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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Turkey

Proposed indicative UNFPA assistance: \$14.45 million: \$3.95 million from regular resources and \$10.5 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Seventh

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.50	5	6.50
Outcome 3	Gender equality and women's empowerment	1.50	5	6.50
Outcome 4	Population dynamics	0.5	0.5	1
Programme coordination and assistance		0.45	-	0.45
Total		3.95	10.5	14.45

I. Programme rationale

1. Turkey's population, 83 million in 2019, is expected to reach 105 million by 2050. The total fertility rate stands at 1.88 (Turkstat 2019). While 39 per cent of the population is under the age of 24, some 9 per cent is over the age of 65 (Turkstat 2019). Turkey hosts nearly four million refugees,¹ the largest refugee population in the world, with 99 per cent living outside of camps (2019).
2. An economic and political power in the region and a magnet for migrants, Turkey is an upper-middle-income country, and largely urbanized (approximately 90 per cent, Turkstat 2019), with well-developed institutions, public services and infrastructure. A member of the Council of Europe, the Organisation for Economic Cooperation and Development (OECD) and the Group of 20, and a candidate of the European Union, the country ranks as the 19th largest economy in the world. Its human development index is 'very high' (0.806), and ranked 59 out of 189 in 2018. Turkey has achieved significant progress in several of the sustainable development goals (SDG), particularly in health.
3. However, despite these macro-level achievements, as in many upper-middle-income countries, disparities exist in Turkey, experienced by groups with special needs (including women, youth, migrants, refugees people at risk of HIV, persons living with disabilities, and the elderly). With a Gini index of 0.4 (2018), inequality in Turkey is higher than the OECD average (0.31), and it ranks 130 among 153 countries according to the recent Gender Gap Report (2020).
4. Legal frameworks to protect women's rights, reproductive health and prevent violence against women are mostly in place and aligned with the international conventions; however, gaps in access to services persist due to limited prevention and protection measures. Two out of every five women (2013) and one out of every three white-collar worker women (2014) have experienced domestic violence. Some 12 per cent of women have an unmet family planning need (2018), which has doubled since 2013. One fifth of mothers and one third of newborns cannot receive a postnatal check-up within the first two days after birth (2018).
5. Gaps limiting access of youth to accurate information and services, are the absence of a multisectoral youth policy, youth-friendly-health services and a life skills/health education in schools. Over 15 per cent of the HIV-positive cases are in the 15-24-years age group in Turkey (2019). Some 10 per cent of girls aged 19 years are either mothers or pregnant with their first child (2018). One fifth of women aged 25-49 years were married before age 18. Almost one third of youth are not in education and not in employment (2018).
6. Turkey has granted temporary protection to 3.6 million Syrians, allowing them free access to public services. Over 170 migrant health centres have been established, social service centres strengthened and cash assistance provided to over a million refugees. Some 93 per cent of Syrian women have received antenatal care and 93 per cent have delivered in a health facility. Nevertheless, limitations in access to reproductive health and protection services still exist. A Syrian refugee woman in Turkey bears approximately 5.3 children, but only one out of four Syrian women is using modern contraceptive methods, while 39 per cent of adolescent Syrian girls are mothers or pregnant with their first child. Currently, 40 per cent of Syrian women cannot complete the minimum four antenatal-care visits. The infant mortality rate (22 per cent) is twice the Turkey average (9 per cent). Similarly, migrant agricultural workers have a maternal mortality ratio that is 10 times the national average of 14 per 100.000 live births, and the adolescent fertility rate is twice the national average.

¹ The term 'refugee' refers to international protection applicants, international protection status holders (refugees, conditional refugees and subsidiary protection status holders) and temporary protection beneficiaries as per the Law on Foreigners and International Protection (2013).

7. Since 1985, 25,000 HIV cases have been registered, including 5,000 new cases in the last two years alone; this indicates an alarming increase, particularly among those aged 25-29 years, and 77 per cent of people aged 25-39 years do not have accurate information about HIV (2017). About half of the population living with HIV are unaware of their status (Hacettepe and Başkent University HIV Survey). A HIV/AIDS control policy is in place, and HIV treatment is free for patients with health coverage in Turkey, but there are gaps in implementation. Very few voluntary counselling and testing centres exist. Lack of life skills/health education at schools, social stigmatization, and limited data on key populations are impeding the prevention programmes.

