



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

Distr.: General  
7 May 2010

Original: English

---

**Annual session 2010**

21 June to 2 July 2010, Geneva

Item 16 of the provisional agenda

**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Turkey**

Proposed indicative UNFPA assistance: \$7.1 million: \$4.5 million from regular resources and \$2.6 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2011-2015)

Cycle of assistance: Fifth

Category per decision 2007/42: C

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

	Regular resources	Other	Total
Reproductive health and rights	2.0	1.5	3.5
Gender equality	1.6	1.0	2.6
Population and development	0.4	0.1	0.5
Programme coordination and assistance	0.5	-	0.5
Total	4.5	2.6	7.1



## I. Situation analysis

1. Turkey is a middle-income country. In 2008, Turkey had a gross national income per capita of \$13,770 (based on purchasing power parity), making its economy one of the 20 largest in the world. However, gross domestic product growth was minus 6.1 per cent in 2009, due to the global financial crisis.

2. European Union 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.

3. In 2007, Turkey changed from censuses to an address-based population registration system. In 2009, the population surpassed 72.5 million, and the population growth rate was 1.4 per cent.

4. Young people aged 10 to 24 make up 26.7 per cent of the population. National surveys show that the unmet need for reproductive health information and services is high among youth. The absence of comprehensive information on sexual and reproductive health and reproductive rights in school-based curricula is a long-standing problem.

5. In 2008, the total fertility rate declined to 2.15 children per woman. Although the overall contraceptive prevalence rate is 73.1 per cent, modern methods are used by only 46 per cent of married women. Over one fifth of women report having had an induced abortion, and more than one third of these women have had multiple abortions.

6. Reproductive health indicators have improved. Nevertheless, disparities exist between geographical regions of the country, as well as between urban and rural areas. As of 2008, over 75 per cent of the

population was living in urban areas. Delivering basic social services to sparsely populated rural areas is a challenge. The total fertility rate is as high as 3.27 births per woman in eastern Turkey. The modern contraceptive usage rate ranges between 34 and 53 per cent.

7. Improved registry systems and maternal death audits have enabled the provision of reliable data on maternal deaths during the last three years. The maternal mortality ratio for 2009 is below 20 deaths per 100,000 live births. The long-term sustainability of data collection mechanisms is a challenge.

8. Reproductive health services were not among the priorities of the government health-sector reform and transition programme. Moreover, reproductive health services are not well-defined in the scope of work for family physicians.

9. The Government took measures during the last five years to improve the implementation of existing legislation to advance the status of women and to promote human rights. Women's representation in the Grand National Assembly doubled after the last elections. The Government established a parliamentary commission on equal opportunity for women and men to promote gender equality. Nevertheless, only 9 per cent of parliamentarians and less than 1 per cent of mayors are women.

10. 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 subjected to physical violence by an intimate partner. Male and youth involvement in combating gender-based violence must be strengthened.

11. There is a lack of analysis of emerging population issues such as ageing, climate change and the environment in national

development plans. The lack of analysis is also evident in medium- and long-term planning efforts.

## II. Past cooperation and lessons learned

12. The fourth country programme for Turkey, 2006-2010, included \$4.5 million from UNFPA regular resources. The country office raised over \$8 million from other resources – significantly more than the \$1.5 million planned for the programme.

13. The European Union became the largest donor for UNFPA activities during the fourth country programme. It provided two direct grants to combat gender-based violence. UNFPA became the leading organization supporting programmes to prevent gender-based violence in Turkey.

14. 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.

15. During the fourth country programme, the reproductive health and rights component provided support to areas and groups that were not served by the mainstream national reproductive health programme. The component focused on the sexual and reproductive health needs of underserved groups.

16. UNFPA supported a large-scale reproductive health and rights training programme for the Turkish armed forces.

The programme trained over 2.5 million male soldiers over the course of five years. The programme benefited from incorporating training into existing mechanisms of the armed forces, which helped to ensure its sustainability.

17. UNFPA collaborated with United Nations organizations and national organizations to integrate sexual and reproductive health into existing youth programmes. One of the lessons learned was the need to familiarize national partners with the sexual and reproductive health needs of youth.

18. Successful strategies for disadvantaged populations included a peer-education approach for sex workers, in order to raise their awareness and promote safer sexual behaviour.

19. A 2007 national survey on the sexual and reproductive health of youth provided, for the first time, data on the sexual knowledge, attitudes and behaviour of Turkish youth. UNFPA supported a 2008-2009 study by the Population Association on incest, which paved the way for discussions on this issue.

