

**Project Document between the Government of Turkey
and
the United Nations Population Fund**

Country : Turkey

Sub-programme Area : Reproductive Health

Component Project No. and Full Title : TUR/03/01/06-01/P06
Strengthening the quality of RH services through
in-service training of residents

Short Title : In-service training for residents

Workplan Category (assigned at headquarters) :

Duration : 30 months

Starting Date : July 2001

Executing Agency : MCH/FP General Directorate of MoH

Implementing Agency : Human Resource Development Foundation

Government Contribution : Detailed in Annex IV

UNFPA Contribution : US \$ 250,000

Signed :

_____ **Date:** _____
On behalf of Government

_____ **Date:** _____
On behalf of UNFPA

STRENGTHENING THE QUALITY OF RH SERVICES THROUGH IN-SERVICE TRAINING OF RESIDENTS

Linkage between the RH Sub-programme and the Component Project

Lessons drawn from past activities supported by UNFPA and other donor agencies, point to the fact that quality of reproductive health services are directly linked to the quality of training programmes, both in service and pre-service training. Evaluation of project activities, the Country Population Assessment, regular annual reports by planners, service providers and in depth discussions with all the stakeholders during the formulation of the UNFPA assisted 3rd Country Programme, have all underlined the urgent need for regular, sustainable and practice oriented and skills based training programmes.

Activities of the sub-programmes have been designed to complement each other. The RH sub-programme has two parts, which relate to the four outputs or deliverables specified in the logical framework for the country programme. The first part of the subprogramme is concerned with delivering the first three outputs, including “strengthened quality of RH services through improved training”, which commonly have the purpose of “to have contributed to increased accessibility to integrated and quality RH services”.

In order to provide high quality services in RH, training of health professionals is essential and needs to be improved. One of the main problems regarding RH training of health professionals is lack of standardized training programmes among different institutions. The coordination should be established among these institutions aiming to include different level health professionals providing RH services to extend possible, ensuring updated and standard RH training curricula.

Past Activities: During the recent decade various projects have put great efforts to strengthen the skills and competency of physicians and nurse/midwives and have made major achievements in improving the reproductive health care. These training activities focused on both pre and in-service training at different institutions and covered different level of service providers. For example, the Johns Hopkins Program for International Education on Reproductive Health (JHPIEGO) with support from USAID has been successful in providing pre-service training to both medical and midwifery school students. SEATS project, which was also supported by USAID, mainly has focused on SSK providing in-service training for service providers. UNFPA has supported MoH MCH/FP General Directorate to provide in-service training to service providers working at primary health care settings. However, residents who are in specialization training at the departments of various institutions from MoH, SSK and universities’ Training Hospitals have always been neglected.

The Ob/Gyn specialists and Family Physicians are responsible for providing RH services at secondary level health care settings in a total of 1,138 hospitals countrywide. The specialists also provide services in 283 MCH/FP centers offering RH services. Those MCH/FP centers and hospitals serve as referral centers and support the primary health care units, which provide the majority of RH services. Without getting adequate training, those specialists who are in a higher rank in a hospital setting compared to GPs and nurse/midwives, create medical barriers. The specialists underestimate the skills and knowledge of trained GPs and nurse/midwives and prevent the good practices. Also they act as role models for most of the other health personnel, spreading medical barriers such as resistance to hormonal method use.

Such training is also necessary for Public Health and Pediatric unit residents. Public Health specialists are responsible for planning and research on primary health care (including RH) and training of residents from Public Health departments would render them more effective as planners/researchers especially for RH related issues. The pediatricians are the first point of contact for mothers and fathers who often need referral and follow-up for RH services. For this reason, pediatricians need training on RH/FP for better/effective service delivery.

In the health system, in average, out of 10 cases treated in a health center (PHC unit), one case should be referred to a hospital. However, in practice, out of ten cases, only four cases are treated at the health center and remaining six in a hospital, without seeing a PHC unit. In addition to over load of clients, the infrastructure of the hospitals mostly does not allow to provide quality RH services which requires a special attention. Mainly focusing on curative services, the specialists prefer to offer hi-tech medical procedures neglecting simple but important services such as counseling and providing IEC materials. On the other hand, most of the specialists both work for MoH or SSK and

as private physicians. Private sector also places an important and increasing role in RH service provision. The specialist physicians working at private sector in a position to offer RH services now account for more than a quarter of IUD insertions and about 6 percent of OC use.

Despite the importance of specialists in RH services provision, the major problem of RH training among health professionals is experienced by residents, who are in specialization training at the related departments of training hospitals. There are total of 1,800 residents at Ob/Gyn, Family Health, Public Health and Pediatrics departments of these Training Hospitals, 600, 300, 100 and 800 respectively. Sixty percent of these residents receive their specialization training in four cities, namely Istanbul, Ankara, Izmir and Adana. The MoH and SSK training institutions exist only in these four cities. The remaining residents receive their training from various universities in a total of 33 cities.

