



**COUNTRY PROGRAMME ACTION PLAN
2011-2015
between
THE GOVERNMENT OF TURKEY
and
UNFPA**

Ankara, Turkey

List of Abbreviations

AIESEC – Association Internationale des Étudiants en Sciences Économiques et Commerciales
 AWP – Annual Work Plan
 CEDAW – Convention on the Elimination of All Forms of Discrimination
 CP – Country Programme
 CPAP – Country Programme Action Plan
 CRC – Convention on the Rights of the Child
 CSO – Civil Society Organization
 EU – European Union
 FAO - Food and Agriculture Organization
 GBV – Gender Based Violence
 GCA – Government Coordinating Authority
 GDP – Gross Domestic Product
 GFATM – Global Fund to Fight AIDS, TB and Malaria
 GII – Gender Inequality Index
 HACT – Harmonized Approach to Cash Transfer
 HDI – Human Development Index
 ICPD – International Conference on Population and Development
 IP – Implementing Partner
 MDG – Millennium Development Goals
 MSM – Men Having Sex With Men
 NAC – National AIDS Commission
 NGO – Non-governmental Organization
 NPL – National Poverty Line
 OECD - Organisation for Economic Co-operation and Development
 PCM – Programme Component Manager
 PHC – Primary Health Care
 PLWH – People Living With HIV
 RSA – Revised Standard Agreement
 SIDA - Swedish International Development Cooperation Agency
 SPR – Standard Progress Report
 STI – Sexually Transmitted Infections
 TDHS – Turkish Demographic Health Survey
 TFR – Total Fertility Rate
 TurkMSIC - Turkish Medical Students' International Committee
 TURKSTAT – Turkish Institute of Statistics
 UNCT – United Nations Country Team
 UNDAF – United Nations Development Assistance Framework
 UNDCS – United Nations Development Cooperation Strategy
 UNDESA - United Nations Department of Economic and Social Affairs
 UNDP – United Nations Development Programme
 UNICEF – United Nations Children’s Fund
 VAW – Violence Against Women
 WHO – World Health Organization

Contents

Framework.....	4
Part I. Basis of Relationship.....	5
Part II. Situation Analysis.....	5
II.1. Country overview.....	5
II.2 Political Context.....	5
II.3 Economy and Poverty.....	5
II.4 Demography.....	6
II.5 Human development and MDGs.....	6
II.6 Status of Women.....	7
II.6.1. Violence Against Women.....	8
II.7. Reproductive and Maternal Health	8
II.7.1. Young People’s Reproductive Health.....	9
II.7.2. STIs and HIV/AIDS Situation.....	10
Part III. Past Cooperation and Lessons Learned	11
Part IV. Proposed Programme.....	12
Population and development component.....	14
Reproductive health component	15
Gender component.....	18
Part V. Partnership Strategy	20
Part VI. Programme Management.....	23
Coordination.....	23
Implementing Partners.....	23
Part VII. Monitoring and Evaluation.....	24
Part VIII. Commitments of UNFPA.....	25
Part IX. Commitments of the Government.....	26
Part X. Other Provisions	27
Annex 1 The CPAP Results and Resources Framework	30
Annex 2: The CPAP Planning and Tracking Tool	34
Annex 3: The CPAP Monitoring and Evaluation Calendar.....	38

Framework

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of Turkey (hereinafter referred to as the Government) and United Nations Population Fund (hereinafter referred to as UNFPA)

Furthering their mutual agreement and cooperation for the fulfillment of the International Conference on Population and Development Programme of Action;

Building upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;

Entering into a new period of cooperation (2011-2015);

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

Part I. Basis of Relationship

UNFPA Assistance to Turkey is subject to the provisions of the Revised Standard Agreement (RSA) signed between United Nations and the Government of Turkey in October 1965 and ratified by the Government of Turkey in 2000. The RSA applies to UNFPA activities and personnel, *mutatis mutandis*, in accordance with the Letter of the Ministry of Foreign Affairs of Turkey dated 29 December 1999 ref. No CEGY/II-4297. Thus, the UNDP Standard Basic Assistance Agreement and the above Letter constitute the legal basis for the relationship between the Government of Turkey and UNFPA.

The programme described herein has been agreed jointly by the Government and UNFPA.

Part II. Situation Analysis

II.1. Country overview

Turkey shares borders with Greece and Bulgaria in Europe, with Georgia, Azerbaijan and Armenia in the Caucasus and with Iran, Iraq and Syria in the Middle East. Occupying an area of 769,604 sq. km (lakes excluded), the country covers the whole Anatolian Peninsula (on the Asian side of the Bosphorus), East Thrace (on the European side of the Bosphorus) and islands in the Marmara and Aegean Seas.

II.2 Political Context

Turkey underwent a far-reaching political transition in the 20th Century. Mustafa Kemal Atatürk, who was the first President of the Republic until his death in 1938, founded the Republic of Turkey on the ruins of the Ottoman Empire in 1923. A multi-party parliamentary democracy was installed in 1945 and in 1950, the first free election was held. As a result of political, social and economic instabilities, the multi-party regime was interrupted by a number of military coups. Following each of these periods of military rule, the Armed Forces handed over the authority to the civilian governments and a multi-party system was restored. The country has been politically stable since 2002, with the Justice and Development Party maintaining absolute majority in the parliament in all national elections.

In 1987, Turkey applied for European Union (EU) membership and the customs union with the EU came into effect in 1996. After almost a decade of dialogue between the EU and Turkey, the European Council in December 2004 decided to commence accession negotiation with Turkey on 3 October 2005. However after a fast screening process, the commencement of various chapters that were opened for negotiation slowed down and stopped in most cases, due to political problems between the EU member states and Turkey. EU membership continues to be a high priority for the Government of Turkey. This priority is reflected in the ninth national development plan, 2007-2013. The reform process for harmonization with European Union rules and regulations is continuing.

Two major political accomplishments for gender equality have been witnessed in the last five years. The first one was establishment of a Parliamentary Commission on Equal Opportunities for Men and Women in 2009. The Commission is tasked with screening the legislative processes to ensure that gender equality is protected and promoted. The second has been one of the amendments made in the Constitution in 2010, allowing positive discrimination for women. Although the follow-up legislation for implementation of the positive discrimination has largely not been realized yet, this is a major step for advancement of the women's status.

II.3 Economy and Poverty

Turkey's economy has shown phenomenal growth since 2004, as a middle income country. Although the global economical crisis of 2008 caused regression in the per capita gross domestic product (GDP) to \$ 11,500 in 2009 from to over \$ 12,000 in 2008, the economy once more started to grow beginning with the first quarter of 2010. Turkey's economy is among the largest 20 in the world.

According to the Human Development Report of 2010, approximately 2.6% of the population lives below the absolute poverty line, whereas the percentage of people living below the National Poverty Line (NPL) is reported to be 17.1% according to Turkey's 2010 MDG report and 27% according to 2010 Human Development Report. More importantly, there is a large regional discrepancy in the percentage of people living under the NPL, with slightly over 11% for West Marmara and Aegean regions, while the proportion goes up to 36.8% in Central East Anatolia and 47.8% in South East Anatolia.

The other main problems for Turkey are resisting high unemployment rates and unregistered employment. The unemployment rate was 11% in November 2010 and the ratio of unregistered employment was 42.8%. The related major problem with unregistered employment is climbing national social security deficits.

II.4 Demography

Turkey continues to be the most populous country in the Middle East and the third largest in Europe with a population of 73,722,998 according to the address-based population registration system by the end of 2010. The use of address-based population registration system to track the population replacing censuses started in 2007. However Turkey plans to conduct a full census in 2011, synchronous with the European Union calendars, to verify the address-based population registration system.

The growth rate of the population peaked in the late 1950s with 2.85% and then slowed down to 1.8 % in the 1990s. Currently the rate is approximately 1.1%, which is higher than in the EU and other post-industrial societies. According to the projections, Turkey will complete its demographic transition over the next few years. The demographic window of opportunity caused by the sustained decline in the total fertility rate (2.16 in 2008) is expected to start diminishing after 2013. According to 2010 figures of the TURKSTAT, Turkey still has a young population with 25.9% of the population in the 10 to 24 years age. Although the future population growth will largely result from demographic momentum, Turkey will still be the only growing population in a de-populating Europe. The total population of Turkey is estimated to stabilize just below 100 million by 2050 according to the projections of a UNFPA supported study.

Life expectancy at birth has shown steady increases over the years, but at a rather slow pace. In 2005 total life expectancy was 71.3 (men: 68.9, women: 78.8) which was still below the EU average of 79. The projections give the total life expectancy at birth as 72.9 for 2010. There is considerable regional variation with regard to life expectancy at birth though. The 65 and over age group constituted 5% of the population in 2000 and they are expected to exceed 17% by 2050 according to the projections. Ageing of the population will therefore become an important challenge to be addressed in development planning. Although a National Ageing Action Plan was developed in 2006 in line with Madrid conference outcomes, the plan has not been operationalized yet.

There is also a lack of analysis of emerging population issues such as ageing, climate change and the environment in national development plans such as the Ninth Development Plan and its derivative Medium Term Development Plans. Although the development plans included specific sections on population and related issues in the past, the current national development plans do not have dedicated sections on population.