8. Some 5.5 million people live with disabilities in Turkey. While a strong policy framework is in place, women and girls with disabilities in Turkey face significant challenges in accessing public services (Concluding Observations of the Committee on the Rights of Persons with Disabilities, 2019). Service providers may demonstrate lack of expertise about how to provide protection and reproductive health services; this can result in sexual transmitted infections (STIs) unintended pregnancies and failure to identify and respond to violence cases. Similarly, despite a strong legal framework, elderly people have difficulties in accessing services. On well-being, Turkey is 75th among 96 countries, according to the Global Age Watch Index (2015), and its Active Ageing Index is 27.6, which is lower than the European Union average (UNECE 2016).

9. In the previous country programme, UNFPA worked with a rich partner base, including the government, non-government organizations (NGOs) and the private sector, on reproductive health and violence against women, targeting vulnerable groups. The country programme evaluation confirms the success of programmes serving refugees, women, youth and groups at risk of HIV and the remarkable fundraising outcomes but also emphasizes the need to focus on sustainable interventions targeting the most vulnerable groups. The Turkey Sustainable Development Goals (SDG) Voluntary National Report (2019) also underlines the need to accelerate efforts to increase the quality and coverage of public services in the country. Similarly, the 11th National Development Plan (2019) prioritizes equality and access to services for all, particularly for groups with special needs.

10. Accordingly, the proposed country programme will be focusing entirely on “leaving no one behind” in Turkey, designing programmes on reaching out to the most vulnerable groups in multiple provinces. By contributing to the three UNFPA transformative results (reducing maternal mortalities, unmet family planning need and violence against women), the country programme will be contributing to Turkey’s United Nations Sustainable Development Cooperation Framework (UNSDCF) pillars on: inclusive and equitable social development and good governance and quality of judiciary services, which are aligned to the 11th National Development Plan goals on health, women, youth, population and ageing, rural development and disaster management.

II. Programme priorities and partnerships

The proposed country programme will contribute to the UNFPA global strategic plan transformative results by supporting the reduction of: (a) maternal health risks; (b) STIs and unintended pregnancies; (c) inequalities and violence faced by the most vulnerable groups, thereby supporting the achievement of SDGs 3 (health), 4 (education), 5 (gender) 10 (disparities) and 17 (partnerships and data). The country programme will be embedding the needed transitions into the policies, budgets, institutions and regulatory frameworks, including youth, civil society, the media, the private sector, academia and other stakeholders, in line with the Decade of Action.

11. The programme will contribute to the following Cooperation Framework outcomes: improved access to high-quality basic services and opportunities of people, in particular for disadvantaged groups; improved access of women and girls to resources, opportunities and realization of their rights; and transparent, accountable, inclusive and rights-based governance systems.

12. The new programme has been prepared in close consultation with the Government, civil society and the private sector, through local assessments, in line with the analysis of the current national and international development agenda. The programme is aligned to the 11th National Development Plan goals on health, women, youth, population and ageing, rural development and disaster management. It reinforces, government action plans on women's empowerment (2018-2023) and violence against women (2016-2020); the Health Strategic Plan (2019-2023), the National HIV/AIDS Control Programme 2019-2024; the national commitment on reducing maternal mortalities voiced at Nairobi Summit on ICPD25; the Istanbul Convention; the Convention on Eliminating All Forms of Discrimination against Women; Beijing +25; and the recommendations of Universal Periodic Review of Turkey (2020). The programme is also aligned with the Regional Refugee Response Plan (2020-2021).

13. The programme will target a range of vulnerable groups: women at risk of violence, women at risk of unintended or frequent pregnancies, pregnant or lactating women, youth without employment, education or training; adolescents at risk of child marriage, migrants, refugees and asylum seekers; rural and migrant agricultural populations; people at risk of STI/HIV; persons living with disabilities; and the elderly.