In some training institutions, RH training is not provided at all, in some emphasizing only in family planning counseling and services lacking a comprehensive reproductive health approach as indicated in ICPD Programme of Action. Comprehensive reproductive health approach would include topics as reproductive/sexual rights, gender, adolescence, population, development, environment along with IEC, counseling and clinical services.

Reasons for inadequate training vary, but mainly stem from inadequate infrastructure in the training institutions, such as lack of trainers, physical capacities and service areas for training and research. However, even if these problems would be tackled, reproductive health training of residents still needs to be institutionalized. Since the training hospitals belong to MoH, SSK or universities, a good collaboration should be established in advance and related parties should work together in order to improve the resident training. This effort will also help the specialists' associations and medical professional bodies to integrate RH topics into their existing in-service training programs. Once the training module is prepared they will easily expand the training using their network nationwide.

The Human Resource Development Foundation (HRDF) have had successful experiences regarding the preparation of curricula and implementing RH training programmes for all level health professionals. Also HRDF's previous efforts ensuring good collaboration among MoH, SSK and universities will provide input in the activities of this project.

Building on the above background information and based on extensive consultations with Turkish counterparts, UNFPA under the third country programme, is expanding its assistance to in-service training of residents on RH.

Execution and Implementation Responsibilities

UNFPA will ensure the signature of the government for the project, and inform concerned parties when the project is approved and ensure that the activities start on time. UNFPA will also ensure that planned activities are carried out according to schedule and that monitoring and evaluation requirements such as field visits, regular evaluation meetings are carried out. UNFPA National Professional Project Personnel (NPPP) who will be responsible of coordinating all RH sub-programme activities, will assist the UNFPA, and Executing and Implementing Agencies as well, ensuring the supervision of smooth implementation of the project activities. UNFPA will ensure that all the financial and accountability aspects as well as auditing of the project are taken care of.

MCH/FP General Directorate of Ministry of Health will be the Executing Agency of this component project. A Deputy General Director assigned by MCH/FP GD will be the Director of this component project. The activities will be implemented by HRDF in close collaboration with MoH, Social Insurance Institution (SSK) and universities. A Steering Committee (SC) will be established and chaired by MCH/FP General Directorate of MoH. The SC (7 members) will include representatives of MCH/FP and Curative Services General Directorates of MoH, Health Affairs General Directorate of Social Insurance Institution (SSK), Istanbul University Woman and Child Health Training and Research Center, Osmangazi University- Ob/Gyn Department, HRDF and UNFPA Country Office. General Directorate of MCH/FP will chair the SC, coordinate and ensure that the other related MoH departments and other public institutions indicated above will take active roles in the project. The Directorate of MCH/FP will also be mainly responsible for coordinating the development of expansion and sustainability strategies of RH training activities for residents. HRDF will be responsible for organizing the meetings as the secretariat of the Steering Committee.

The Steering Committee will meet at least bi-annually and ad hoc to:

- coordinate project activities,
- ensure timely implementation,
- assess progress made towards the achievement of project objectives and outcomes,
- review progress reports of the training activities and forward recommendations, as appropriate, to overcome eventual difficulties making best use of lessons learnt, and
- approve the Project Progress Report for the Annual Project Review Meetings, and review and approve internal and external evaluation reports.

The project Steering Committee will report bi-annually to the Third Country Programme Steering Committee.

HRDF, as Implementing Agency of this component project, will recruit a part time Project Coordinator (PC) who will be responsible for the overall coordination of the activities. The Project Coordinator will report to the Executive Director of HRDF and also will keep the Project Director informed of all the activities and consult on strategic matters. The job description of the Project Coordinator is given in [Annex V](#). Based upon the review of the progress reports from the field, HRDF will inform the Steering Committee on the developments and Steering Committee will advise the necessary steps to be undertaken to improve the project activities. HRDF will also prepare quarterly progress reports and submit to UNFPA. The information in these reports will include the progress of the activities, problems encountered and recommendations

This component project will be technically backstopped by EU Network on Health; School of Public Health, Netherlands or WHO/Geneva. The Adviser will assist in curriculum development and implementing strategies of training activities. The UNFPA/CST will provide technical assistance and join evaluation team in order to assess whether the program has produced expected ultimate outcomes.

Moreover, HRDF will ensure the project financial management in accordance with UNFPA rules and to regulations. The annual audit will be undertaken by an independent audit chosen in agreement with UNFPA FO.