II.5 Human development and MDGs

Turkey has made great strides over the last four decades in creating a better human development environment for its citizens. Particularly great success has been attained in health related MDGs (4, 5 and 6) in the last decade. The maternal mortality ratio decreased to below 20 per 100,000 live births in 2010 (Ministry of Health, 2010) and infant mortality rate was down to 16 per 1,000 live births in 2009 (Turkish Demographic Health Survey, 2008); however these rates still remain two-to-four times higher than OECD averages.

Using the most aggregate comparative measure of the level of human development, according to the 2010 Human Development Index (HDI), Turkey ranks 83rd among 169 countries. The trend of increase in the HDI parallels the same trend in Europe and Central Asia. However when inequality adjusted figures are used, Turkey stays noticeably below the average of Europe and Central Asia. Additionally, Turkey still does worse on health and educational indicators than some countries with lower per capita income, which demonstrates the important challenge that Turkey faces in the social dimensions of human development.

On a national level, Turkey is well on track to achieve the MDGs. Yet, there are still pockets of poverty with significant structural inequality based on gender and geography. Turkey will face, therefore, significant challenges in realizing all or part of Goals 1 (eradication of poverty and hunger); 3 (gender); 4 (child mortality) and 5 (maternal mortality) for the entirety of its population. The Ninth Development Plan of Turkey has identified “Ensuring Regional Development” one of the strategic priorities, which aims to decrease these disparities. Strong emphasis has been put especially on reduction of the maternal and child mortality but the results remain to be seen in TDHS 2013.

II.6 Status of Women

Gender equality and the elimination of all forms of discrimination against women have been among the key development issues publicly debated in Turkey in recent decades. Governments have shown their sensitivity to the matter, ratifying CEDAW as early as 1985 and taking some concrete measures such as establishing the General Directorate On the Status and Problems of Women in 1990.

Legislation that protects women’s rights is relatively comprehensive. The Law on Family Protection adopted in 1998 introduced some protection for victims of domestic violence. The revised Civil Code passed in 2001, brought Turkish family law in line with the EU, CRC and CEDAW. The National Assembly and the Supreme Court have over the past 10 years abolished or annulled discriminatory paragraphs in a range of laws. The new Penal Code bill passed by Parliament in 2004 contains much improved protection of women’s human rights. A major change lies in the classification of sexual crimes as “Crimes Against Persons”, rather than “Crimes Against Society”. The modified law takes preventive measures to eradicate honor killings, prohibits the marital rape and does not discriminate between married and unmarried women. In spite of these positive developments, ensuring women's rights and gender equality in practice remain key challenges for Turkey. Notably sustained further efforts are needed to turn this legal framework into political, social and economic reality. Honor killings, early and forced marriages and domestic violence against women remain serious problems. Legislation needs to be implemented consistently across the country. Further training and raising awareness on women’s rights and gender equality are needed.

According to the 2010 MDG Progress report of Turkey, Turkey has almost reached the target of eliminating gender inequality in primary education although the proportion of girls who are not taking up secondary education is noteworthy. The MDG Progress Report highlights the existing structural inequalities; especially those related to geographical and social gender disparities as remaining challenges for the achievement of MDGs. The primary gaps are found in the participation of women in decision-making and in labor force: The representation of women in politics at the parliamentary level is 9.1% (with only 50 women elected to the 550-member parliament) and that of local government is less than 2%. Women’s participation in labor force is only at around 25%, which put Turkey below all other OECD members and many developing countries worldwide.

According to the Gender Inequality Index (GII), launched in the 2010 Global Human Development Report, which reveals gender disparities in reproductive health, empowerment and labor market participation, Turkey ranks 77th out of 138 countries. Nevertheless, Turkey displays an important progress regarding women’s rights since 1990s. As a result of a strong women’s movement and efforts of women’s organizations as well as international monitoring activities on gender equality in Turkey, a common agenda for gender equality has been developed.

II.6.1. Violence Against Women

Violence against women in Turkey takes several different forms and remains a serious problem. It includes spousal abuse, physical assault and battery. According to the National Domestic Violence Against Women Survey (2008) over 80% of the physical and sexual violence women experience is intimate partner violence. While the law prohibits and penalizes rape, ingrained societal notions make it difficult to prosecute domestic violence case, sexual assault or rape cases. Thus, women's rights advocates believe that the cases of rape are under reported. Despite the existence of a supportive legislative framework and government commitment during the last five years, more than 39 per cent of women in Turkey have been subject to physical violence by an intimate partner according to the National Research on Domestic Violence Against Women, dated 2008.

Women with no or limited financial means of their own often feel trapped in violent domestic environments. The law does allow women to apply for restraining orders against their husbands and therefore to avoid having to leave their own homes. But, as noted by observers and government officials, the restraining orders have been very successful in some of the cities and rural areas of the country, but less so in the more traditional parts of the country. The law is limited to spouses and all the relatives living under the same roof, but it does not protect unmarried or divorced women from intimate partner violence. Furthermore, spousal abuse is considered an extremely private matter involving societal notions of family honor. Consequently, only a few women (8% according to National Domestic Violence Against Women Survey, 2008) seek for support from civil servants such as police officers, judges, prosecutors, and health care providers who are often reluctant to intervene in domestic disputes and frequently advise women to return to their husbands, despite the very large-scale training programmes for the civil servants mentioned above.

The support of UNFPA as well as other important actors such as European Commission in the last five years have enabled awareness raising and on-the-job training of a large number of civil servants including the police officers, health workers, public prosecutors and family court judges on combating domestic violence but long-term behavior change communication interventions are needed to turn these into ingrained behaviors to decrease domestic violence.

Another important accomplishment in the area of violence against women in the last five years was the establishment of a parliamentary commission to investigate violence against women and children after the UNFPA supported report on honor killings was launched. The report of the commission was followed by a Primer Minister's circular on measures to combat domestic violence and their follow-up. However, there is a need to work especially with men for the next steps since behavior change takes a very long time and just having the mechanisms to combat violence is not sufficient when the civil servants who are overwhelmingly male do not change their perception and behaviors related to violence.

II.7. Reproductive and Maternal Health

Turkey displays the characteristic pattern of countries which, following a period of high fertility rates now sees a fast decline. The narrowing of the base of the population pyramid of Turkey shows this rapid decline in fertility and shows that currently 41.3% of the population of Turkey is less than 24 years of age. According to TDHS 2008, the total fertility rate (TFR) declined to 2.16 children per woman, however, this drop masks the significant regional differences in the TFR, ranging from a high of 3.27 in the East to a low of 1.73 in the West.

The maternal mortality ratio has declined over 50% for the past decade and it was registered below 20 deaths per 100,000 live births in 2009. The Ministry of Health approach of training of health service providers in delivery of emergency obstetric care, maintaining supply chain for the necessary equipment and supplies, and asking all provincial health administrations to focus on the problem in planning have helped this decrease. Improved registry systems and maternal death audits have enabled the provision of reliable data on maternal deaths during the last three years. However the long-term sustainability of data

collection mechanisms is a challenge since the Ministry of Health is operating a secondary data collection line for maternal mortality, parallel to the vital statistics registry of the government.

Disparities in access and use of SRH services exist between geographical regions of the country, as well as between urban and rural areas. The overall contraceptive prevalence rate among married women is 73.1 per cent, while use of modern methods is 46 per cent among married women. The geographical disparities also exist in modern contraceptive use with current use ranging between 34 and 53 per cent. Furthermore, there is over 7% difference in modern contraceptive use between urban and rural settings. The percentage of pregnant women who have had antenatal care differs between 95.7% and 72.9%. The significant disparity in antenatal care between regions is translated into increased maternal mortality due to preventable causes such as eclampsia.

Sixty seven percent of all couples do not want any more children and an additional 14 percent want to wait at least two years before their next children according to TDHS 2008. TDHS 2008 reported that 18% of the pregnancies among married women in the last five years were unplanned and an additional 11% were planned to be delayed. Unmet need for quality family planning remains substantial with over 21%. Heavy reliance on traditional method use, particularly withdrawal (27% according to TDHS 2008) leads to many unplanned pregnancies and induced abortion is still used as a method for fertility regulation. Over one fifth of ever-married women report having had an induced abortion, and more than one third of these women have had multiple abortions.

One of the success stories of reproductive health services in Turkey has been the assurance of reproductive health and especially family planning commodity security in the last decade. Since the phase-out of USAID programme for commodity supplies in 1999, the Ministry of Health has been forecasting, budgeting, procuring and distributing the commodities through its own structure. UNFPA has not been asked to provide any substantive support to this process.

To reduce health inequality and increase access to basic health services, the government initiated an ambitious and much-needed health reform called the *Health Transformation Programme* in 2006. The programme increased the coverage of the health insurance considerably through combining and standardizing various existing insurance benefits and expanding insurance coverage to 100% according to legislation. However, reproductive health services including counseling have not been seen as a priority for the MOH to be thoroughly addressed in this programme. As a result, family physicians who are the first point of contact in health system and decision makers for further referral don't have an adequate training on reproductive health including family planning and have unclear role in RH services. Family practice is widely integrated in the primary health care across the country as of 2010. To improve access to SRH/FP a need of SRH/FP integration in family medicine becomes urgent and needs to be addressed by the Government and other key stakeholders in the country.

