Project Title	Strengthening Cancer Screening and Palliative Care Capacity in Turkey
Cris Decision number	2011/022-985
Project no.	TR2011/0328.24
MIPD Sector Code	7. Social Development
ELARG Statistical code	28
DAC Sector code	12191
Total cost (VAT excluded)[1]	EUR 3 072 150
EU contribution	EUR 2 750 000
EU Delegation in charge/Responsible Unit	EU Delegation in Ankara
Management mode	Decentralised: The CFCU will be Implementing Agency and will be responsible for all procedural aspects of the tendering process, contracting matters and financial management, including payment of project activities. The director of the CFCU will act as Programme Authorizing Officer (PAO) of the project. Mr. Muhsin ALTUN (PAO-CFCU Director) Central Finance and Contracts Unit Tel: +90 312 295 49 00 Fax: +90 312 286 70 72 E-mail: pao@cfcu.gov.tr mailto:muhsin.altun@cfcu.gov.tr Address: Eskişehir Yolu 4.Km. 2.cad. (Halkbank Kampüsü) No:63 C-Blok 06580 Söğütözü/Ankara TURKEY
Implementing modality	Project
Project implementation type	Grant
Zone Benefiting from the action	Turkey

[1] The total project cost should be net of VAT and/or of other taxes. Should this not be the case, clearly indicate the amount of VAT and the reasons why it is considered eligible.

1. Basic information

1.1 CRIS Number: TR2011/0328.24

1.2 Title: Strengthening Cancer Screening and Palliative Care Capacity in Turkey

1.3 ELARG Statistical code: 28 – Consumer and Health Protection

1.4 Location: Turkey

Implementing arrangements:

1.5 Implementing Agency:

The CFCU will be Implementing Agency and will be responsible for all procedural aspects of the tendering process, contracting matters and financial management, including payment of project activities. The director of the CFCU will act as Programme Authorizing Officer (PAO) of the project. The contact details of CFCU Director are given below:
Mr. Muhsin ALTUN (PAO- CFCU Director)
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1.6 Beneficiary (including details of SPO) to be designated in line with the article 75 (3) of IPA Implementing Regulation

Dr. Nejat ÖZGÜL,
(Senior Program Officer) SPO
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Financing:

1.7 Overall cost (VAT excluded):[2]
3.072.150 EUR

[2] The total cost of the project should be net of VAT and/or other taxes. Should this not be the case, the amount of VAT and the reasons why it should be considered eligible should be clearly indicated (see Section 7.6)

1.8 EU contribution:
2.750.000 EUR

1.9 Final date for contracting:
2 years after the signature of the Financing Agreement

1.10 Final date for execution of contracts:
2 years after the last date of the contracting deadline

1.11 Final date for disbursements:
1 year after the end date for the execution of contracts

2. Overall Objective and Project Purpose

2.1 Overall Objective:

To reduce the prevalence of cancer in Turkey through improved prevention as well as to provide high quality palliative care to all cancer patients.

2.2 Project Purpose:

To increase the number of early detected cancers and thereby improve life expectancy rates and quality of life of cancer patients and their families, through increasing utilization rates of cancer screening services and delivery of high-qualitative palliative services at primary health care level.

2.3 Link with AP/NPAA / EP/ SAA/ Progress Report

Accession Partnership 2008 (AP):

3. Priorities

3.2. Medium-Term Priorities / Economic Criteria: "continue to improve the general level of education and health, paying particular attention to the younger generation and women."

National Programmes for the Adoption of the Acquis (NPAA)[3]

- NPAA/Chapter 28. Consumer and Health Protection
  Priority 28.2. further align with the health acquits and ensuring adequate administrative structures and enforcement capacity/2 Schedule of institutional capacity building requirements necessary for legislative approximation and implementation/
  Tables:28.2.2 "9-establishment of "national cancer institute with a view to fighting against cancer more efficiently in Turkey, in parallel with the EU practices."
- NPAA/Chapter 28. Consumer and Health Protection/Priority 28.2. further align with the health acquis and ensuring adequate administrative structures and enforcement capacity

3.Financial requirements and resources
Tables:28.2.3.5 “others- establishment of institutional database”

- NPAA/III. Economic Criteria/3. The capacity to cope with competitive pressures within the union/
  Health
  “The basic objectives of health policy are to ensure that all citizens will be taken part in economic and social life as healthy individuals and to assist them to raise their quality of life. to this end, primary health services will be strengthened and made widespread through special emphasis on mother, childcare and preventive health services.”