Project Objectives

To achieve the common purpose of contributing to increased accessibility to integrated and quality RH services, a series of interrelated activities are planned in this component project. These are towards the immediate objectives below:

- By the end of 2001, to have assessed the residents' training needs on RH, to have prepared the training programme, and to have conducted trial training for residents
- By the end of March 2002, to have strengthened the training skills of 12 trainers from selected institutions towards establishing a CTT
- By the end of June 2002, to have trained 100 residents from Ob/Gyn, Family Health, Public Health and Pediatrics departments on RH and to have evaluated the pilot phase activities in order to formulate the expansion strategy
- By the end of 2002, to have strengthened the training skills of 72 trainers on RH, from Ob/Gyn, Family Health, Public Health and Pediatrics departments of all Training Hospitals
- By the end of June 2003, to have trained additional 100 residents from related departments

Project Strategy and Related Activities

The project activities will be executed by MCH/FP General Directorate of MoH and implemented by HRDF ensuring close collaboration and coordination with all national counterparts and UNFPA Country Office, including monitoring and internal evaluation mechanisms, consisting of the following strategic interventions detailed in [Annex I - Workplan](#):

Preparatory activities:

1. Establishment of a Steering Committee: the SC will be composed of 7 members whose job description detailed in Execution and Implementation Responsibilities above. The SC will be established during the first month of the project. The SC will first agree on the procedures to identify the training needs of residents. The Committee will convene at least biannually, and will chair the following two meetings, during the pilot phase. The first will be a workshop that will be organized at the end of the situation analysis study in order to disseminate the information gathered. The second meeting will be organized at the end of the pilot phase of the training activities.

Steering Committee will continue to convene biannually until the end of the project period and will carry out the responsibility of overseeing the project activities. The SC will report to the 3rd Country Programme Steering Committee.

2. Situation Analysis: During the first two months of the project, HRDF and Istanbul University Woman and Child Health Training and Research Center (WCHTRC) experts will establish a team to assess the training needs of the residents. With a sampling method, residents will be visited at Training Hospitals of MoH, SSK and universities in Istanbul, Ankara, Izmir, and Adana. The criteria for selecting the training institutions to be assessed will be based upon the duration of the training provided in the hospital, number of trainers, number of residents and geographical location. During these visits, using the in-depth interview technique, the team will seek information on the following: Which topics are discussed in reproductive health training? How long do they receive training in RH? Do they find the training satisfactory, if not why? Is there enough number of trainers in the department? How can RH training be improved? Is there a separate RH unit in the department? If yes, is it well equipped? Are they able to reach informative material in the department?

The team will also conduct interviews with the department heads to find out the needs of reproductive health training. Interviews with the department heads will also cover the management issues in their own department and at the related province. This information will help the study team to assess whether managerial issues create any obstacles for the residents' training. The information will also be helpful for the “Strengthening management of RH services” component project of RH sub-programme.

The results of this study will be presented as a report.

3. Consensus Building and Strategy Development on Residents Training: The situational analysis report will be presented to the experts of reproductive health in a one-day workshop. Approximately 30 participants will be invited from various agencies that provide in-service training to reproductive health service providers. An expert from the EU Network on Health, Netherlands School of Public Health or WHO will attend this meeting to share the experiences of other countries. Selection of the expert will be decided in collaboration with the MoH and UNFPA. The participants of the Expert Group Meeting will discuss and agree on the curriculum development strategy.

A Working Group (WG) will be established to revise the content of the pilot phase training activities in the light of the Expert Group Meeting’s recommendations. The WG will be responsible for reviewing the study results, identifying key messages to share with the relevant parties, identifying the priorities regarding training institutions that should be covered and preparing the content of the training programme. The International expert will also work with the Working Group to provide TA in curriculum and strategy development for the implementation of RH training of residents including the follow-up and monitoring component. The WG will start testing the new curriculum developed through conducting several training sessions for a small number of residents.

4. Development and Printing of Informative Materials: An informational bulletin will be developed during the project for the seminar participants. This bulletin will include contact information about international and national agencies as well as upcoming events and recently published books and other informative material on reproductive health. The bulletin will also include a section on contraceptive technology update as well as the Eligibility Criteria for Contraceptive Use by WHO.

The Working Group will use the existing training materials and develop new ones, if necessary as resources in the training programmes. The WG will get approval of the SC for publication and utilization of these resource

materials. Additionally the project will help the departments to receive "Popline" on regular basis, developed by Johns Hopkins/Population Communication Services and the Reproductive Health Library developed by WHO.