II.7.1. Young People's Reproductive Health

Turkey is still a country with young population; according to 2010 figures of the TURKSTAT, 10 to 24 years age group was 25.9% of the total population. The sexual and reproductive health needs of the young people in the country are generally unmet according to various survey results including TDHS, and service statistics. Although almost one fourth of the population is young, the share of young people in utilization of SRH services remains very low. Majority of youth who actually use SRH services is married young women. The lack of comprehensive S/RH education in formal and non-formal education systems complicates the matters further, leaving adolescents and youth clueless about their own bodies, sexuality, and health issues.

The results of the TDHS 2008 show that 5.9% of the 15-19 years age group among married women were pregnant at the date of the survey. Huge discrepancies in adolescent pregnancy rates are noticeable in the survey results. The range differs with over 3 times higher percentages in Eastern Turkey. However, there is no data on birth rate among unmarried youth. These findings show the need for mechanisms ensuring the access of young people reproductive health information and services.

The youth friendly reproductive health services model that was developed through UNFPA's technical assistance during the previous country programmes was replicated in approximately 32 youth counseling centers of the Ministry of Health all over the country. Although this approach has increased access to services for young people especially from disadvantaged groups, it needs to be scaled up and integrated into the ongoing health reform to bring about the necessary change in youth reproductive health status. Considering the important role of family practitioners in providing a wide range of health services at the PHC, it is critical to increase their understanding and skills on counseling of youth and delivering youth friendly services. Further actions should be taken by the MOH and local health authorities to integrate youth friendly services in the health system. No other international organizations are currently supporting large scale Life Skills Based Education or Youth Friendly Health Services. Moreover, there are no youth organizations addressing reproductive health needs of youth in Turkey.

II.7.2. STIs and HIV/AIDS Situation

Since the detection of the first AIDS case in 1985, officially reported cumulative number of HIV/AIDS cases in Turkey until 2010 is 4525. However, there has been a slow but steady increase in the new cases in the last five years, reaching up to 250 cases a year. Furthermore, owing to problems in the surveillance and health information system, these official figures purportedly do not reflect the true number of cases. A study undertaken by Hacettepe University Public Health Department in 2010 estimated the actual number to be over 7000. Taking into consideration the fact that Turkey has become a recipient country for human trafficking according to IOM and the flow of sex workers from the Eastern Europe and former Soviet republics, which have substantially higher prevalence rates, the actual number could be much higher.

The prevalence in the general population remains below 0.1% but a UNFPA supported survey conducted in 2010 among key populations (MSM, sex workers and drug users) puts the prevalence as 5% among MSM and 3.5% among transsexual sex workers. This shows problems in accessing Voluntary Counseling and Testing for the key population.

Although antiretroviral treatment is freely available for all Turkish citizens, stigmatization and discrimination against people living with HIV (PLWH) hampers the access especially for key populations. Two NGOs were formed by PLWH in the last five years and have become very active in advocating for the rights of PLWH. UNFPA has been supporting and collaborating with these NGOs since their start-up.

Turkey has committed to implementing the UN Declaration of Commitment on HIV/AIDS in June 2000. The National AIDS Commission (NAC) was established in 1996 to coordinate national response, chaired by Ministry of Health involving a wide range of public sector institutions and civil society institutions (CSO), as well. In 2007, NAC launched a new National Program Framework to cover 2007-2011. Between 2005 and 2008, various projects were implemented by CSOs with the support of European Commission and The Global Fund to fight AIDS, Tuberculosis, and Malaria (GFTAM). Through the Sexual and Reproductive Health Programme in Turkey and the National HIV Prevention Programme, active prevention efforts were initiated targeting major vulnerable and affected groups. The recent Narrative Country Progress Report (2010) emphasizes the need for establishing a strong national monitoring and evaluation mechanism to oversee the national response; and acknowledges that "a national M&E framework is under development". There are also issues to be solved concerning the national coordination body and national action plan. Unfortunately, NAC has not even convened since July 2008 and failed to prepare an action plan for the third program period.

Prevention and early diagnosis of STIs remains an important challenge for Turkey. Surveys on young people and sexually active adults indicate a dangerous lack of knowledge on STIs other than HIV/AIDS among the general population. Development of national surveillance systems, capacity building for STI diagnosis and treatment, raising the awareness of vulnerable groups such as young people and sex workers are important issues to tackle. According to the National Youth Reproductive Health Attitude

and Behaviour Survey of 2007, the percentage of young people who has accurate information about HIV transmission measured by the UNGASS indicator #14 is below 10%.

Major demographic, population and RH indicators are summarized in Table 1. Turkey is classified as a 'C' category country with respect to UNFPA resource allocation criteria and many of the ICPD indicators have already reached the stated goals.

Table 1: ICPD Indicators in Turkey

ICPD Indicators	Value	Thresholds
Births with skilled attendants (%)	91	>60
Contraceptive Prevalence (%)	73	>55
Proportion of population aged 15-24 with HIV/AIDS (%)	<0	<0
Adolescent fertility rate (per 1,000 women aged 15-19)	59	<50
Maternal mortality ratio (per 100,000 live births)	19.5	<100
Adult female literacy rate (%)	82	>50
Secondary net enrolment ratio (%)	56.5	<100

Source: TURKSTAT 2010, Turkish Demographic Health Survey 2008

Part III. Past Cooperation and Lessons Learned

The UNFPA began to cooperate with the Government of Turkey in 1971, initially on a project-by-project basis. The first multi year Country Programme (CP) was for the period 1988-1992 with the UNFPA contribution of \$ 5 million. The programme was extended to 1994. The second CP (1995-1999, extended to 2000) had \$ 7 million UNFPA contribution. The main objective of the programme was to extend access to quality reproductive health and family planning services for underserved peri-urban and rural populations and to improve the national policy framework. In 2001 UNFPA 3rd CP started with three subprogrammes; Reproductive Health, Advocacy, and Population and Development Strategies. The 4th CP for Turkey (2006-2010) provided \$4.5 million from UNFPA regular resources.

The fourth country programme focused on supporting activities by the Government and non-governmental organizations (NGOs) in the following areas: (a) strengthening the national capacity to use institutionalized data to formulate national development strategies; (b) reducing disparities between population groups in accessing reproductive health services; (c) improving the policy environment for gender equality at local and national levels; (d) raising awareness of violence against women by working with the media and decision makers; and (e) strengthening local and national mechanisms to protect women. The main emphasis during the implementation has been on combating violence against women and responding to the SRH information and services needs of young people.

Independent evaluation of the 4th CP commented that the CP Outcomes seemed to have successfully contributed to the general progress made in the three major areas through technical, financial and human resources assistance, as well as via certain initiatives in the areas of institutional capacity building and policy advocacy. The projects and programmes implemented under the three components had contributed to increasing the institutional capacity of the partners and awareness of the stakeholders. An important aspect to be focused on in the next programming period was pointed as the development of in-house expertise on the part of the agency with a view to facilitating and promoting the transfer of know-how and to encourage international exchange of best practices. This would also constitute a key to increasing the ownership of national stakeholders, as well as ensuring the sustainability of the outcomes.

The question of the sustainability of the projects and programmes implemented under the 4th CP remained the most challenging aspect for the next programming period. Stronger communication between the stakeholders and integration of the beneficiaries into every stage of project implementation from project preparation to evaluation and monitoring were found important both to enhance a sense of ownership and to reflect the consistent demands of the beneficiaries in project activities.

In order to improve the effectiveness of the framework provided by the 4th CP, the evaluators' recommendations underlined the importance of promoting the collaboration amongst the UN agencies; establishing an enhanced partnership with NGOs, universities and the civil society at large for the implementation of various projects and programmes; increasing inter-sectoral collaboration; the development of a more pronounced in-house expertise capacity; the establishment of an online expert roster; increasing the visibility of best practices; and the integration of emerging issues into the new programming cycle.

Part IV. Proposed Programme

Linkages between MDGs, UNDCS Turkey 2011-15, UNFPA SP 2008-13, and UNFPA CP 2011-15

The UNFPA CP was developed through a participatory approach with the national stakeholders, donors and the United Nations agencies, within the United Nations Development Cooperation Strategy (UNDCS). The UNDCS is one of the first examples of a simplified UNDAF process tasked to the UNCT by the Regional Directors Team. The strategy framework consists of one level of results with not more than five indicators each and the results are directly linked to the national development goals. The Government of Turkey participated in the programme development by identifying the main development problems, including poverty and disparities, their causes and strategies to tackle them.

During the country programme formulation, in its discussions with the government, in building the chain of programme results and their linkages with UNDCS and SP frameworks, UNFPA was guided by the Millennium Declaration and the Millennium Development Goals (MDGs), ICPD Programme of Action, national plan 2007-2013, the UNFPA Strategy Plan 2008-2013 and UNFPA's Strategy for middle income countries. The primary aim of the programme is to assist the country in achieving the MDGs and targets that are within the Fund's mandate, particularly the goals of reducing poverty; improving maternal health; combating STIs/HIV/AIDS; and promoting gender equality, equity and the empowerment of women.