Chapter 28 Consumer and Health Protection Negotiation Process Remarks
European Union Common Position (17 December 2007)
In the Common Position Paper, EU takes note of measures ongoing in Turkey in the fields […]... cancer screening […] and encourages Turkey to continue achieving further progress in these areas.

Progress Report
In the 2011 Progress Report, under the Chapter 28 it is stated that There was limited progress in the field of *cancer*. The Ministry of Health has launched a public awareness campaign on cancer in women. It focuses on reproductive health cancers, such as breast, cervical, ovarian and endometrial cancers, which are the most serious and prevalent among women in the country. Screening of target groups continues, but monitoring and reporting are problematic. The national cancer institute has yet to be established. Preparations in this area are on track.

2.4 Link with MIPD
In the Turkey MIPD 2011-2013, cancer falls under the Social Development sector. The MIPD states that "The second objective is alignment to the public health acquis and ensuring adequate administrative structures and enforcement capacity to ensure effective control of communicable diseases and threats to health."

The relevant indicator concerning cancer is: “Strengthened the capacity of KETEMs to control cancer risk factors as well as cancer screening and improved palliative care services”

2.5 Link with National Development Plan (where applicable)
9th National Development Plan (2007 – 2013)
http://ekutup.dpt.gov.tr/plan/ix/9developmentplan.pdf
7. Basic Objectives: Working Fields
7.3. Improvement of Human Development and Social Solidarity

7.3.2. Activation of Health System
“National standards for service cares and staff will be developed to increase the quality of services and necessary accreditation system will be created for health units” “With the principle of prevention to overcome treatment, in allocation of the sources, the priority will be given to consumer, environmental, food health and preventable diseases with particular attention on communicable diseases, maternofetal death rates. The quantity and quality of the staff working in preventive health field will be increased; necessary infra-structure will be provided and the awareness of public for preventive

health services and healthy life styles will be gathered. A health data base in accordance with international criteria will be developed."

2.6 Link with sector strategies and national/sectoral investment plans(where applicable)

2010-2014 Strategic Plan of Ministry of Health

Department of Strategy Development has established Strategic Plan 2010-2014. This plan aims to give priority to people who have special needs due to the physical mental social or economic conditions based on human-oriented approach in health service delivery. This plan aims to decrease the incidence and the related mortality rates of non-communicable diseases. With this aim, one of the major activities of the plan is to improve and strengthen the capacity and infra-structure of KETEMs, to carry out a media awareness campaign and public education activities.

National Cancer Control Programme (NCCP) (2009-2015)

In recent years, cancer has been leading the way in becoming the most important public health problem in Turkey, as well as in the rest of the world. Cancer is the second highest cause of death in Turkey, after cardiovascular diseases. Within this framework, the Ministry cooperates with numerous national and international institutions and agencies in the fight against cancer. In this context, Ministry of Health of Turkey, Cancer Control Department has established a National Cancer Control Programme to be realized between 2009-2015. The programme includes a serial measures for cancer registry, prevention, screening, treatment and palliative care issues. The main goals of Turkey's National Cancer Control Program, prepared in cooperation with the aforementioned international organizations, can be summarized as follows:

- To reduce infection-related cancer morbidity and mortality.
- To reduce the frequency of cancers due to environmental and occupational factors.
- To establish a national organization structure for cancer.
- To establish a delivery chain structure for diagnosis, treatment and scientific research for cancer.
- To extend palliative care services throughout the country.