Pilot Phase Training Activities:

5. Establishment of Central Training Team (CTT): A CTT comprising 12 trainers from key training institutions of MoH, SSK and universities will be formed following the testing of the newly developed curriculum. The WG members are expected to enhance the CTT members' training skills through a 5-day standardization and orientation session. Following ToT, the CTT members will be responsible for conducting both in-service training programme for residents (2days) and ToT's (3 days) for trainers from training institutions nationwide. During the pilot phase a total of 100 residents (40 Ob/gyn, 30 Family Health, 20 Pediatrics and 10 Public Health) will be trained by WG and CTT.
6. Monitoring and Evaluation of Pilot Phase: The training departments will prepare quarterly activity reports regarding RH training and send to the secretariat indicating the strengths and weaknesses of the program, and the obstacles they faced.

During the eleventh and twelfth months of the project, the evaluation team comprising experts from the Ministry of Health, Health Affairs General Directorate of SSK, Istanbul University, UNFPA FO and HRDF will visit the training institutions that have received the training. The team will evaluate whether there has been a change in the training of residents, which will include change in the residents' level of information and change in the units (physical). During the evaluation, techniques such as observation, in-depth interviews and checklists will be used. The action plans, which were prepared at the end of the training sessions, will be discussed with the department heads and the residents to see if the necessary activities have taken place since the training. Pre and post-tests, which will be given at the beginning and end of the training sessions will also be assessed. A first phase evaluation report will be prepared by the evaluation team.

Follow-up Activities and Expansion Strategies:

7. Expert Group Meeting: The Steering Committee will chair a two-day Expert Group Meeting in order to share the progress of the pilot phase training activities with the experts of the field, including the trainers and department heads of the Training Hospitals. The report of the Expert Group Meeting will be submitted to MoH, SSK and Higher Educational Council. In line with the recommendations of the Experts Group Meeting, the Working Group will finalize the expansion strategy and activities.
8. Revision of the Curriculum and Training Programme: The WG will revise and update the curriculum. Based upon the expansion strategy, budget will also be revised, if necessary. After the first year, the project will be expanded nationwide, in order to cover all the residents at related departments.
9. Conducting ToT: To cover all the Training Hospitals nationwide, training of trainers will be conducted under the guidance of the CTT. The participants of these ToTs will be the department heads or representatives of related departments from Training Hospitals (both MoH, SSK and universities) nationwide. A total of 72 trainers will be trained through ToT sessions during the project period. After attending these three-day courses, the participants will act as local trainers and will be responsible conducting training programme for residents in their own training institution. The project will provide the informative materials mentioned above which will be distributed to the residents in order to support the local training seminars
10. Continuing to conduct Training Seminars: The CTT will be responsible for conducting training seminars for residents of Ob/Gyn, Family Health, Public Health and Pediatrics departments in four cities, Istanbul, Izmir, Ankara and Adana. The seminars will address residents from various hospitals, specialists in these departments and department heads. Each seminar will be a two-day meeting and maximum 20 participants will attend in each course. Additional 100 residents from related departments will be trained during the expansion period. The trainers will be mainly selected from the members of the CTT, and also local trainers who underwent ToT from training institutions in each city. The content of the training will cover the following topics: situation analysis results, comprehensive approach in RH, contraceptive technology update (CTU), postpartum, postabortion

services, STIs, infection prevention in RH care settings, quality of care, counseling, screening of cervical CAs, population issues.

The aim of the seminars is to provide guidance to the residents and department heads on the provision of high quality in-service training considering the above mentioned topics. These seminars are not going to be skills training courses but rather stressing the significance of a holistic approach in reproductive health training. Holistic approach entails the components of reproductive health care as family planning counseling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, treatment of reproductive tract infections, and etc¹. Each participant will be informed about how to access information on various reproductive health issues and how the skills can be gained to improve the knowledge in RH. During the second day of each seminar, participants will be assisted to prepare action plans to carry out the reproductive health training in their departments.

11. Participation to National Meetings: The members of the Working Group / CTT or selected trainers will also participate in meetings of targeted residents such as national Congresses and seminars. The aim of these seminars will be to orient the specialists and residents about the program, to update their knowledge on RH and create awareness about the importance of the subject.
12. Monitoring and Evaluation of Expansion Phase Training Activities: During the expansion period, each training institution will continue sending their activity reports to the secretariat. The secretariat will be responsible assessing these periodic activity reports and preparing the progress reports, which will be submitted to the Steering Committee.

The trained trainers from MoH, SSK and universities who will be responsible conducting training seminars in their own departments will also prepare and send periodic activity reports to the secretariat.