14. UNFPA will implement programmes in the following six programme areas to improve access of vulnerable groups to health and protection services: (a) safe motherhood and reproductive health; (b) youth and adolescent health and empowerment; (c) prevention of STIs, including HIV; (e) promotion of equal rights, prevention of and protection from violence; (f) humanitarian response; and (g) population dynamics.

15. The programme will support the Government, through advocacy and policy dialogue, knowledge management, capacity development and service delivery, in improving access of vulnerable groups to services. A twin-track approach focusing on strengthening capacity of institutions (serving and engaging with vulnerable groups) and strengthening the social capacity of vulnerable groups (to access services) will be put in place.

16. It will strengthen the capacity of institutions (including government organizations, municipalities, non-government organizations, civil society organizations, academia and the private sector) through the following activities: (a) enhanced regulation preparation (improved legislations, policies, action plans); (b) improved human resources capacity (expanding and enhancing technical skills); (c) strengthened materials (provision of equipment and supplies); (d) institutional culture and governance (social inclusion, non-discrimination, prevention of sexual exploitation and abuse); (e) coordination and partnerships (supporting multisectoral coordination, South-South and triangular cooperation and knowledge sharing); (f) data and monitoring (research, data analysis and SDG monitoring and reporting); and (g) financing (preparation of SDG costing models, SDG financing).

17. The programme will strengthen the capacity of vulnerable groups through the following strategies: (a) social empowerment (supporting education, information on knowledge and rights for behavioural change, language skills, social networks, peer support, encouragement of positive coping mechanisms, supporting legal status); (b) economic empowerment (supporting employability, enhancement of vocational skills); and (c) physical empowerment (improving working and living conditions, safety and security).

18. UNFPA will strategically implement key models that are focused, agile and sustainable. These interventions will be up-scaled by the relevant organizations to have maximum impact and efficiency. The programme interventions will make use of innovative education, communication and data management tools to increase their effectiveness and efficiency, as well as a wide range of public, private, civil society, university, sports and celebrity partnerships.

19. As Turkey is a country with a large refugee population, to ensure the humanitarian development nexus, interventions that benefit refugees and host communities at the same time will be prioritized. Emergency preparedness and response activities will be supported.

A. Sexual and reproductive health

UNSCDF Outcome 1.1 (Inclusive and equitable social development)

20. *UNFPA CPD Output 1. Strengthened capacity of vulnerable groups and institutions to increase access to high quality, inclusive and rights based reproductive health services, including in humanitarian settings.*

21. This will be achieved by: (a) improving the standard operating procedures of the Government, civil society organizations and the private sector on safe motherhood and reproductive health, youth and adolescent health (including early and forced marriages, life skills/health education, and youth-friendly health services), HIV/STI prevention, the Minimum Initial Service Package on reproductive health in emergencies (including clinical management of rape, emergency obstetric care), with a focus on outreach to the most vulnerable groups, including refugees; (b) improving human resources capacity of the Government, civil society organizations and the private sector through training on safe motherhood and reproductive health, youth and adolescent health (including early and forced marriages, life skills/health education), HIV/STI prevention, with a focus on outreach to most vulnerable groups, including refugees, awareness-raising of service providers through information, education and communication materials and hiring of staff, as necessary; (c) providing reproductive health kits, commodities, hygiene kits, medical equipment and supplies to strengthen safe motherhood and reproductive health, youth and adolescent health, and STI/HIV prevention services targeting refugees and other vulnerable groups; (d) supporting multisectoral service coordination among organizations working on safe motherhood and reproductive health, youth and adolescent health, and HIV/STI prevention services; (e) fostering socio-economic empowerment of vulnerable groups (including refugees) through health information, education, communication and peer support.