Palliative Care is almost absent in Turkey with a large population and a large surface area. Therefore, to create a population based palliative care network is one of the most difficult part of a National Cancer Control Programme (NCCP). For this, Cancer Control Department have developed a project within NCCP, called as Pallia-Turk. Accordingly, family physicians, their nurse and home care teams will provide the primary level palliative care services in every province of Turkey**.** In the Implementing Regulation on Family Physicians (Official Gazette No: 27591 dated 25.05.2010) these roles of family physicians and their nurses are listed in the Article 4. Also the respective roles of home care teams are listed in Implementing Regulation on Provision of Home Care Services (Official Gazette No:25751 dated 10.03.2005) and relevant Ministerial Ordinance**.** Simple symptoms, wound infections, decubitis ulcer care and pain managements will be treated at this level. More complex patients will be referred to secondary level palliative care centres that will be implemented in different cities according to NCCP. And more complex patients requiring multi-disciplinary approach will be referred to tertiary centres (centres of excellence).

3. Description of project

3.1 Background and justification:
CANCER SCREENING

A planned cancer care in health system includes the followings;

A person without any symptom should first be approached by the family physicians in order to increase his/her awareness on cancer and screenings (so called early detection). Family physician system is a recent progress in Turkey and **this project will affect the health system of Turkey with incorporation of family physicians in cancer detection. This project also targets on this call/recall system by a centralized data base programme and increased efficiency, data collection system and also quality of screening programmes.**

Treatment of cancer will be directed in oncology centres. These centres will be implemented according to the population of the provinces. Some provinces will have primary level (for chemotherapy administration), some others will have secondary level (basic treatment centres) and some other big provinces which will act as reference centres for the neighbouring regions will act as tertiary level oncology centres with the available facilities of modern cancer treatment needs.

On the other hand palliative care will be another important pillar for national cancer control programme of Turkey. Every patient will have a palliative care, starting at the time of diagnosis and continuing even after the death for the grief of his/her families. Palliative care should start at primary level with home care teams and family physicians. However, as stated above, each oncology centres (primary, secondary or tertiary) will also have an implemented palliative care unit (primary, secondary and tertiary palliative care units, respectively). Within the secondary and tertiary palliative care units that will be implemented on next ten years, all patients will therefore reach to a multidisciplinary and holistic palliative care approach during their disease. **This project, focusing on primary level physicians, will have an effect on Turkish Health System, introducing the fundamentals of palliative care in this country**.

The Department for Cancer Control (CCD) of Ministry of Health has cancer registry centres in 8 provinces. Each centre constitutes 40 or 50 registrats, the Department has close communication with these 8 provinces. Since cancer statistics of these 8 provinces are closely followed and analysed in detail by the Ministry of Health, projection analysis, cost efficiency analysis and further impact analysis can be done better in these provinces. These 8 provinces are Ankara, İzmir, Antalya, Samsun, Trabzon, Eskişehir, Bursa, Erzurum. Turkish Cancer Statistics and Registry Centres are highly qualified by recent progress in the last decade. Two centres are internationally affiliated and their data is used in internationally cited textbooks such as WHO-IARC publications. These 8 provinces are located homogenously across Turkey (north, south, east, west etc.) and represent 22% of total country population. These provinces are selected due to their well established capacity with respect to cancer registry, manpower and cancer diagnostic facilities.

The scope of the project (cancer screening)

This project is related to

- Developing a centralized data collection system,
- Improving the quality of screening services by generating a quality evaluation system,

- Training of primary level medical staff for cancer screening (family physicians, KETEM staff)
- Awareness rising on cancer screening and palliative care within public.

Data Collection

Centralized database programmes have been used in some screening programmes implemented in many EU countries. However, currently *there is not a centralized database programme* to monitor the existing situation in screening activities of KETEMs. Neither of individual KETEMs can monitor the activities of another KETEM or each other. In the current situation, the screening data is collected through hardcopy forms quarterly. And these forms are registered by the CCD manually on a spreadsheet. This retrospective monitorization is delayed for an action and for monitoring and evaluation of the situation in provinces on time. Therefore; CCD needs an on line data collection system. With this programme, individual motivation of each KETEMs is expected to increase due to availability and awareness of other KETEMs' screening data. An integrated PAX system within this centralized programme will also enhance the efficiency of KETEMs to use the manpower (pathologist, radiologist efficiently) more efficiently and also their continuing education on images. As a result; establishment of such a system would definitely increase the effectiveness of the monitoring.