During the last six months of the project, the evaluation team comprising experts from the Ministry of Health, SSK, Istanbul University, HRDF and UNFPA FO will visit the training institutions that have received the training. The RH advisor from UNFPA/CST will also participate evaluation team in two selected provinces. The evaluation will be conducted in selected provinces with a sampling method. The team will evaluate the progress in each training institution using the techniques mentioned above in Pilot Phase Evaluation. A final evaluation report will be prepared by the evaluation team and submitted to the Steering Committee

Description and Justification of Inputs

The description of UNFPA inputs by budget line and government inputs are given in Annexes II and IV, respectively.

Budget

The estimated amount of US\$ 250,000 would be required for a period of 30 months. The detailed project budget is given in Annex III.

¹ ICPD, Programme of Action, 7.6

ANNEX I

WORK PLAN

SUB-PROGRAMME : Reproductive Health

COMPONENT PROJECT NO. and TITLE : TUR/03/01/06-01/P06

YEAR: 2001-2003

In-service training for residents

OUTPUT 3: Strengthened quality of RH services through improved training			
ACTIVITIES	RESPONSIBLE PARTY(IES)	DATE / DURATION	STATUS OF IMPLEMENTATION
Objective I: By the end of 2001, to have assessed the residents' training needs on RH, to have prepared the training programme, and to have conducted trial training for residents			
1. Establishment of a Steering Committee	MOH MCH/FP General Directorate	July 2001	
2. Carrying out a Situation Analysis	HRDF WCHTRC of Istanbul University <i>(Sub-contract)</i>	August - September 2001	
3. Expert Group Meeting: to disseminate the results	Steering Committee	September 2001	
4. Developing a pilot phase training strategy	Working Group: WCHTRC of Istanbul University, Osmangazi University and HRDF	September 2001	
5. Preparing the training program and the content	Working Group	October 2001	
6. Development and printing of informative and training materials	HRDF	October 2001	

ACTIVITIES	RESPONSIBLE PARTY(IES)	DATE / DURATION	STATUS OF IMPLEMENTATION
Objective II: By the end of March 2002, to have strengthened the training skills of 12 trainers from selected institutions towards establishing a CTT			
1. Selecting the candidates for Central Training Team from key training institutions	MOH MCH/FP General Directorate	February 2002	
2. Conducting a ToT for CTT members: a 5-day training session to enhance their training skills and for standardization and orientation to the new curriculum	Working Group	March 2002	
Objective III: By the end of June 2002, to have trained 100 residents from Ob/Gyn, Family Health, Public Health and Pediatrics departments on RH and to have evaluated the pilot phase activities in order to formulate the expansion strategy			
1. Conducting two-day trial training programmes for 100 residents	Working Group, CTT	November 2001 - May 2002	
2. Monitoring pilot phase training activities	HRDF	November 2001 to June 2002	
3. Evaluation of the pilot phase training activities	Evaluation team WCHTRC of Istanbul University <i>(Sub-contract)</i>	May - June 2002	
4. Expert Group Meeting for follow-up and expansion	Steering Committee	June 2002	
5. Revision of the curriculum and training programme (including the revision of the project proposal for the expansion period)	Working Group	June 2002	

ACTIVITIES	RESPONSIBLE PARTY(IES)	DATE / DURATION	STATUS OF IMPLEMENTATION
Objective IV: By the end of 2002, to have strengthened the training skills of 72 trainers on RH, from Ob/Gyn, Family Health, Public Health and Pediatrics departments of all Training Hospitals			
Objective IV: By the end of June 2003, to have trained additional 10 residents from related departments			
1. Training of trainers: a three-day ToT sessions will be conducted for a total of 72 trainers nationwide	CTT, Working Group	September - December 2002	
2. Conducting two-day training programmes for additional 100 residents	CTT	September 2002 to June 2003	
3. Participation in 3 National Meetings	Working Group, CTT	September 2002 to June 2003	
4. Monitoring expansion phase training activities	HRDF	July 2002 to December 2003	
5. Evaluation of the expansion phase training activities	Evaluation team WCHTRC of Istanbul University <i>(Sub-contract)</i>	September - November 2003	
6. Final reporting	HRDF	December 2003	

ANNEX II

DESCRIPTION OF UNFPA INPUTS

PROJECT PERSONNEL (10)

International personnel

11-01 RH adviser from UNFPA/CST to provide technical assistance

The RH adviser will visit Training Hospitals in two provinces, as a member of the evaluation team. During the visits the team will assess whether the program has produced expected ultimate outcomes

International travel (air fare, return)	\$ 750
Travel (in country)	\$ 150 x 2 provinces = \$ 300
DSA	\$ 150 x 15 days = \$ 2,250
Sub-total: \$ 3,300	

12-01 RH training adviser from EURO RH network; School of Public Health, Netherlands or WHO/Geneva.