This programme promotes human rights, and is based on the ICPD principles, as well as the principles of the national legislation of Turkey.

The UNFPA CP will contribute to the UNDCS outcomes and to the national priorities set by the State Planning Organization, which, in turn, contribute to achievement of the MDG targets in Turkey. Capacity building will be at the core of UNFPA's overall strategy and will cover institutional, managerial, technical, human resource, and operational aspects of enhancing and strengthening the national capacities in PDS, RH, and Gender. The programme will address key elements of the strategic direction laid out in the Strategic Plan 2008-2013: *Ensuring National Ownership and Leadership, Supporting National Capacity Development, Engagement in Advocacy, Forming Multisectoral Partnerships, Strengthening Results-Based Management and Knowledge Sharing*. In all components of the programme young people's concerns will be mainstreamed. The Youth Advisory Board of the Country Office will have an instrumental role in ensuring this. The other crosscutting issues of the strategic plan, Emergencies and Humanitarian Assistance, and Special Attention to Marginalized and Excluded Populations are going to be addressed through specific outputs of the programme.

The UNFPA CP has three components: "Reproductive Health", "Gender" and "Population and Development Strategies".

Country Programme results are directly linked and contribute to the SP outcomes as well as the UNDCS results and the national priority area 2 (reducing disparities and enhancing social inclusion and basic social services) identified by the State Planning Organization:

UNFPA CP	UNFPA SP	UNDCS
<p>Population and Development Output 1 Data on emerging population issues are analyzed and used at central and local levels</p>	<p>Outcome 1.3 Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and programme implementation</p>	<p>Result 4 Increased provision of effective, inclusive and responsive public services and community-based services to strengthen equitable access to knowledge, information and high-quality basic services (education, health, nutrition, water, and human safety)</p>
<p>RHR Output 1 Access to and utilization of high-quality maternal health services are increased to reduce regional disparities in maternal mortality and morbidity</p>	<p>Outcome 2.2 Access to and utilization of maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of complications</p>	
<p>RHR Output 2 Improved services and mechanisms are in place to reduce the number of high-risk pregnancies and induced abortions</p>	<p>Outcome 2.3 Access to and utilization of voluntary family planning services by individuals and couples increased according to reproductive intention</p>	
<p>RHR Output 3 Access to information and services on sexual and reproductive health and rights improved for the most vulnerable population groups, including youth, marginalized groups, migrants and the Roma population</p>	<p>Outcome 2.5 Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills based SRH education improved as part of a holistic multi-sectoral approach to young people's development</p>	
<p>Gender Equality Output1 The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems</p>	<p>Outcome 3.4 Responses to gender-based violence, particularly domestic and sexual violence expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV prevention services, including in emergency and post-emergency situations</p>	<p>Result 5 The equal participation of women is ensured in all areas of the public sector, the private sector and civil society by strengthening institutional mechanisms to empower women and improve their status</p>

<p>Gender Equality Output 2 Local mechanisms are established by cooperating with public, private and non-governmental partners to enable women to fully exercise their human rights</p>	<p>Outcome 3.3 Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect reproductive rights of women and adolescent girls, including the right to be free from violence</p>	
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Population and development component

The output of this component will contribute to the fourth result of the United Nations Development Cooperation Strategy as well as to population and development outcome 3 of the UNFPA strategic plan.

Output 1: Data on emerging population issues are analyzed and used at central and local levels.

This output will be achieved by:

- Supporting qualitative and quantitative research on urbanization, ageing and the environment. (Supporting data collection and analysis on key population and development areas particularly on emerging population issues and key SRHR needs).
- Supporting national and local capacity development in collecting and analysis of population data and its application into decision-making.
- Engaging decision makers in policy dialogue based on evidence derived from research findings in order to include emerging population challenges into policy formulation.

In order to promote evidence based decision making, UNFPA Country Office will support qualitative and quantitative research on major population issues that has started to become more prominent during the course of demographic transition or remains to be less focused on recently. Such research areas will include but are not limited to ageing, urbanization, environment, seasonal migration and regional disparities. The PD Component will work in close collaboration with the RH and Gender Components of the CP to support data collection which is needed for evidence-based programme planning and monitoring.

UNFPA will mobilize of non-core resources for large scale and comprehensive surveys on issues such as ageing. UNFPA will look for technical assistance from UNDESA and also work with national experts to design and implement a survey on population ageing in Turkey. In addition, UNFPA will work with national partners in advocating for financial support from the government for implementation of Gender and Generations Survey (GGS) which has been implemented in many other European countries. These surveys are expected to provide important data on specific sub-groups of the society and fulfill an important data gap for planning. Another important research target group will be seasonal agricultural workers. Currently there is very limited information on the lifestyles and needs of this group. The PD Component will collaborate with RH Component to collect data on migrational trends, challenges and basic social needs of this group which will then be used to design a programme for addressing their SRH needs.

During the 5th CP implementation, UNFPA will continue working in close collaboration with its traditional national partners such as TurkSTAT and State Planning Organization to further develop their capacities and create opportunities for them for sharing their experience and best practices with other countries in the region. Furthermore, UNFPA will work with new partners at the local level such as Regional Development Agencies which have been recently established. UNFPA will contribute to their capacity development for data collection and analysis on population and development issues and utilizing data in local decision making..

In order to contribute to the availability of reliable, internationally comparable and disaggregated population and development data and monitoring of MDGs, UNFPA has been providing support for the update and maintenance of Population and Development / MDGs Databank which is maintained by the TurkSTAT. UNFPA will continue this support on the needs basis, to expand the databank to include more disaggregated indicators. In addition, UNFPA will advocate for and provide assistance to Ministry of Health and TurkSTAT in order to improve the existing data collection systems for maternal mortality and birth registrations.

UNFPA will work with parliamentarians and decision-makers at local and national levels to engage them in policy dialogue based on evidence from research findings. For this purpose, UNFPA will collaborate with the Population and Development Group of the Grand National Assembly and inform its members about latest research findings on population and development regularly. UNFPA will continue its collaboration with the Turkish Industry and Business Association to increase awareness of policy and decision makers on demographic transition of Turkey and its reflections on education, laborforce, health and social security systems. The main publication on demography and management with population projections of Turkey until 2050 and a sectoral book on reflections of these population trends on education system have already been published and shared with target group during the previous country programme cycle. Beginning with new CP, dissemination meetings targeting policy and decision makers are planned to be conducted for the new publications on linkages between demography and labor force, health and social security systems.

During the 5th CP, UNFPA will continue to conduct large scale awareness raising activities among policy and decision makers, key partners and public on the themes of World Population Days and State of World Population Report as well.

Reproductive health component

The three outputs of the reproductive health and rights component will contribute to the fourth result of the UNDCS and to reproductive health and rights outcomes 2, 3 and 5 of the UNFPA strategic plan, 2008-2013. The main focus areas will be reaching underserved and marginalized populations including sex workers, MSM, Roma population, etc., decreasing regional disparities in reproductive health and promote safer sexual and reproductive behaviour among youth.

Output 1: Access to and utilization of high-quality maternal health services are increased to reduce regional disparities in maternal mortality and morbidity

This output will be achieved by:

- Support the MOH in developing strategies to cover SRH needs of underserved population groups, including migrant workers and people living in hard-to-reach areas
- Strengthening the capacity of the MOH and other involved institutions to incorporate maternal health care in national emergency preparedness, response and recovery planning and implementation
- Strengthening capacity of NGOs to delivery community-based reproductive health programmes;
- Strengthening capacity of the MOH and National institutions to improve and adjust the maternal mortality data recording and registration systems.
- Supporting and advocating for the efficient utilization of the ICD-10 mortality and morbidity registration system countrywide;
- Support the MOH in introducing technical tools to increase availability, use and quality of emergency obstetric care and peri-natal care in order to reduce disparities in maternal health;
- Support advocacy and behavior change interventions to increase demand for quality MCH services in collaboration with key stakeholders and development partners

UNFPA will continue to support the MOH in improving access to and quality of maternal health services at PHC level with a strong focus on underserved populations.

UNFPA will support the MOH with the development of a composite quality index for monitoring of the maternal health services which will take into account both maternal mortality and morbidity figures, as well as the delivery of peri-natal care to the pregnant women. This composite index will be used as an indicator to determine the worst and best performing regions as to maternal health services, which in turn will be the basis for the monitoring of this output.

In provinces selected due to their composite indicator status, community-based reproductive health programmes will be supported, with an emphasis on increasing demand to the peri-natal health care through awareness raising activities. Foremost among the strategies will be updating the essential obstetric care knowledge of trained midwives and then developing outreach to local communities to increase demand for antenatal care. In the selected provinces Community Centers run by Ministry of National Education and NGOs will be contacted to develop and conduct RH sensitization courses particularly for pregnant women to increase demand for antenatal care. Information materials will be prepared according to the needs.