For strengthening the structure in order to achieve a more successful screening; a centralized database software is very crucial. The programme will include following basic features; Each patient will be registered with respect to the citizenship number to avoid repeat testing, The programme should find the target population with existing address and call them for screening systematically, The programme should have a call-recall system so that any patient who is not screened should be re-invited few months after the first invitation, All patients should be recalled once the time for second screening roll out is reached.

Quality of Cancer Screening

Quality of screening services is not at the desired level. The CCD does not have the infrastructure to evaluate current quality of screening in KETEMs. There is no an evaluation system for cancer screening. The quality evaluation studies conducted by the MoH are not at the desired level and are only based on some arbitrary forms. Even, we do not have a sufficiently expert team able to use these forms. Therefore; CCD also needs a monitoring and evaluation team that should check the ongoing service qualities in KETEMs within the framework of the criteria defined according to the European Union Guidelines. The team will visit each KETEM and inspect the physical conditions, services, conducted trainings and human resource issues. Many different aspects will be evaluated including radiography doses, repeated mammography assessments, insufficient cytological specimens and call-recall rates, etc. For that reason this expertise level and skills need to be improved together with developed evaluation forms. This project will also aid in improving the quality of care for cancer screening at the primary level and so is projected to have an important role in our health system. *Also, on site evaluations is very important*. what happens in the local regions is under debate and needs on site evaluation. For this, a team of relevant MoH staff will be trained to create this evaluation system in accordance with the CCD needs. KETEMs with insufficient practice should be re-trained according to the report of the evaluation team and should be closely followed.

Furthermore, we need a course or training of primary level medical staff targeting the role of screening, importance of early diagnosis and screening guidelines and palliative care. This project includes trainings of family physicians and KETEM staff on cancer screening and palliative care to enhance their level of knowledge, to increase their abilities and awareness and to advance the collaboration between family physicians and KETEM staff. All trainings (either on palliative care or screening) result in the same awareness against cancer within the medical staff.

Awareness Raising

Target population for cancer screenings cannot be reached at the desired level due to low awareness levels. The awareness campaigns are held occasionally because of lack of a strategic media plan. The target population does not have information on the availability of such services and acknowledge the significance of cancer screening in the prevention of cancer. Although national campaigns were held in 2009 in order to raise awareness about KETEMs people don't have adequate information on KETEM's activities. Though the identified target groups were invited by the letters to the KETEMs, only 20-30% patients responded to the invitation. The project awareness and training activities will target on screening and palliative care. Within this frame, training will cover both the medical staff and also the public.

PALLIATIVE CARE

According to the WHO sources, palliative care is the comprehensive care of patients with advanced or terminal diseases and their families. The aims of palliative care involve improving the quality of life of the patients and promoting adjustment to illness and loss. Such care is provided by a competent multidisciplinary team, either in general, conventional or specialist services. In Turkey, there are 22.000 family physicians currently. Each Turkish citizen has one family physician that will take care of him or her. However, those family physicians are not adequately trained on basic palliative care issues. They do not have comprehensive knowledge enough to manage pain in their patients, how to deal with basic symptoms of palliative care, how to support these patients and their families psychologically/socially, how to teach them the ways to deal with mourning periods. Terminal patients are frequently admitted to the emergency departments and majority of these admissions are unnecessary. If family physicians had trained the patients and their relatives, they could have handled the upcoming fear and anxiety due to disease related symptoms and could have been avoided so frequent hospital admissions.

Information about comprehensive and integrated palliative care models are explained in the chart below. So this project is solely about primary level palliative care trainings and awareness raising in pilot 8 provinces and may create a major change in the health system, producing finally in long term a multidisciplinary, holistic palliative care for all patients in need.