The adviser will attend the Expert Group Meeting where the situation analysis report will be presented and discussed to agree on the curriculum development strategy. He/she will also work with WG to provide TA in curriculum and strategy development for RH training of residents including follow-up and monitoring component.

International travel (Copenhagen/Geneva to Ankara)	\$ 750
Travel (in country)	\$ 150 x 1 province = \$ 150
DSA	\$ 150 x 15 days = \$ 2,250
Consultancy fee	\$ 200 x 10 working days = \$ 2,000
Sub-total: \$ 5,150	

Travel costs

15-01 Travel and per diem for project personnel: Project Coordinator will visit the sites for introduction of the project and monitoring and evaluation purposes

Travel	\$ 150 x 10 provinces x 3 visits = \$ 4,500
Per diem	\$ 100 x 10 provinces x 2 days = \$ 6,000
Local transportation	\$ 150 x 30 months = \$ 4,500
Sub-total: \$ 15,000	

Local personnel payments

16-51 One part time Project Coordinator at \$ 1,500 per month for 30 months
\$ 1,500 x 30 months = \$ 45,000

16-52 One part time secretary/accountant at \$ 600 per month for 30 months
\$ 600 x 30 months = \$ 18,000

19	Total Personnel	\$ 86,450
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SUB-CONTRACT (20)

Research sub-contracts

24-01 Situation analysis on RH training of residents

In-depth interviews will be conducted with the residents and department heads of Training Hospitals to assess the situation of residents' RH training. The situation analysis will be conducted during the first quarter of the project. The study will be conducted by Istanbul University Woman and Child Health Training and Research Center through sub-contract.

Consultants' fees	\$ 5,000
Evaluation travel	\$ 6,000
Reporting and printing	\$ 1,000

Sub-total: \$ 12,000

Evaluation activities

Mid-term and final evaluation of the project activities: Both evaluations will be conducted by Istanbul University Woman and Child Health Training and Research Center through sub-contract

- i. Evaluation of pilot phase: during the eleventh and twelfth months of the project, the evaluation team comprising experts from the Ministry of Health, SSK, Istanbul University, UNFPA FO and HRDF will visit the training institutions that have received the training. The team will evaluate whether there has been a change in the training of residents, which will include change in the residents' level of information and change in the units (physical). During the evaluation, techniques such as observation, in-depth interviews and checklists will be used.
- ii Final evaluation: during the last six months of the project, the evaluation team will visit the training institutions that have received the training. The RH adviser from UNFPA/CST will also participate evaluation team in two selected provinces. The evaluation will be conducted in selected provinces with a sampling method.

25-01 Consultants' fees	\$ 10,000
25-03 Evaluation travel	\$ 12,000
25-04 Reporting and printing	\$ 3,000

Sub-total: \$ 25,000

29	<i>Total Sub-contract</i>	\$ 37,000
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TRAINING (30)

Seminars/workshops

32-01 RH training courses for 200 residents

100 residents during the pilot phase + 100 residents during the expansion period
2 days each course, total of 10 courses (app. 20 participants for each course)

Training facility	\$ 25 x 2 days x 220 persons = \$ 11,000
Travel	\$ 150 x 10 courses x 2 trainers = \$ 3,000
Per diem	\$ 100 x 10 courses x 2 days x 2 trainers = \$ 4,000
Fee for trainers	\$ 100 x 10 courses x 2 days x 2 trainers = \$ 4,000

Sub-total: \$ 22,000

32-02 Training of Trainers for CTT

5-day ToT, total of 12 trainees, 1 session

Training facility	\$ 25 x 5 days x 14 persons = \$ 1,750
Travel for trainees	\$ 150 x 10 trainees = \$ 1,500
Per diem for trainees	\$ 100 x 5 days x 10 trainees = \$ 5,000
Travel for trainers	\$ 150 x 2 trainers = \$ 300
Per diem for trainers	\$ 100 x 5 days x 2 trainers = \$ 1,000
Fee for trainers	\$ 100 x 5 days x 2 trainers = \$ 1,000

Sub-total: \$ 10,550

32-03 Training of Trainers from Training Hospitals

One participant from each Training Hospital's related Departments

3 days each, 6 ToT, total of 72 trainees

Training facility	\$ 25 x 3 days x 84 persons = \$ 6,300
Travel for trainees	\$ 150 x 50 trainees = \$ 7,500
Per diem for trainees	\$ 100 x 3 days x 50 trainees = \$ 15,000
Travel for trainers	\$ 150 x 6 ToT x 2 trainers = \$ 1,800
Per diem for trainers	\$ 100 x 6 ToT x 3 days x 2 trainers = \$ 3,600
Fee for trainers	\$ 100 x 6 ToT x 3 days x 2 trainers = \$ 3,600