20. During the implementation of a programme to combat violence against women, UNFPA supported the development of specialized training programmes for social service providers. UNFPA helped to train nearly 45,000 police officers, 40,000 health-care providers, and 400 family court judges and prosecutors.

21. Another lesson learned was the need to involve men in efforts to combat violence against women. The majority of social service providers are males, and their misconceptions may impede programmes.

## III. Proposed programme

22. The regional directors' team selected Turkey as a pilot country for the development of a simplified and harmonized United Nations Development Assistance Framework (UNDAF) for middle-income countries. The United Nations country team and national partners developed the United Nations Development Cooperation Strategy, which is aligned with the principles of the Paris Declaration on Aid Effectiveness.

23. The proposed county programme is aligned with the priorities of the United Nations Development Cooperation Strategy and with the UNFPA strategic plan, 2008-2013. The European Union accession efforts and national development priorities have guided the development of the proposed programme.

24. The programme seeks to strengthen national capacity using a human rights- and results-based approach to programming. It will contribute to the goals of the Programme of Action of the International Conference on Population and Development, and to the Millennium Development Goals.

25. The programme will contribute to two of seven United Nations Development Cooperation Strategy results: (a) 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); and (b) 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.

26. Under these United Nations Development Cooperation Strategy outcomes, UNFPA will implement three programme components: (a) reproductive

health and rights; (b) gender equality; and (c) population and development.

#### *Reproductive health and rights component*

27. The three outputs of the reproductive health and rights component will contribute to the fourth result of the United Nations Development Cooperation Strategy and to reproductive health and rights outcomes 2, 3 and 5 of the UNFPA strategic plan, 2008-2013 (DP/FPA/2007/17), respectively. The outputs and planned activities are described below.

28. Output 1: Access to and utilization of maternal health services are increased to reduce regional disparities in maternal mortality and morbidity. This will be achieved by: (a) training new family physicians in selected provinces; (b) developing strategies for underserved population groups, including migrant workers and people living in hard-to-reach areas; (c) improving the preparedness of national response mechanisms for emergency reproductive health services; and (d) strengthening community-based reproductive health programmes.

29. Output 2: Improved services and mechanisms are in place to reduce the number of high-risk pregnancies and induced abortions. This will be achieved by: (a) expanding emergency obstetric care services; (b) increasing public awareness of maternal care through local advocacy initiatives; (c) supporting family planning and safe motherhood programmes in selected provinces; and (d) supporting male involvement in reproductive health programmes.

30. 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 will be achieved by: (a) establishing outreach services for underserved groups; (b)

promoting comprehensive sexual and reproductive health and rights education programmes in formal school curricula; and (c) supporting peer-education programmes and advocacy activities for underserved groups.

#### *Gender equality component*

31. Two outputs under the gender equality component will contribute to the fifth result of the United Nations Development Cooperation Strategy and to gender equality outcomes 4 and 3 of the UNFPA strategic plan, 2008-2013, respectively.

32. Output 1: The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems. This will be achieved by: (a) facilitating national and local dialogue and activities that include young people, to protect women from violence; (b) improving the quality and increasing the number of protection services for women; and (c) initiating programmes to involve men in efforts to combat gender-based violence.

33. Output 2: Local mechanisms are established by cooperating with public, private and non-governmental partners to enable women to fully exercise their human rights. This will be achieved by: (a) supporting local and national government institutions to mainstream gender into policies, programmes and services; (b) providing support for sensitizing government officials regarding the need to combat gender-based violence; and (c) promoting multisectoral partnerships to protect women's rights.

#### *Population and development component*

34. 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, 2008-2013.

35. Output 1: Data on emerging population issues are analysed and used at central and local levels. This will be achieved by: (a) supporting qualitative and quantitative research on urbanization, ageing and the environment; and (b) engaging decision makers in policy dialogue based on evidence derived from research findings.

#### **IV. Programme management, monitoring and evaluation**

36. UNFPA and the Government will implement the country programme using the national execution modality. UNFPA and the Government will cooperate closely with United Nations organizations and other partners to implement and coordinate the programme.