Palliative care is an emerging topic in the European Union regarding cancer issue. The Commission refers to palliative care in addition to cancer prevention in the *Commission Communication COM (2009) 291.* In the Communication, it is stated that [...] to more effectively coordinate activities and actions that are taken within different policy areas by Member States and other stakeholders, with the aim of reducing the increasing and unequal

European burden of cancer, the European Commission proposes a European Partnership for Action Against Cancer for the period 2009-2013. This Partnership aims to support the Member States in their efforts to tackle cancer by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control, and by engaging relevant stakeholders across the European Union in a collective effort to address cancer. In addition *that palliative care for terminally ill cancer patients also varies in quality between Member States and can benefit from exchange of good practices.* Sharing knowledge and expertise on different models for comprehensive and integrated cancer care, and in particular the organisation of care, with the aim of developing consensus around definitions and models of care, *including chronic and palliative care.*

Turkish Ministry of Health is closely collaborating with different countries for palliative care programmes. The number of countries that have a structured nationwide palliative care is very limited across Europe. One of the best examples can be seen in UK and also in Catalan Oncology Institute (Spain) which is also a reference centre in Europe for World Health Organization and Dr. Xavier Gomez Batista from Spain is one of our close director and collaborator for the Pallia-Turk Study. Cancer Control Department is in close collaboration with European Association for Palliative Care (EAPC). The guidelines of EAPC will be translated in to Turkish Languages and some training workshops will be organized under their auspices.

The palliative care activities are conducted under the Pallia-Turk Study. (See Appendix)

Difficulties in Palliative Care

When to be considered that 10% of 71 millions of people living in Turkey is 60 years old and elder, it is obviously seen how strong a network has to be built by the Ministry to be able to cover that 7 million people. In this context, *palliative care services are the weakest part of Turkey's Cancer Control Facilities*

Turkey has now currently only one reference palliative centre. There are few numbers of developing new centres. The majority of the available centres are outpatient pain centres (See Appendix, Table 1). *And awareness of public for these centres and patient right on pain management is very low.* Majority of the patients do not know where to apply to manage their pains. There is a prejudice against using opioids (opiophobia) and fear of addiction to opioids in general public because of disinformation.

Therefore, newly established family physician system may be a good opportunity for us to achieve some awareness within public, a good coverage rate in screening and to also to achieve a population based palliative care across the whole country.

The scope of the project (palliative care)

Pallia-Turk Study of Ministry of Health has a multi-disciplinary approach and will be implemented at three levels. This project will be supporting the efforts of the Pallia-Turk Study focusing on primary level. The secondary level and tertiary levels are kept out of the scope of the project, but are planned to be implemented in the future by Ministry of Health. However, lessons learned from this project will contribute to the development of the services at the other levels.

Model Primary Level Palliative Care

In the project, with respect to the strengthening the palliative care capacity in Turkey, primary level palliative care model will be established in a pilot study by carrying out activities addressing to KETEM staff, home care teams and family physicians. The primary level palliative care trainings will be carried out in the collaboration with DG Primary Health Care and Curative Services.

Awareness Raising

Secondly, awareness and knowledge level of patients will be increased on palliative care by preparation of an awareness raising strategic media plan with the participation of stakeholders (including NGOs and international collaborators mentioned in Pallia-Turk Study) and through seminars for NGOs, municipalities and religious officials etc. Pilot application of the awareness strategy is foreseen.

3.2 Assessment of project impact, catalytic effect, sustainability and cross border impact (where applicable)

A central data base system established for monitoring screening data in KETEMs will enable related health staff to get sound and up to date cancer screening data.

Family physicians will also be provided with the necessary information and training in order to make the national cancer control program compatible with the health transformation system. Those people covered within any target group in terms of running screenings will be referred to KETEMs and in time screening programme will be accelerated to cover the whole target group.

Awareness for early diagnosis will be conducted by FPs and KETEM staff; however screening programmes will be organized by KETEM staff. With this effect, the project will be of great importance as a link between the success of Cancer Control Programme and screening activities.

As a result of cancer screenings, a substantial improvement in basic health services is expected. It will be possible to anticipate an impact on the quality of life in general by early diagnosis and screening of cancer. Life expectancy will be likely to be longer and treatment expenditure will be reduced along with less drug use.

Previous studies performed on cancer show that the expenditure of early diagnosis is remarkably less than the cost of treatment. For that reason, this Project will contribute to the budget by supporting the early diagnosis activities. Early stage disease means organ sparing (breast), fertility sparing, less radical surgery and also means avoiding unnecessary adjuvant treatments (chemotherapy and radiotherapy). These will not only decrease the costs but on the other hand, will increase the quality of life in patients. Furthermore, second phase of the project on palliative care has already been demonstrated with a Level A evidence, to decrease the cost of cancer related health expenditures, by at least one third, trough decreasing the frequent emergency unit admissions, decreasing unnecessary laboratory tests and treatments.