B. Empowerment of women

UNSCDF Outcome 1.2 (Inclusive and equitable social development)

22. *UNFPA CPD Output 2. Strengthened capacity of vulnerable groups and institutions to increase access to high-quality, inclusive and rights-based protection and social cohesion services, including in humanitarian settings.*

23. This will be achieved by: (a) improving the standard operating procedures of the Government, civil society organizations and the private sector on promoting women's empowerment at national and local levels, prevention and protection from violence, youth and adolescent empowerment, early and forced marriages, engagement of men and boys, outreach to most vulnerable groups, including refugees; (b) improving the human resources capacity of the Government, civil society organizations and the private sector on promoting women's rights at national and local levels, violence against women and protection, youth and adolescent empowerment, early and forced marriages, engagement of men and boys, with a focus on outreach to the most vulnerable groups, including people with disabilities and refugees, through training and awareness-raising of service providers utilizing information, education and communication materials, and hiring of staff, as necessary; (c) supporting multisectoral service coordination among organizations working on women's rights, violence against women and protection, youth and adolescent empowerment, early and forced marriages prevention, by developing referral pathways and establishing coordination mechanisms; (d) fostering socio-economic empowerment of groups with special needs (including refugees) utilizing information, education, communication, peer support, employability support, and improving working and living conditions.

C. Population dynamics

UNSCDF Outcome 4.1 (Good governance and quality of judiciary services)

24. *UNFPA CPD Output 3. Improved enabling environment (legal and policy framework, data analysis, partnerships and financing) to ensure inclusive and rights-based protection and reproductive health services.*

25. This will be achieved by: (a) reviewing and strengthening legislation and policies on safe motherhood and reproductive health, youth and adolescent health, prevention of STIs (including HIV), mainstreaming women's issues, violence against women, humanitarian response, and population dynamics (aging, urbanization, demographic dividend and climate change) to include vulnerable groups; (b) generating data, impact analysis, support to policy development on safe-motherhood and reproductive health, youth and adolescent health, prevention of STIs (including HIV), equality of rights, violence against women, humanitarian response and population dynamics, with a particular focus on vulnerable groups; (c) supporting national institutions and partnerships for evidence-based policymaking, SDG monitoring and reporting; and (d) supporting national institutions and civil society for promotion of the UNFPA mandate within the SDG agenda; (e) strengthening multisectoral partnerships, South-South and triangular cooperation and knowledge sharing in the fields of health, women's empowerment and demographic security; (f) strengthening financing of the UNFPA mandate through preparation of costing models, support to SDG financing through partnerships with development agencies and the private sector (social impact bonds, youth-friendly health clinics).

III. Programme and risk management

26. UNFPA will participate in the UNSDCF in Turkey, the aligned Refugee Response plan, as well as all the steering committee structures related to inclusive and equitable social development and good governance, and quality of judiciary services.

27. The programme will be nationally executed. The harmonized approach to cash transfers will be used in a coordinated fashion with other United Nations agencies to manage financial risks. Cost definitions and classifications for programme and development effectiveness will be charged to the concerned projects. The relevant government authorities will be informed concurrently in these cases through the monitoring mechanism² defined in the UNSDCF and the National Development Plan. In case of a public health emergency, necessary reprogramming and mitigation measures will be taken.

28. UNFPA is committed and accountable to deliver the expected results of the programme by regularly undertaking joint participatory reviews and monitoring and evaluation of programme implementation. The country office will execute project-level and programme-level evaluations and reviews.

29. In coordination with the Ministry of Foreign Affairs and the Presidency of the Strategy and Budget, UNFPA will implement the country programme using the national execution modality, in line with a results-based programming approach. In cooperation with the established coordination bodies, and building on the positive outcomes of government, university, non-governmental and private-sector partnerships, UNFPA will select partners based on their strategic position and ability to deliver high-quality programmes, and monitor their performance and ensure the implementation of audit recommendations. The programme partnership plan, 2021-2025 reflects the upper-middle-income country context, the UNFPA business model and governance system of Turkey in the various partnership modalities. UNFPA will seek additional resources from international institutions and the private sector, and will proactively participate in joint initiatives.

² In line with the NDP and UNSDCF, the relevant data of programmes and projects will be shared through the online information system that will be launched by the Presidency of Strategy and Budget.

30. The UNFPA country office will consist of a representative, an assistant representative, two international experts, five national programme analysts, a partnership and resource mobilization analyst, and programme and operations support staff funded from the integrated institutional, core and non-core programme budgets. Technical and programmatic support from the UNFPA regional office, headquarter units and other sources will also be utilized, as required. UNFPA will continue to have a project office based in Gaziantep, supporting its cross-border programme, if the UN security resolution is extended.

31. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

32. As a United Nations agency operating in Turkey since 1971, with strong networks at all levels, the programme will establish partnerships among a broad range of stakeholders at the national and local levels, such as government ministries, parliament, development partners, civil society, international financial institutions, the private sector, celebrities, influencers, the media and beneficiaries. Use of communication for development and promotion of positive behaviour will be done widely. In line with the common chapter of the current strategic plan, close collaborations will be sought with relevant United Nations agencies. The private-sector contribution, to SDGs 3 and 5 particularly, will be cultivated through promotion of marketable SDG businesses. The programme will also enable opportunities for Turkey to transfer knowledge to countries in the region through South-South and triangular cooperation.

33. UNFPA together with key stakeholders shall regularly assess operational and programmatic risks identified in the theory of change and make required adjustments. Other risks (e.g. epidemics) will be continuously assessed and mitigation measures undertaken, including reprogramming in response to emerging issues and unforeseen circumstances.

IV. Monitoring and evaluation

34. UNFPA, together with the Government and the United Nations country team, will establish a framework to monitor and evaluate the programme. UNFPA will engage more joint monitoring and evaluation initiatives, in line with the UNSDCF monitoring and evaluation framework and National Development Plan.

35. UNFPA and the Government will systematically carry out programme annual reviews with the active participation of stakeholders. UNFPA, jointly with partners, will conduct field monitoring visits to assess how joint policy and system-level interventions are translated into service provision meeting the demand of young people and women.

36. UNFPA and partners will implement high-quality assurance activities to improve accountability and a budgeted results-based management culture. Milestones will be documented to improve programme monitoring. Thematic and country programme evaluations will be conducted as per the country programme evaluation plan, adopting innovative and participative approaches in order to generate evidence, ensure accountability and promote a learning culture.

37. UNFPA will support the strengthening of national statistical capacities to ensure effective monitoring and evaluation of the sustainable development goals. UNFPA will support the overall United Nations contribution to the Voluntary National Reviews, Universal Period Review and the Convention on the Elimination of All Forms of Discrimination against Women reporting plans to work together with the United Nations country team and the Government to implement an integrated approach to monitor and evaluate the Cooperation Framework, including how periodic programme reviews will inform the implementation of the Cooperation Framework.

RESULTS AND RESOURCES FRAMEWORK FOR TURKEY (2021-2025)