The efficiency of the recording system on maternal mortality needs to be improved for producing reliable statistics. The vital statistics registry staff in the selected provinces will be given data collection sensitivity training to enable them record maternal deaths more accurately. Additionally, Ministry of Health will be given technical support to produce annual reports on SRH status of the population regularly and publish the reports in a universally accessible platform through the Internet.

In order to reduce the number of high-risk pregnancies, monitoring and evaluation of emergency obstetric care services will be supported through technical assistance to the Ministry of Health. The training support given through the previous country programme will also be continued in selected provinces. The local health administrations and service providers will work together to ascertain their emergency obstetric care status and develop action plans to improve the services. The linkage between primary and secondary health care services will be strengthened through short orientation programmes.

Another intervention under this output will be supporting the update of the National Reproductive Health Strategic Action Plan 2005-2015 of the Ministry of Health in the second half of the country programme duration, in order to develop strategies beyond the ICPD goals.

The largest part of the activities will focus on reaching underserved population in maternal health care, including but not limited to agricultural migrant workers and people living in hard-to-reach areas. It is estimated that over 2 million seasonal workers are seasonally on the move between various regions every year, comprising a population of over 4.5 million with their families. More than half of this group is comprised of women and due not living in the villages and districts they are registered at, they have very little access to reproductive health services. Most of these women are also illiterate or undereducated making it more difficult for them to access the health services. Their living conditions in a large percentage of cases are below the minimal requirements as to sanitation and malnourishment is very a common problem. In order to improve the maternal health in this population, a targeted reproductive health delivery model will be developed through working with the Ministry of Health, Ministry of Labor and Social Security and local administrations. The RH Component will collaborate with PD Component to collect data on migration trends, challenges and basic social needs of this group, which will then be used to design a programme for addressing their SRH needs. UNFPA will also collaborate with FAO and/or other international organizations to develop a joint programme to reach this population group.

The service delivery model will include specific audiovisual counseling materials, mobile service units where available and training of service providers on the specific needs and demands of this group. UNFPA will provide technical assistance in development of the model and training/counseling materials, and advocate for dissemination of this model to serve all seasonal workers. In order to raise awareness and increase demand for reproductive health services UNFPA will work with NGOs with networks among seasonal workers. Peer education programmes, audiovisual BCC materials and intensive collaboration with local

administrations to increase access of this group to health services will be among the activities supported by the UNFPA.

Output 2: Improved services and mechanisms are in place to reduce the number of high-risk pregnancies and induced abortions

This output will be achieved by:

- Supporting the Ministry of Health in integrating SRH training modules as part of the in-service training of family physicians and introducing quality assurance mechanism in selected provinces;
- Undertaking advocacy and policy support for reducing barriers to access comprehensive SRH services with a focus on underserved populations;
- Supporting male involvement in reproductive health programmes;
- Including “family planning services” among the criteria in the performance evaluation of the family physicians;
- Strengthening post-partum and post-abortion family planning services in the public and private sector.

The “Health Transformation” programme of the Ministry of Health has reached countrywide coverage by the end of 2010, transferring delivery of the most of the reproductive services to Family Physicians with some of the family planning services still being delivered through the existing MCH-FP structure. The newly assigned Family Physicians are enrolled into a combination of on-the-job and distance learning scheme to update their knowledge and skills. In order to ensure access to and utilization of high-quality maternal health services UNFPA Country Office will support integration of SRH in the in-service and long distance training programmes conducted by the Ministry of Health for family physicians.

In addition UNFPA will support the former Maternal-Child Health and Family Planning centers of the Ministry of Health who are responsible to monitor and evaluate quality of SRH services provided by family physicians, in developing and utilization of training and quality assurance tools

The male involvement in SRH programme developed for the Turkish Armed Forces will be adapted for different target groups such as teachers, police, district administrators (“muhtar”) and religious leaders, to be used locally. The main objective of the male involvement programmes will be increasing sensitivity of men with regards to women’s health, including antenatal care and family planning.

Output 3: Access to information and services on sexual and reproductive health and rights is improved for the most vulnerable population groups, including youth, marginalized groups, migrants and the Roma population

This output will be achieved by:

- Identifying the causes of disparities in access to services among youth through qualitative and quantitative studies;
- Supporting state institutions and NGOs in establishing outreach services for improving S/RH status of most vulnerable/marginalized youth;
- Promoting comprehensive sexual and reproductive health and rights education in formal school curricula
- Advocating for integration of YFHS into the new PHC service delivery model.

The activities under this output will be designed to decrease disparities in S/RH status of youth due to regional, urban/ peri-urban, age and marginalization factors. Although the National S/RH Strategic Action Plan includes measures for reaching underserved populations, separate strategies are needed for key populations. Outreach activities will be supported to improve the S/RH status of marginalized and

vulnerable youth such as men who have sex with men and people paid for sex through collaboration with specialized NGOs or NGOs with previous experience in working with those groups. Specific outreach strategies will be developed through workshops and seminars will be organized for providing updated knowledge to these groups.

In order to establish outreach services for underserved key populations among young people (sex workers, MSM, drug users) NGOs working with them, and their networks will be strengthened and peer education programmes will be expanded. Partnerships will be built with NGOs, universities and local government bodies who work with vulnerable youth and qualitative/quantitative studies will be supported for assessment of their SRH status, in order to develop policies. The evidence produced through these studies will be used to advocate for a change in legislations that have negative effects for most vulnerable groups.

UNFPA will work with Ministry of National Education to promote comprehensive sexual and reproductive health and rights education in formal school curricula. The existing curricula will be mapped to define the unmet need in SRH education and upon the findings a technical committee will be formed to develop the curricula. RH and Gender Equality components of the 5thCP will collaborate to include gender equality and SRH in a comprehensive package within the school curricula.

The peer education and advocacy programmes including “A Youth Story” campaign will be expanded to reach the underserved groups besides mainstream young people. Innovative tools and activities such as theatre based training and decentralization of peer training programmes will be incorporated into the youth part of the RH component.

Gender component

The gender component of the 5th CP will contribute to the fifth result of the UNDCS. This component focuses mainly on promoting gender equality and combating gender based violence. Priority will be given to addressing women’s human rights through activities designed to promote an enabling policy environment, a major result of which will be prevention and reduction of gender based violence as well as empowerment of women. Awareness on existence of gender based violence has been raised somewhat since the beginning of the previous country programme; however further effort needs to be put forth, especially in the field of prevention. Advocacy and capacity development at both central and local levels are urgently needed to help bring about social change in the perceptions of the status of women, gender equality, and gender based violence especially among young people.

Two outputs under the gender component will contribute to gender equality outcomes 4 and 3, respectively of UNFPA strategic plan, 2008-2013. The outputs and planned activities are given below:

Output 1. Stakeholder base expanded to advocate for better response to gender based violence and particularly domestic violence through improved policies and protection systems.

This output will be achieved through:

- Facilitating national and local level dialogue and activities aimed at improving the protection of women from violence, including young people.
- Enabling civil society organizations to partner with national and local government on advancement of women and to combat with gender-based violence (GBV).
- Improving quality and quantity of women’s protection services through strengthening of the referral network and integration of GBV prevention and response in service provision. Initiating programmes to involve men and young people for combating GBV.

Despite the large scale training programmes for service providers to combat GBV implemented during the previous CP, due to high turnover rates of trained civil servants and continuing lack of capacity, support to training programmes for relevant actors within the government and NGOs will continue during the 5th CP. The focus will be on the service providers who work at the local level. Number of GBV trainers in

government institutions will be increased where appropriate to develop in-house training capacity within these institutions for enhanced sustainability.

Additionally, training of religious leaders to advocate against GBV will continue at training of trainers and field training levels. Through the programme activities, existing local human rights committees, local coordination committees for combating GBV and local gender equality commissions will also be strengthened in selected provinces. Support will be provided to the General Directorate of Women's Status for monitoring of the National Action Plan on Domestic Violence.

During the 5th CP implementation, more emphasis will be given to the prevention side of GBV through involving men and young people of the country in combating GBV. The target groups will include young men in universities and partnerships will be formed with CSOs to reach them. Advocacy and awareness-raising activities will be supported to reach this output. . Additionally, a pilot project for perpetrators will be started with the participation of Probation Unit in Ankara and according to the outcomes; opportunities for scaling-up to nationwide programmes will be explored.

In order to increase involvement of young people in the efforts to combat GBV, UNFPA will support development of evidence-base on young people's perception about GBV in the 5th CP. Nationally representative data will be collected from young people, in collaboration with PD component of the CP, to learn about knowledge, attitude and behaviors with relation to GBV. The data collected will form the basis for design and implementation of an intervention to combat GBV among young people. Youth and adolescents who are part of the formal education system will be the primary beneficiaries of this intervention. The Ministry of Education will be the primary governmental body that will be engaged for this programme. Ministry of Education is expected to modify the school curricula to include gender equality and GBV themes by the end of the programme.

UNFPA will provide support to design of a gender sensitive curriculum based on the research results, training of teachers, testing the curriculum at a small scale and advocating for integration into the national education curriculum in the context of this programme. The schoolteachers will be secondary beneficiaries of the programme. Partnerships will be formed with national and international NGOs in the curriculum development process and advocacy activities on the need for gender sensitive education at schools. Their experiences and expertise will be utilized through workshops, knowledge sharing meetings and advocacy activities. Furthermore, UNFPA Y-PEER educational materials will be adapted and used in partnership with local NGOs to promote extra-curricular awareness raising activities on GBV.