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

38. The UNFPA country office in Turkey consists of a representative, an assistant representative and a five-person team of financial, administrative and support staff, as per the approved country office typology. UNFPA will earmark programme funds for three national programme officers and two support staff to strengthen programme implementation. The Eastern Europe and Central Asia Regional Office will provide programme and technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR TURKEY

National priority area 2: reducing disparities and enhancing social inclusion and basic social services				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>United Nations Development Cooperation Strategy result 4:</u> 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)</p> <p><u>Indicator:</u> Reducing disparities between the ‘worst’ five provinces and the ‘best’ five provinces, with a focus on indicators for Millennium Development Goals 1 (eradicate extreme poverty and hunger), 2 (achieve universal primary education), 4 (reduce child mortality), 5 (improve maternal health) and 6 (combat HIV/AIDS, malaria and other diseases) Baseline: The average employment rate of the “worst” five provinces is 24.16 per cent, while the average rate of the ‘best’ five provinces is 59.64 per cent</p>	<p><u>Output 1:</u> Access to and utilization of high-quality maternal health services are increased to reduce regional disparities in maternal mortality and morbidity <u>Output indicator:</u> Difference between the lowest and highest regional percentages of physician-assisted deliveries Baseline: 32 points difference existed between the lowest and highest percentages in 2008 Target: 16 points difference between the lowest and highest percentages <u>Output 2:</u> Improved services and mechanisms are in place to reduce the number of high-risk pregnancies and induced abortions <u>Output indicator:</u> Percentage of private health facilities providing post-abortion family planning counselling in selected provinces Baseline: 0 Target: 50 per cent of private health facilities <u>Output 3:</u> 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 <u>Output indicators:</u> Sexual and reproductive health and rights outreach services tailored to the needs of special population groups are provided by 2015 Baseline: Limited outreach services exist for sex workers, out-of-school youth, and people living with HIV Target: Outreach services are in place for seasonal migrant workers, the Roma population, etc.</p>	Dance4Life International; Eczacıbasi (a private-sector youth programme); General Directorate for Social Services and Child Protection; Ministry of Health General Directorate of Maternal-Child Health and Family Planning; Presidency of Religious Affairs; Turkish armed forces; Turkish Family Planning Association; Y-PEER International	\$3.5 million (\$2 million from regular resources and \$1.5 million from other resources)

Gender equality	<p><u>United Nations Development Cooperation Strategy result 5:</u> 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><u>Indicators:</u></p> <ul style="list-style-type: none"> <li>● Percentage of women’s labour force participation including opportunities to employ young women</li> </ul> <p><u>Baseline:</u> 2009: 27.4 per cent of labour force participation by women <ul style="list-style-type: none"> <li>● Percentage of women in senior positions in the private and public sectors</li> </ul> <p><u>Baseline:</u> 2009: 8 per cent <ul style="list-style-type: none"> <li>● Amount of funds allocated to institutional mechanisms to enhance women’s status at national and local levels</li> </ul> <p><u>Baseline:</u> 2009: \$3,135,000</p> </p></p>	<p><u>Output 1:</u> The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems</p> <p><u>Output indicators:</u></p> <p>Percentage of responsible parties identified in the national action plan who report their gender-based violence prevention activities quarterly</p> <p><u>Baseline:</u> 75 per cent (12 out of 16 institutions in 2009)</p> <p><u>Target:</u> 100 per cent</p> <p><u>Output 2:</u> Local mechanisms are established by cooperating with public, private and non-governmental partners to enable women to fully exercise their human rights</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>● Number of provinces with monitoring and/or participatory planning mechanism for promoting women’s human rights and the elimination of gender-based violence</li> </ul> <p><u>Baseline:</u> 16 per cent (13 out of 81 provinces)</p> <p><u>Target:</u> 25 per cent (20 out of 81 provinces) <ul style="list-style-type: none"> <li>● 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</li> </ul> <p><u>Baseline:</u> 10 (two government institutions, two NGOs and six private-sector companies); <u>Target:</u> 20</p> </p>	<p>Directorate General on the Status of Women; Ministries of Justice and of Internal Affairs; local administrations; Parliamentary Commission on Equality of Opportunities for Women and Men; Parliamentary Commission on Health, Family, Labour and Social Affairs; Presidency of Religious Affairs; Security forces; State Planning Organization; TurkStat (State Institute of Statistics); women’s and youth NGOs</p>	<p>\$2.6 million (\$1.6 million from regular resources and \$1 million from other resources)</p>
Population and development	<p><u>United Nations Development Cooperation Strategy result 4:</u> 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) (for indicators, see result 4 under the reproductive health and rights programme component, above)</p>	<p><u>Output 1:</u> Data on emerging population issues are analysed and used at central and local levels</p> <p><u>Output indicator:</u></p> <p>Number of up-to-date, costed action plans that national and regional development organizations have on emerging population issues</p> <p><u>Baseline:</u> Two (environment 1997, ageing 2006)</p> <p><u>Target:</u> Four (ageing, migration, environment and climate change)</p>	<p>Population Association; regional development agencies; State Planning Organization; Turkstat</p>	<p>\$0.5 million (\$0.4 million from regular resources and \$0.1 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>