional capacity for both democratic and environmental governance at local and central levels; (b) by 2010, social and economic policies for poverty and disparity reduction implemented effectively and quality basic social services for vulnerable groups ensured; (c) by 2010, a more protective environment established for women and children, including adolescents and youth, to claim and fully enjoy their rights. The UNFPA country programme

will consist of three components: reproductive health, population and development, and gender.

Reproductive health component

20. The outcome of the reproductive health component will be the implementation of proactive strategies to increase demand and strengthen the delivery of high-quality basic health services for vulnerable groups. Four outputs will contribute to this outcome.

21. Output 1: Increased access to high-quality reproductive health services for women and men, enabling them to exercise their reproductive health rights. This will be achieved by: (a) supporting management training in selected provinces; (b) training service providers, including new family physicians; (c) developing strategies for underserved population groups, including disabled persons, persons living in hard-to-reach areas and elderly persons; (d) improving national response mechanisms for emergency reproductive health services; and (e) supporting the implementation, monitoring and updating of the national action plan on reproductive health.

22. Output 2: Increased access by young people to information and youth-friendly services for sexual and reproductive health. This will be achieved by: (a) establishing youth-friendly services in selected provinces and universities; (b) expanding the curriculum and outreach of male involvement programmes; (c) promoting peer-to-peer education and awareness-raising activities for youth; and (d) advocating youth involvement in the design and implementation of youth-related projects.

23. Output 3: Child and maternal mortality reduced through the provision of prenatal, neonatal and post-natal care for expectant mothers. This will be achieved by: (a) supporting the development of emergency obstetric care services in all areas of the country; and (b) increasing awareness of the public about perinatal care, particularly through local initiatives.

24. Output 4: Better access for all to information and services to prevent STIs and HIV/AIDS. This will be achieved by: (a) strengthening national and local capacity to prevent, diagnose and treat STIs in selected provinces; and (b) supporting the activities of United Nations thematic groups, including conducting media workshops, raising awareness and training uniformed personnel on HIV/AIDS.

Population and development component

25. The outcome of this component will be: pro-poor policies are developed through partnerships with civil society and the private sector in order to achieve social and economic development at all levels of society and to achieve the MDGs. This outcome has one output.

26. Output 1: Statistical and disaggregated demographic data and information available and considered in social and economic policy formulation and implementation. This will be achieved by: (a) strengthening national and local capacity to collect, analyse, disseminate and apply institutionalized data; (b) providing support to develop a residency-based vital registration system; (c) supporting the maintenance of the population and development/MDG national databank; and (d) supporting research and studies on population and development.

Gender component

27. This component has three outcomes. The first outcome is: political and budgetary commitment increased and enabling laws, policies, plans and budgets for the social sector adopted and implemented effectively for women, children and youth.

28. Output 1: Policies and action plans for children, youth and women developed at all levels of administration. This will be achieved by: (a) facilitating national and local dialogue and activities aimed at protecting women from

violence; (b) supporting civil society organizations to form partnerships with national and local government institutions to support action plans to advance women and protect them from gender-based violence; (c) supporting policy dialogue at the national level to raise awareness of the challenges facing young people; and (d) supporting research and studies on related issues.

29. The second outcome is: prevention and protection mechanisms established and awareness raised to reduce harmful practices, violence, abuse, neglect and exploitation of women. This outcome has one output.

30. Output 2. Awareness of policymakers, decision makers and the media increased on gender issues, especially gender-based violence. This will be achieved by: (a) promoting women's rights, particularly those protecting women against gender-based violence, through multi-media campaigns; and (b) sensitizing and promoting the involvement of target groups.

31. The third outcome is: capacities strengthened at both national and local levels for reporting on, protecting and enforcing the rights of women and children. This outcome has one output.

32. Output 3: Improved reporting and enforcement systems for women's and children's rights. This will be achieved by: (a) supporting the establishment of a gender-equality ombudsman and complaint bodies and building their capacities; (b) capacity-building in the General Directorate on the Status of Women, to support government institutions to mainstream gender into their policies, programmes and services and to sensitize their staff on gender issues; (c) supporting local efforts to identify and provide support to the most vulnerable women and girls in the community, through a joint United Nations programme; (d) promoting partnership among the Government, NGOs, the private sector and donors; and (e) improving the quality and quantity of women's protection services.

IV. Programme management, monitoring and evaluation

33. The proposed country programme will be executed and implemented using the national execution modality. UNFPA and the Government will cooperate closely with other United Nations agencies and development partners in implementing and coordinating the programme. Joint reviews, joint monitoring and evidence-based evaluations will be undertaken.

34. The UNFPA country office in Turkey will continue its fund-raising efforts, especially to advance women's rights and to strengthen youth-friendly reproductive health services. UNFPA will, as appropriate, support the design and implementation of European Union-funded programmes in Turkey.