Output 2. Local mechanisms established through cooperation of public, private and nongovernmental partners to enable women exercise their human rights fully.

This will be achieved by:

- Supporting local and national government institutions to mainstream gender into their policies, programmes and services.
- Providing support to sensitization programmes for government officials to combat GBV
- Promoting partnership among the government, CSOs and private sector for comprehensive programmes on women's human rights.

The second gender equality output of the fifth CP will look for opportunities to expand the programme especially in newly selected cities in addition to the previous six UN Joint Programme cities. The programme will support dialogue building between local women's NGOs/grass-roots women's groups and local administrations including governorates and municipalities. Both sides will be provided updated information on gender equality and project cycle management, enabling them to identify their local problems hampering women enjoy their human rights and develop solutions locally. The local equality action plans thus developed will be endorsed by the local administrations through the Ministry of Interior support and local gender equality commissions will be formed to track the implementation. A private sector

donor will be involved besides SIDA for funding a mini-grant programme aiming to initiate implementation of local equality action plans. Another important part of this programme will be empowerment of local women's NGOs for sustained relations with local administrations. Review of the existing legislation to provide continuing support to this programme within the Ministry of Interior will also be among the aims of this programme.

UNFPA will continue supporting the "Pomegranate Arils: Stronger Young Women, a Happier Future" programme started during the previous CP duration, which comprises one of the good examples of private-public partnership in the field of gender equality. The project was designed to contribute to the development of vocational skills and social empowerment of young women who grew in orphanages, helping them to start their own lives. By increasing their skills and experience with relation to professional life, chances of employment for the young women will be increased. The main partners are the Social Services and Child Protection Agency, Boyner Holding, which is one of the biggest private sector companies of the country, and Human Resources Association. Opportunities for expanding this programme will also be explored throughout the 5th CP.

Part V. Partnership Strategy

In the course of the programme implementation UNFPA will partner with a broad range of the government institutions, UN Agencies, NGOs and universities.

Especially for activities related to youth S/RH and violence against women under the gender and RH components, UNFPA will partner with the private sector, multilateral and bilateral donors for expansion of the programme.

The following are the main partners of the 5th CP:

Government

- Turkish Grand National Assembly
 - Parliamentary Commission of Equal Opportunities for Women and Men
 - Population and Development Group
- Ministry of Health (MOH)
- Ministry of Labor and Social Security (MOLSS)
- Ministry of Interior (MOI)
- Ministry of National Education (MONE)
- Presidency of Religious Affairs
- General Directorate of Women's Status (GDWS)
- Social Security Institution (SGK)
- Turkish Statistical Institute (TURKSTAT)
- State Planning Organization (SPO)
- Social Services and Child Protection Agency (SSCPA)
- Regional Development Agencies
- Turkish International Cooperation and Development Agency (TIKA)
- Turkish Employment Institution (ISKUR)
- Local municipalities and governorates in selected provinces

Universities

- Hacettepe University Institute of Population Studies (HIPS)
- Hacettepe University Women Studies Center (HUKSAM)
- Baskent University Women Studies Center
- Ankara University Women Studies Center
- Bilgi University Youth Studies Unit
- Baskent University Education Faculty

- Ankara University Education Faculty
- Sabanci University Women Studies Center

NGOs

- Population Association
- Turkish Industry and Business Association (TUSIAD)
- Human Resources Association (PERYON)
- Human Resource Development Foundation
- Family Planning Association of Turkey
- Turkish Family Planning Foundation
- Community Volunteers Foundation
- AIESEC
- Gay and Lesbians Association (KAOS/GL)
- Turkish Medical Association
- Turkish Medical Students International Committee
- Pink Life
- Lambda Istanbul
- Women's Gate
- Positive Living Association
- AIDS Prevention Association
- International Children Center
- Y-PEER Network
- Seasonal Agriculture Workers Association (METIDER)
- State Theater Actors Association (DETIS)

Multilateral partners

- UNDP
- UNICEF
- IOM
- UNAIDS
- FAO
- UNIFEM
- WHO
- European Commission Delegation (on behalf of European Union)

Private Sector

- Boyner Holding
- Eczacibasi Holding
- Sabanci Foundation
- Hurriyet Media Group

UNFPA will contribute to these partnerships available financial, human and technical resources and expertise. As a UN Agency, it is placed uniquely to promote partnerships with the Government, civil society, international and bi-lateral organizations, and mass media. This asset will be fully utilized by UNFPA for establishing new and maintaining the existing partnerships.

Government and Universities

The MOH has been a very effective and efficient government partner of UNFPA since the first country programme, demonstrating good examples of partnership with non-governmental organizations in programme implementation. The General Directorate of Mother-Child Health and Family Planning had been the principal implementing partner for most of the RH component.

The principal partner in Gender component is the General Directorate on Women's Status, which has extensive experience in gender programming. In the 5th CP UNFPA will be working closely with the GD, targeting an important part of the gender activities towards capacity building for the GD.

SPO and TURKSTAT are specialized government agencies traditionally partnering with UNFPA in population and development strategies component. Both agencies have proved efficient and reliable in the past and will continue to be prominent partners in the same component. SPO's role in the country programme monitoring will be important since it has taken over the monitoring of the UNDCS. Additionally SPO will act as an intermediary in contacting and working with regional development agencies, recently formed by the government.

Other specialized government partners such as ISKUR, SSCPA, MOLSS will have specific roles in their respective programmes, while the university partners will be involved mostly in producing the evidence base through targeted research in various parts of the country programme.

UNFPA expects to collaborate with the Turkish International Cooperation and Development Agency to encourage South-South cooperation, particularly for sharing experience and best practices of Turkey in demographic data collection and analysis with the countries in the region during the 5thCP.

Multilateral Partners

The UN Agencies and particularly, UNDP, UNICEF, WHO, FAO as well as IOM, will be the key partners for the UNDAF and UNFPA CP implementation, joint programming, monitoring, and evaluation.

UNFPA will actively support the strong effort by the UN Country Team (UNCT) in Turkey to implement joint programmes. One of the areas of joint programming is HIV/AIDS prevention. Here UNFPA will continue co-chairing the HIV/AIDS Thematic Group with a view to increase joint activities.

UNFPA will also continue co-chairing the UNCT Youth, Gender and Social Inclusion Thematic group. The UN Joint Programme to Promote Gender Equality at Local Level funded by SIDA and Sabanci Foundation will be one of the joint initiatives UNFPA will be leading during the 5th CP. UNFPA will be the administrative agent for the SIDA funded part of the programme, while UNDP will administer the Sabanci Foundation funded part.

Another partnership will be formed with FAO to work with Ministry of Agriculture to coordinate outreach activities Seasonal temporary agricultural workers. The partnership will be active for both Gender and RH components.

EU is currently the major donor in the country, helping prepare Turkey to accession. The pre-accession support funds may be available to UN agencies through direct grants. UNFPA received direct grants from the EU for two gender based violence projects during the implementation of the 4thCP. More opportunities will be pursued during the 5thCP as well.

Non-Governmental Organizations

UNFPA will work with several NGOs both as implementing partners and subcontracted entities in different capacities. NGOs such as Population Association or Human Resource Development Foundation have the professional capacity to and experience in implementing UNFPA programmes in the past, in RH or PDS components. Community Volunteers Foundation, TurkMSIC and AIESEC are among the usual partners for implementing youth activities as youth run, wide scale NGOs. Other NGOs such as Turkish Medical Association, PERYÖN, etc. will be partnered for key areas they work in.

Private Sector

UNFPA will mobilize private sector resources for two important components of the 5thCP; namely youth S/RH and violence against women as well as for evidence gathering studies in the context of PD

component. The partnership with Boyner Holding in “Pomegranate Arils” programme and Eczacibasi Holding for the RH component will continue in the new country programme.

Part VI. Programme Management

The country programme will be implemented using the national execution modality mutually agreed upon. **UNFPA** and the **Government of Turkey** will cooperate closely with other United Nations agencies and other development partners in implementing and coordinating the programme. United Nations and the Government has been taking steps to adopt the Harmonized Approach to Cash Transfers (HACT) in the recent years and amendments to the programme management modalities might be realized later, if needed. UNFPA will conduct its activities relevant to the programme in compliance with UN and UNFPA security policies and procedures

The programme will have a number of Implementing Partners (IPs), as the programme implementation progresses. The IPs will work under overall coordination of the Government Coordinating Authority (GCA).

Coordination

The **Ministry of Foreign Affairs** will act as the Government Coordinating Authority for the entire programme. A representative of the Government Coordinating Authority will sign the CPAP, together with the UNFPA representative. This signature indicates that the Government and UNFPA have agreed on the development outcomes to be supported through the country programme.

The UNFPA 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 typology. Programme funds will be earmarked for four programme analysts and three support staff members to coordinate the three components. Additional technical staff will be hired on needs basis.

Implementing Partners

Under each component of the programme, UNFPA will work with the Implementing Partners (IPs) who will be responsible for managing the UNFPA and other inputs and for achieving the programme outputs.