Sub-total: \$ 37,800

32-04 Participation to National Meetings

3 meetings, 4 WG and CTT members / selected trainers, 2 days

Participation fee	\$ 150 x 3 meetings x 4 persons = \$ 1,800
Travel	\$ 150 x 3 meetings x 4 persons = \$ 1,800
Per diem	\$ 100 x 2 days x 3 meetings x 4 persons = \$ 2,400

Sub-total: \$ 6,000

Meetings

33-01 Steering Committee Meetings

7 members (including HRDF), bi-annually, 5 one-day meetings

Meeting facilities	\$ 25 x 5 meetings x 7 persons = \$ 875
Travel	\$ 150 x 5 meetings x 2 persons = \$ 1,500
Per diem	\$ 100 x 5 meetings x 2 persons = \$ 1,000
Honoraria for non-project personnel	\$ 100 x 5 meetings x 6 persons = \$ 3,000

Sub-total: \$ 6,375

33-02 Working Group Meetings

Two meetings, 5 members (including HRDF), 3 day each: First meeting is for preparing the curriculum and content of the training programme; second meeting is for the revision of the curriculum and finalizing the expansion strategy (including the revision of the project proposal)

Meeting facilities	\$ 25 x 2 meetings x 3 days x 5 persons = \$ 750
Travel	\$ 150 x 2 meetings x 3 persons = \$ 900
Per diem	\$ 100 x 2 meetings x 3 days x 3 persons = \$ 1,800
Honoraria for non-proj. pers.	\$ 100 x 2 meetings x 3 days x 4 persons = \$ 2,400

Sub-total: \$ 5,850

33-03 Expert Group Meetings

Two meetings, 30 participants each: First will be a one-day meeting to discuss the results of situation analysis; second will be a two-days meeting to discuss the pilot phase evaluation results and shape the expansion strategy

Meeting facilities	\$ 25 x 3 days x 30 persons = \$ 2,250
Travel	\$ 150 x 2 meetings x 15 persons = \$ 4,500
Per diem	\$ 100 x 3 days x 15 persons = \$ 4,500

Sub-total: \$ 11,250

39	Total Training	\$ 99,825
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EQUIPMENT (40)

Expendable equipment and supplies

41-98 Stationery

\$ 100 x 30 months = \$ 3,000

49	Total Equipment	\$ 3,000
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MISCELLANEOUS (50)

Operation and maintenance of equipment

51-01 Maintenance of office equipment

\$ 2,500

Report and printing costs

52-01 Development and printing of informational bulletin

The bulletin will include contact information about international and national agencies as well as upcoming events and recently published books and other informative material on reproductive health. The bulletin will also include a section on contraceptive technology update as well as the Eligibility Criteria for Contraceptive Use by WHO

Development and art work	\$ 975
Printing	\$ 1.5 x 1,500 copies = \$ 2,250

Sub-total: \$ 3,225

52-02 Development and printing of training materials

The training materials will be developed and printed for both ToTs and in-service training programmes for the residents, and will be distributed to the participants at the end of the seminars

\$ 10,500

Sundry

53-01 Communications: including telephone, fax, e-mail and postage

\$ 150 x 30 months = \$ 4,500

Audit

54-01 Annual audit
\$ 1,500 x 2 years = \$ 3,000

59	<i>Total Miscellaneous</i>	<i>\$ 23,725</i>
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99	<i>PROJECT TOTAL</i>	<i>\$ 250,000</i>
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ANNEX III
PROJECT BUDGET

(US Dollars)

Country : Turkey
Sub-Programme : Reproductive Health
Project Title : Strengthening the quality of RH services through in-service training of residents
Project Number : TUR/03/01/06-01/P06

CODE	DESCRIPTION COMPONENT LINE ITEMS	2001		2002		2003		2004		2005		TOTAL	
		p/m	US\$	p/m	US\$	p/m	US\$	p/m	US\$	p/m	US\$	p/m	US\$
10	PROJECT PERSONNEL												
11	U.N. INTERNATIONAL												
11-01	RH Adviser from UNFPA/CST					1.0	3,300					1.0	3,300
12	NON-U.N. INTERNATIONAL												
12-01	RH training adviser	1.0	5,150									1.0	5,150
15	TRAVEL COSTS												
15-01	Travel, per diem - Project Personnel		3,000		6,000		6,000						15,000
16	LOCAL PERSONNEL												
16-51	Project Coordinator (part time)	3.0	9,000	6.0	18,000	6.0	18,000					15.0	45,000
16-52	Secretary/Accountant (part time)	3.0	3,600	6.0	7,200	6.0	7,200					15.0	18,000
16-99	<i>Sub-Total</i>	<i>6.0</i>	<i>12,600</i>	<i>12.0</i>	<i>25,200</i>	<i>12.0</i>	<i>25,200</i>					<i>30.0</i>	<i>63,000</i>
19	COMPONENT TOTAL	7.0	20,750	12.0	31,200	13.0	34,500					32.0	86,450