NATIONAL PRIORITY: Turkey 11th National Development Plan Goal 2.3, Qualified people, strong societies				
UNSDCF OUTCOME INVOLVING UNFPA: Inclusive and equitable social development. By 2025, people, in particular disadvantaged groups, have better access to quality basic services and opportunities.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health and rights				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNFPA Strategic Plan Outcome indicator(s): <ul style="list-style-type: none"> ● Indicator: Modern contraceptive prevalence rate <i>Baseline: 49%; Target: 53%</i> ● Indicator: Unmet need for family planning <i>Baseline: 12%; Target: 7%</i> ● Indicator: Maternal mortality <i>Baseline: 14 per 100,000; Target: 13 per 100,000</i> 	Output 1.1: Strengthened capacity of vulnerable groups and institutions to increase access to high quality, inclusive and rights based reproductive health services, including in humanitarian setting	<ul style="list-style-type: none"> ● Number of new policies/standard operating procedures/institutionalized training programmes on health services for vulnerable groups <i>Baseline: 0; Target: 3</i> ● Number of VCTs established: <i>Baseline: 0 Target 10</i> ● Clinical management of rape mechanism in place <i>Baseline: No; Target: Yes</i> ● Number of service delivery points (supported by UNFPA) providing health services to refugees <i>Baseline: 0; Target: 10</i> ● Percentage of refugees joining social cohesion programmes out of those who are reached through UNFPA services <i>Baseline: 0; Target: 30%</i> 	Health and Social Policies Council of the Presidency, Presidency of Strategy and Budget, Ministry of Health (Departments of Public Health, Health Promotion, Emergency Services, Public Hospitals), Education Council of the Presidency, Ministry of Education (Departments of Life-long Learning, Vocational Training, Secondary Education, Teacher training and development, Special education and counselling), Ministry of Interior (Migration Management, Disaster and Emergency and Civil Society Relations), Parliamentary Commission on Health, Family, Labour and Social Affairs, Commission on National Education, Culture, Youth and Sports, Social Security Institution, Union of Private Hospitals, Union of/Municipalities, Universities, NGOs/CSOs working on/serving women, youth, refugees, people with disabilities, key groups and human rights NGOs and volunteers	\$6.50 million (\$1.50 million from regular resources and \$5 million from other resources)
NATIONAL PRIORITY: Turkey 11th National Development Plan Goal 2.3, Qualified people, strong societies, and Goal 2.5, Rule of law, democratization and good governance				
UNSDCF OUTCOME INVOLVING UNFPA: By 2025, women and girls have improved and equal access to resources, opportunities and rights, and enjoy a life without violence and discrimination.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women's empowerment				
UNFPA Strategic Plan Outcome indicator(s): <ul style="list-style-type: none"> ● Proportion of women and girls subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months <i>Baseline: 39%; Target: 32%</i> 	Output 2.1: Strengthened capacity of vulnerable groups and institutions to increase access to high-quality, inclusive and rights-based protection and social cohesion services,	<ul style="list-style-type: none"> ● Number of new policies/ standard operating procedures/institutionalized training programmes on protection services for vulnerable groups <i>Baseline: 0; Target: 3</i> ● Private-sector business against domestic violence response mechanism in place: <i>Baseline: No; Target: Yes</i> 	Health and Social Policies Council of Presidency, Local Administration Council of Presidency, Presidency of Strategy and Budget, Ministry of Family Labour and Social Services (Directorates of Women's Status, Family and Community Services), Ministry of Interior (Security, Special Provincial	\$6.50 million (\$1.50 million from regular resources and \$5 million from other resources)

<ul style="list-style-type: none"> Percentage of women aged 15-49 years who think that a husband/partner is justified in hitting/beatng his wife/partner under certain circumstances <i>Baseline:9%; Target: 5%</i> Proportion of women aged 20–24 years who were married before age 18 <i>Baseline 15%; Target 11%</i> 	including in humanitarian settings	<ul style="list-style-type: none"> Number of service delivery points (supported by UNFPA) providing protection services to refugees. <i>Baseline: 0; Target: 10</i> 	Administration, Gendarmerie, Migration Management, Disaster and Emergency and Civil Society Relations), Parliamentary Commission on Health, Family, Labour and Social Affairs, Commission on Equal Opportunities, Union of Municipalities, Universities, NGOs/CSOs working on/serving women, youth, refugees, people with disabilities, key groups and human rights NGOs	
NATIONAL PRIORITY: Turkey 11th National Development Plan Goal 2.5 Rule of Law, Democratization and Good Governance.				
UNSDCF OUTCOME INVOLVING UNFPA: By 2025, governance systems are more transparent, accountable, inclusive and rights-based with the participation of civil society, and judiciary services are improved quality.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Population dynamics				
UNFPA Strategic Plan Outcome indicator(s): <ul style="list-style-type: none"> Indicator: Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target <i>Baseline:40 %; Target:50%</i> Indicator: The next (12th) national development policy or regional development plan that responds to population dynamics exists 	Output 3.1: Improved enabling environment (legal and policy framework, data analysis, partnerships and financing) to ensure inclusive and rights based protection and reproductive health services.	<ul style="list-style-type: none"> Number of new reports on population dynamics and their links to sustainable development prepared and disseminated <i>Baseline: 0; Target: 5</i> Number of new legislation/policies concerning health/ protection of vulnerable groups developed and adopted by ministries. <i>Baseline: 0; Target: 5</i> 	Presidency of Strategy and Budget, Universities, Development Banks and Agencies, Ministry of Industry and Trade, Parliamentary Commissions.	\$1 million (\$0.5 million from regular resources and \$0.5 million from other resources)