Key responsibilities of each implementing partner include the following:

- Obtaining signatures of the contractee(s), if applicable, on the specific services to be performed;
- Communicating to concerned parties the official activation of the AWP;
- Cooperating and coordinating with all personnel/staff implementing activities under programme output as well as with other implementing partners working towards the achievement of the same output, and with the Programme Component Manager (PCM), and UNFPA;
- Establishing and operating arrangements for financial management and accountability, including preparing requests for advances and expenditure reports;
- Fostering monitoring and evaluating activities and outputs listed in the AWP through field-monitoring visits, participation in annual UNDAF review meeting, preparation of the AWP monitoring tool, contributions to the Standard Progress Report (SPR) and participation in programme evaluation on the AWP monitoring tool and other monitoring and evaluation responsibilities;
- Ensuring, in the case of government- and NGO-implemented AWPs, that audits are conducted in accordance with UNFPA requirements, unless otherwise specified by UNFPA;
- Conducting annual and end-of-project inventories

The IPs jointly with UNFPA and PCMs, will participate in formulation of AWPs at the beginning of each year of the programme, based on the results of the previous year AWPs’ implementation, as well as based on the recommendations of the UNDCS annual review meetings.

The UNFPA Country Office will undertake a proactive resource mobilization strategy, based on past success. The target for the 5th CP is mobilizing at least \$2.6 million in the next five years. The resource mobilization strategy of the country office is based on continuous environment scanning, targeted concept paper development and focusing on social responsibility projects for the private sector, while screening all international donors for possible partnership.

All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA.

Cash transfers for activities detailed in AWP can be made by a UN agency using the following modalities:

1. Cash transferred directly to the Implementing Partner:
 - a. Prior to the start of activities (direct cash transfer), or
 - b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.

Part VII. Monitoring and Evaluation

The Monitoring and Evaluation Strategy for the programme will be based on the UNFPA PM&E Guidelines and will utilize the systems and tools described below.

The programme baseline data is obtained from the DHS Turkey 2008, National Youth SRH Study of 2007, demographic projections of the 2010 UNFPA-TUSIAD study, official statistics and projections provided by the TURKSTAT and other government agencies.

The targets and indicators have been set for the output and activity levels. The use of indicators is harmonized with the MDG, and UNDCS indicators.

Collection of data will be done through regular field monitoring visits, using the annual statistical reports by the TURKSTAT and line ministries as well as the population and development indicators databank, using the relevant data from surveys conducted by the UN, WB, EU and other organizations.

The monitoring will be conducted jointly, by the implementing partners and UNFPA. The following monitoring and reporting tools will be used:

- CPAP monitoring and evaluation plan and the Calendar (both have been developed and are annexed to this document);
- Annual Work Plan monitoring tool (will be completed for each AWP);
- Standard Progress Reports (will be completed by the PCMs at the end of each programme year);
- Annual UNDCS Review meetings (will be held to monitor the progress, discuss strategies, best practices and lessons learned, and to make recommendations for the next year of UNDCS and CP implementation);
- Country Office Annual Reports (will be completed by UNFPA Turkey office at the end of each programme year).

Evaluation of the programme will be conducted in the fourth year of the programme implementation. The results of the evaluation will be used during the formulation of the next UNFPA country Programme for Turkey, as well as for UNFPA's contribution to the next UNDAF. Evaluation of specific activities (either

at the mid-term or when appropriate) is possible, if such need arises during the programme implementation.

Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing partners agree to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,
2. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, Implementing partners and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

Part VIII. Commitments of UNFPA

UNFPA will commit to the programme USD 4.5 million over 5 years from the regular resources, subject to availability of funds.

UNFPA is also committed to mobilizing an additional USD 2.6 million both from its regular and external resources, subject to donor interest and in line with the country programme resource mobilization plan. UNFPA will focus on mobilization of additional resources to combat violence against women, to respond to S/RH needs of the young people and to support emerging population issues.

The regular and other resource funds are exclusive of funding received in response to emergency appeals.

In the framework of the country programme, UNFPA will provide the following types of support:

- Technical assistance and expertise in all the areas related to the programme, using the resources of its HQs and regional technical experts, local and external consultants and experts; as well as the resources of the UNFPA inter-country and inter-regional programmes;
- Support for recruitment of project personnel in accordance with the AWP;
- Support to procurement of goods and services for the programme needs, at request of the implementing partners;
- Administrative, operational, and technical support by the UNFPA Turkey office to the implementing partners as regards the implementation of the UNFPA assistance to the country.

In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner in two weeks.

In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within two weeks.

UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

UNFPA will conduct its activities relevant to the programme in compliance with UN and UNFPA security policies and procedures

Part IX. Commitments of the Government

The Government will make in-kind contributions to the programme. More specifically, it will contribute office space, salaries of the government officials and technical staff who will be involved in implementation of the programme, and will cover some operational costs, to be specified under each Annual Work Plan. Additionally, the Government shall ensure the safety and security of UNFPA personnel in country.

The Government is also committed to steady increase of budgetary allocations to the programme priority areas, in accordance with the national priorities and National Development Plans, in particular to reproductive health and safe motherhood programmes, as well as young people's reproductive health, gender equality and combating violence against women.

The Government will support UNFPA in its efforts to raise the funds required to meet the financial needs of the country programme.

The Government Coordinating Authority and PCMs will organize annual planning and component level meetings, and participate in the UNDCS annual review meetings. The PCMs will coordinate the activities under their respective components and will contribute to preparation of SPRs, AWPAs as appropriate, ensuring participation of donors, NGOs, and other stakeholders in these processes.

A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWPAs only.

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPAs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWPAs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UN Agency or its representative with timely access to:

- all financial records which establish the transactional record of the cash transfers provided by UNFPA;
- all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore

- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash.
- Undertake timely actions to address the accepted audit recommendations.

Report on the actions taken to implement accepted recommendations to the UN agencies, on a quarterly basis.

Part X. Other Provisions

This Country Programme Action Plan (CPAP) supersedes any previously signed CPAP. The CPAP may be modified by mutual consent of both parties. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities, to which the Government is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day DAY MONTH YEAR in Ankara, Turkey.

For the Government of Turkey:

Mr. Renan Şekeroğlu
Head of Department
Multilateral Economic Affairs
Ministry of Foreign Affairs

Name, Title

Signature

Date

For UNFPA:

Mr. Zahidul Huque
UNFPA Representative

Name, Title

Signature

Date

Annex 1 The CPAP Results and Resources Framework /Country: Turkey / CP Cycle: Fifth

National Priority Area 2: Reducing disparities and enhancing social inclusion and basic social services							
UNDCS Result 4: Increased provision of effective, inclusive and responsive public services and community-based services to strengthen equitable access to knowledge, information and high-quality basic services (education, health, nutrition, water and sanitation, and human safety)							
UNFPA country programme outputs	Output Indicators	Implementing Partners	Indicative resources by programme component (per year, million US \$)				
			YR 1	YR 2	YR 3	YR 4	YR 5
Reproductive Health Output 1 Access to and utilization of high-quality maternal health services are increased to reduce regional disparities in maternal mortality and morbidity	Difference between the lowest and highest regional percentages of physician-assisted deliveries Baseline (2008): 32 points difference existed between the lowest and highest percentages Target: 16 points difference between the lowest and highest percentages	Ministry of Health, Ministry of National Education, NGOs working with underserved groups (METIDER, IKGV, Women Gate, etc.)	Regular Resources				
			0.15	0.15	0.15	0.15	0.15
			Other Resources				
			0.1	0.1	0.1	0.1	0.1
Reproductive Health Output 2 Improved services and mechanisms are in place to reduce the number of high-risk pregnancies and induced abortions	Percentage of private health facilities providing post-abortion family planning counseling in selected provinces Baseline: 0 Target: 50 per cent of private health facilities	Ministry of Health, Local NGOs in selected provinces, Private maternal health care providers in selected provinces	Regular Resources				
			0.1	0.1	0.1	0.1	0.1
			Other Resources				
			0.1	0.1	0.1	0.1	0.1

UNFPA country programme outputs	Output Indicators	Implementing Partners	Indicative resources by programme component (per year, million US \$)				
			YR 1	YR 2	YR 3	YR 4	YR 5
Reproductive Health Output 3 Access to information and services on sexual and reproductive health and rights is improved for the most vulnerable population groups, including youth, marginalized groups, migrants and the Roma population	Sexual and reproductive health and rights outreach services tailored to the needs of special population groups are provided by 2015	Ministry of National Education, NGOs working with underserved groups (METIDER, IKGV, Women Gate, etc.), Youth NGOs (CVF, etc.), Training Faculties of Universities, SHCEK	Regular Resources				
			0.15	0.15	0.15	0.15	0.15
			Other Resources				
			0.1	0.1	0.1	0.1	0.1
Population & Development Output 1 Data on emerging population issues are analyzed and used at central and local levels	Number of up-to-date, costed action plans that national and regional development organizations have on emerging population issues	State Planning Organization, TURKSTAT, Hacettepe Univ. Institute of Pop.Studies (HIPS), Population Association, Regional Development Agencies, TUSIAD	Regular Resources				
			0.08	0.08	0.08	0.08	0.08
			Other Resources				
			0.02	0.02	0.02	0.02	0.02