35. The country office consists of a representative, an assistant representative and a five-person team of financial, administrative and support staff, as per the approved country office typology. Programme funds will be earmarked for two national project personnel and two support staff members to coordinate the reproductive health and gender components of the programme. The UNFPA Country Technical Services Team in Bratislava, Slovakia, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR TURKEY

National priority: (a) addressing poverty and disparities; (b) implementation of the ICPD Programme of Action; and (c) advancement of women
UNDAF outcome: By 2010, social and economic policies for poverty and disparity reduction implemented effectively and quality basic social services reaching vulnerable groups ensured

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	Outcome: Pro-poor policies are developed through partnerships with civil society and the private sector in order to achieve social and economic development at all levels of society and to achieve the MDGs Outcome indicator: • Policy support and recommendations to the Government for the MDG report and poverty-reduction strategies Baseline: National development plan and other relevant government documents	Output 1: Statistical and disaggregated demographic data and information available and considered in social and economic policy formulation and implementation Output indicators: • Number of population and development indicators, including MDGs, available in the national databank • Data considered in parliamentary debates Baseline: National development plan, parliamentary records, statistics from the Academy of Sciences	• Parliamentary commission on health, family, labour and social affairs • State planning organization; Ministries of Finance, Labour, Justice, the Interior, and Social Affairs • State Institute of Statistics • Turkish Academy of Sciences • Population Association • United Nations agencies; World Bank; International Monetary Fund; International Organization for Migration (IOM); European Union	Regular resources: $0.5 million
Gender	Outcome: Political and budgetary commitment increased and enabling laws, policies, plans and budgets for the social sector adopted and implemented effectively for women, children and youth Outcome: Prevention and protection mechanisms established and awareness raised to reduce harmful practices, violence, abuse, neglect and exploitation of women; Outcome: Capacities strengthened at both national and local levels for reporting on, protecting and enforcing the rights of women and children	Output 1: Policies and action plans for children, youth and women developed at all levels Output 2: Awareness of policymakers, decision makers and the media increased on gender issues, especially gender-based violence Output 3: Improved reporting, complaints and enforcement systems for women's and children's rights.	• Directorate General on the Status of Women • Parliamentary commission on health, family, labour and social affairs • State Institute of Statistics • State Planning Organization • Ministries of Justice, Health and the Interior • United Nations agencies, World Bank, IOM and the European Union • Regional and local authorities • Selected NGOs	Regular resources: $1 million Other resources: $1 million

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Gender (cont'd)	Outcome indicators: • Existence of an affirmative action policy to promote gender equality and the rights of young people • Budget expenditure in provinces on health, education and protection • Percentage of women who believe wife beating is justified • Number of cities and provinces with a monitoring mechanism for children's and women's rights Baseline: National legislation and policies, national budgets and the demographic and health survey (DHS)	Output indicators: • Establishment of a gender-equality body • Establishment of an independent ombudsman entity for gender equality • National and local action plans and strategies for combating gender-based violence • Percentage of young women aged 15 to 19 who believe wife beating is justified Baseline: Data from the Directorate General on the Status of Women, the State Institute of Statistics and DHS; new national legislation	(see above)	(see above)
Reproductive health	Outcome: Implementation of proactive strategies to increase demand and strengthen the delivery of high-quality basic health services for vulnerable groups Outcome indicators: • Maternal mortality ratio • Proportion of births attended by skilled health personnel • Contraceptive prevalence rate for modern methods Baseline: Hospital-based research, DHS	Output 1: Increased access to high-quality reproductive health services for women and men, enabling them to exercise their reproductive health rights Output indicators: Number of service providers and managers trained in reproductive health and in reproductive health in emergency situations in selected provinces; monitoring mechanism for the national action plan on reproductive health in place Output 2: Increased access by young people to information and youth-friendly services for sexual and reproductive health Output indicator: Number of facilities providing youth-friendly reproductive health services Output 3: Child and maternal mortality reduced through provision of prenatal, neonatal and post-natal care for expectant mothers Output indicator: Percentage of provinces with standard emergency obstetric care service-delivery capacity Output 4: Better access for all to information and services to prevent STIs and HIV/AIDS Output indicators: Percentage of married women who believe there is a way to avoid contracting HIV/AIDS Baseline: Ministry of Health statistics, training reports, DHS	• Ministry of Health and regional and local health authorities • WHO; UNICEF and the European Union • Ministries of National Education and Defence • Parliamentary commission on health, family, labour and social affairs • Regional and local authorities and selected NGOs	Regular resources: $2.5 million Other resources: $1 million Programme coordination and assistance: $0.5 million from regular resources