CODE	DESCRIPTION COMPONENT LINE ITEMS	2001		2002		2003		2004		2005		TOTAL	
		p/m	US\$	p/m	US\$	p/m	US\$	p/m	US\$	p/m	US\$	p/m	US\$
20	SUB-CONTRACT												
24	RESEARCH SUB-CONTRACTS												
24-01	Situation Analysis - Istanbul University WCHTRC		12,000										12,000
25	EVALUATION Istanbul University WCHTRC												
25-01	Consultants' fees				5,000		5,000						10,000
25-03	Evaluation Travel				6,000		6,000						12,000
25-04	Report and printing				1,500		1,500						3,000
25-99	<i>Sub-Total</i>				<i>12,500</i>		<i>12,500</i>						<i>25,000</i>
29	COMPONENT TOTAL		12,000		12,500		12,500						37,000
30	TRAINING												
32-01	RH training courses for residents		4,400		11,000		6,600						22,000
32-02	ToT for CTT				10,550								10,550
32-03	Training of Trainers				37,800								37,800
32-04	Participation to National Meetings				3,000		3,000						6,000
33-01	Steering Committee Meetings		1,275		2,550		2,550						6,375
33-02	Working Group Meetings		2,925		2,925								5,850
33-03	Expert Group Meetings		5,625		5,625								11,250
39	COMPONENT TOTAL		14,225		73,450		12,150						99,825

CODE	DESCRIPTION COMPONENT LINE ITEMS	2001		2002		2003		2004		2005		TOTAL	
		p/m	US\$	p/m	US\$	p/m	US\$	p/m	US\$	p/m	US\$	p/m	US\$
40	EQUIPMENT												
41	EXPENDABLE EQUIPMENT												
41-98	Stationery		600		1,200		1,200						3,000
49	COMPONENT TOTAL		600		1,200		1,200						3,000
50	MISCELLANEOUS												
51-01	Maintenance of office equipment		500		1,000		1,000						2,500
52-01	Development and printing of informational bulletin		3,225										3,225
52-02	Development and printing of training materials		10,500										10,500
53	Communication		900		1,800		1,800						4,500
54	Audit				1,500		1,500						3,000
59	COMPONENT TOTAL		15,125		4,300		4,300						23,725
99	GRAND TOTAL	7.0	67,200	12.0	122,650	13.0	64,650					32.0	250,000

ANNEX IV

DESCRIPTION OF GOVERNMENT INPUT

Government contribution to this project will be in kind.

The Ministry of Health will contribute to this project by sending staff to Steering Committee meetings, for monitoring and evaluation activities and where necessary provide logistic arrangements for conducting such meetings and activities.

MoH will also provide senior staff, training materials and facilities for the training sessions conducted in the state hospitals.

SKK, as one of the participating agencies will contribute to the project in kind: by providing staff facilities and materials for the training sessions to be conducted at the SKK hospitals and health units.

Universities involved in the project will also make in kind contribution by providing meeting facilities, trainers, materials and other related input, when training sessions are taking place in training hospitals.

ANNEX V

JOB DESCRIPTIONS

Project Coordinator

S/he will have an overall program and financial management responsibility of the project, including the following:

- facilitating the coordination among the project partners; coordination of the Steering Committee, Working Group, and Expert Group meetings,
- coordinating the preparation of the training and IEC materials,
- coordinating the training sessions; making initial and monitoring visits to training institutions,
- ensuring the training institutions' quarterly progress reports received on time; incorporating liaison/advocacy activities with General Directorates of MCH/FP and Curative Services of MoH, Health Affairs General Directorate of Social Insurance Institution, Higher Education Council, as well as the related professional societies,
- keeping the Project Director informed of all the activities and consult on strategic matters, and
- preparing the financial and program reports to UNFPA and other agencies.

S/he will be recruited by HRDF and will report to the Executive Director of the HRDF.

Secretary/Accountant

S/he will assist Project Coordinator in financial and operational issues of the project activities, including the following:

- answering incoming calls and relaying accurate messages, processing mails and maintaining files,
- assistance in coordinating, scheduling and booking activities and facilities for the Steering Committee, Working Group, and Expert Group meetings, the training sessions,
- tracking budget and purchases, preparing and maintaining financial documentation as required by program and federal regulations, and
- performing other tasks as required.

S/he will be recruited by HRDF and will report to Project Coordinator and Executive Director of HRDF.