National Priority Area 2: Reducing disparities and enhancing social inclusion and basic social services							
UNDCS Result 5: The equal participation of women is ensured in all areas of the public sector, the private sector and civil society by strengthening institutional mechanisms to empower women and improve their status							
UNFPA country programme outputs	Output Indicators	Implementing Partners	Indicative resources by programme component (per year, million US \$)				
			YR 1	YR 2	YR 3	YR 4	YR 5
Gender Equality Output 1 The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems	Percentage of responsible parties identified in the national action plan who report their gender-based violence prevention activities quarterly	General Directorate of Women's Status, Ministry of Interior, Ministry of National Education, Ministry of Justice, Parliamentary Commission on Equal Opportunities for Women & Men, Presidency of Religious Affairs, TURKSTAT, Women's and Youth NGOs (CVF, Baskent Women's Platform, Women's Solidarity Fund, etc.)	Regular Resources				
			0.16	0.16	0.16	0.16	0.16
			Other Resources				
			0.1	0.1	0.1	0.1	0.1
Gender Equality Output 2 The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems	Number of provinces with monitoring and/or participatory planning mechanism for promoting women's human rights and the elimination of gender-based violence Number of youth NGOs, youth-related government agencies and private-sector companies that have programmes or projects	Ministry of Interior, Selected Local Administrations (Governorates and Municipalities), Local Women's NGOs, Private Sector (Boyner Holding, Sabanci Foundation, etc.),	Regular Resources				
			0.16	0.16	0.16	0.16	0.16
			Other Resources				

UNFPA COUNTRY PROGRAMME ACTION PLAN 2011-2015

	with dedicated resources to promote the human rights of women and the elimination of gender-based violence	SHCEK, ISKUR, Regional Development Agencies	0.1	0.1	0.1	0.1	0.1
Programme coordination and assistance			0.1	0.1	0.1	0.1	0.1

Annex 2: The CPAP Planning and Tracking Tool / Country: Turkey /CP Cycle: Fifth

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDCS Result 4: Increased provision of effective, inclusive and responsive public services and community-based services to strengthen equitable access to knowledge, information and high-quality basic services (education, health, nutrition, water and sanitation, and human safety)					YEAR 1		YEAR 2	
					Target	Achievement	Target	Achievement
Reproductive Health Output 1 Access to and utilization of high-quality maternal health services are increased to reduce regional disparities in maternal mortality and morbidity	Difference between the lowest and highest regional percentages of physician-assisted deliveries	Ministry of Health service statistics Turkish Demographic Health Survey 2013	Ministry of Health HIPS	32 points difference existed between the lowest and highest percentages in 2008	10% decrease in the difference			
Reproductive Health Output 2 Improved services and mechanisms are in place to reduce the number of high-risk pregnancies and induced abortions	Percentage of private health facilities providing post-abortion family planning counseling in selected provinces	Ministry of Health service statistics Post-abortion family planning data from private health facilities	Ministry of Health UNFPA	Not available, presumed 0	10% of health facilities in selected provinces provide post-abortion counseling			
Reproductive Health Output 3 Access to information and services on sexual and reproductive health and rights is improved for the most vulnerable population groups, including youth, marginalized groups, migrants and the Roma population	Sexual and reproductive health and rights outreach services tailored to the needs of special population groups are provided by 2015	Qualitative and quantitative studies in collaboration with NGOs and universities Standard progress reports	UNFPA Ministry of National Education	Limited outreach services exist for sex workers, out-of-school youth, and people living with HIV	Outreach service model developed for MSM Mapping of SRH in formal school curricula completed			

UNFPA COUNTRY PROGRAMME ACTION PLAN 2011-2015

RESULTS	Indicator	MoV	Responsible party	Baseline	Target		Achievement	
					YEAR 1	YEAR 2	YEAR 1	YEAR 2
Population & Development Output 1 Data on emerging population issues are analyzed and used at central and local levels	Number of up-to-date, costed action plans that national and regional development organizations have on emerging population issues	State Planning Organization reports/ website Official Gazette Standard progress reports	State Planning Organization Regional Development Agencies UNFPA	Two	Two (implementation plan for ageing strategy document to be completed in 2011)			
UNDCS Result 5: The equal participation of women is ensured in all areas of the public sector, the private sector and civil society by strengthening institutional mechanisms to empower women and improve their status								
Gender Equality Output 1 The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems	Percentage of responsible parties identified in the national action plan who report their gender-based violence prevention activities quarterly	GD on Women's Status reports Standard progress reports	GD on Women's Status UNFPA	75% (12/16 institutions) in 2009	85% (14/16 institutions by the end of 2011)			

UNFPA COUNTRY PROGRAMME ACTION PLAN 2011-2015

<p>Gender Equality Output 2 The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems</p>	<p>Number of provinces with monitoring and/or participatory planning mechanism for promoting women's human rights and the elimination of gender-based violence</p> <p>Number of youth NGOs, youth-related government agencies and private-sector companies that have programmes or projects with dedicated resources to promote the human rights of women and the elimination of gender-based violence</p>	<p>Ministry of Interior Annual Reports</p> <p>Standard progress reports</p> <p>Mapping of NGO activities</p> <p>Standard progress report</p>	<p>Ministry of Interior</p> <p>Local administrations</p> <p>UNFPA</p> <p>UNFPA</p>	<p>16% (13/81 provinces)</p> <p>10 (2 govt. institutions, 2 NGOs, 6 private sector companies)</p>	<p>16% (preparatory activities for the new provinces will be conducted in 2011)</p> <p>12</p>			
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Annex 3: The CPAP Monitoring and Evaluation Calendar/ Country: Turkey /CP Cycle: Fifth

		Year 1	Year 2	Year 3	Year 4	Year 5
M&E activities	Surveys/studies	- Reproductive Health Status Assessment of Seasonal Agricultural Workers	- Gender and Generations Survey - Perception of Violence Against Women Among Young People Study (qualitative + quantitative) - Reproductive Health Status Assessment of Roma People - National Ageing Survey	- Turkish Demographic and Health Survey		
	Monitoring systems	- Population and development indicators databank - MOH service statistics - Monitoring mechanism for protection of women	- Population and development indicators databank - MOH service statistics - Monitoring mechanism for protection of women	- Population and development indicators databank - MOH service statistics - Monitoring mechanism for protection of women	- Population and development indicators databank - MOH service statistics - Monitoring mechanism for protection of women	- Population and development indicators databank - MOH service statistics - Monitoring mechanism for protection of women
	Evaluations	- Impact Evaluation of First Phase of UN Joint Programme to Protect and Promote Human Rights of Women and Girls	- Impact Evaluation of RH in Armed Forces Programme - Impact Evaluation of Violence Against Women Training for Security Forces		- Evaluation of the Country Programme	
	Reviews	- AWP reviews (November) - Programme Component annual reviews (November) - UNDCS Annual review (December) COAR	- AWP reviews (November) - Programme Component annual reviews (November) - UNDCS Annual review (December) - NEX Audit - COAR	- AWP reviews (November) - Programme Component annual reviews (November) - UNDCS Annual review (December) - NEX Audit - COAR	- AWP reviews (November) - Programme Component annual reviews (November) - UNDCS Annual review (December) - NEX Audit - COAR	- AWP reviews (November) - Programme Component annual reviews (November) - Final UNDCS Annual review (December) - NEX Audit - COAR
	Support activities	- Field monitoring visits and joint monitoring missions	- Field monitoring visits and joint monitoring missions	- Field monitoring visits and joint monitoring missions	- Field monitoring visits and joint monitoring missions	- Field monitoring visits and joint monitoring missions
Planning references	UNDCS final evaluation milestones					- To be agreed within the UNCT
	M&E capacity-building	- M&E training for Ministry of Health (local M&E capacity building for RH)	- M&E training for Ministry of Health (local M&E capacity building for RH)	- M&E training for Ministry of Health (local M&E capacity building for RH)	- M&E training for Ministry of Health (local M&E capacity building for RH)	- M&E training for Ministry of Health (local M&E capacity building for RH)
	Use of information	- National/local policy development/ service planning for RH and GBV - AWP preparations	- National/local policy development/ service planning for RH and GBV - AWP preparations	- National/local policy development/ service planning for RH and GBV - AWP preparations	- National/local policy development/ service planning for RH and GBV - CCA-UNDAF Preparation (March-December) - UNFPA CP Preparation (Nov-Dec) - AWP preparations	- National/local policy development/ service planning for RH and GBV - MDGR (November) - UNFPA CP finalization (Jan- March) - CPAP Development (Sept.-December) - AWP preparations
	Partner activities	- Census - Address-based population registration reports - European Union Access Annual Progress Report	-Address-based population registration reports - European Union Access Annual Progress Report	-Address-based population registration reports -National Development Plan preparations - European Union Access Annual Progress Report	-Address-based population registration reports - European Union Access Annual Progress Report	-Address-based population registration reports - European Union Access Annual Progress Report