The project will be ended with the long-term sustainable outputs. Services that are predicted in the project will be implemented in the framework of National Cancer Control Programme. And the palliative care system to be established specific to Turkey is intended to be improved both

to cover the whole country and to be a unique model of palliative care system for neighbouring countries. The project activities will be expanded and monitored by The Ministry of Health of Turkey. The activities involved in the Project will be continued with the national budget allocation.

3.3 Results and measurable indicators:

The project will produce the following series of results leading to the strengthening the capacity of Ministry of Health in cancer screening and in improving the quality of life of patients and their families through introduction of primary level palliative care services.

Results	**Measurable Indicators**
1. Cancer screening data collection system strengthened	Comparison of screening data (data before and after the software implementation) resulting in at least 20% increase in the number of people screened per year Current number of people screened is 98.350 according to MoH data. Number of people screened will be reviewed thorough the study to be performed in the framework of 2009 SEI Programming. Comparison of acceleration rates of annually screened patients in KETEMs with software compared to KETEMs without software (At least 10% increase)
2. Quality of screening services improved.	Repeated screening tests (mammography and Smear tests) decreased by 5% by the end of 2015. Comparison of pilot study KETEMs with control KETEMs "Effective and sustainable training systems in place will be performed by MoH and the reports related to these trainings will be put forward to MoH. "Operational monitoring and evaluation system is in place and regular report will be collected monthly and discuss by MoH.
3. Model primary level palliative care system	20 % of cancer patients have access

established in 8 provinces.	to a multidisciplinary and holistic palliative care team at home by the end of 2015 (Currently baseline home care use by cancer patients is 4%).
4. Awareness and knowledge level of target population increased on cancer screening and palliative care.	20 % increase in number of KETEM users in response to the invitations baseline 12 % by the end of 2010

3.4 Activities

Result 1

1.1 Description of the needs for the planning and design of the software and to ensure link with the existing system
1.2 Development of the software
1.3 Training of KETEM staff for the use of the software
1.4 Pilot testing/revision on the basis of the feedback from end users
1.5 Instalment of the software along with a detailed user's manual

Result 2

2.1 Development of a monitoring and an evaluation system; including identification of the standards, information to be collected, design of forms etc. to be used for quality control
2.2 Pilot application of evaluation system
2.3 Revision of current curricula/modules for Cancer Screening Programme
2.4 Training of Trainers (ToT) on Cancer Screening (central core team)
2.5 Training of health staff on cancer screening including family physicians, KETEM staff
2.6 Updating and publication of training materials
2.7 Symposiums on cancer, screening, quality of cancer screening etc.

Result 3

3.1 Study visit to WHO Collaborating Centre on primary palliative care
3.2 Development of a palliative care model, including job descriptions, forms etc.
3.3 Development of a curricula and training modules on palliative care
3.4 Publication of training materials on primary level palliative care and home care
3.5 Training of health staff and care givers

Result 4

4.1 Development of (a) strategic media plan(s) focused on awareness raising for cancer screening and basic palliative care services.
4.2 Development and publication of information/education/communication materials
4.3 Seminars for awareness raising with stakeholders (eg. NGOs, municipalities, religious officials, etc. in 8 provinces)
4.4 Pilot application of media plan(s)
4.5 Impact Assessment Study in 8 pilot provinces regarding cancer awareness

3.5 Conditionality and sequencing:

Conditionality

Conducting a needs assessment study through SEI funds is a conditionality before the launch of the tender. If necessary, the project fiche will be revised and updated based on the outcome of the needs assessment Needs assessment analysis will be realized thorough the study to be performed in the framework of 2009 SEI Programming.

Sequencing

The necessary infrastructure in KETEMS will be established by the Ministry of Health before the software programme is developed. The design of the evaluation system should be in place to provide input for the design of the software.

3.6 Linked activities

First 12 Cancer Screening, Early Diagnosis and Training Centres (KETEMs) are cancer screening centres working across the whole country which were initiated as an EU Project in 1998. Currently, 122 KETEMs across the country at least one KETEM per each city in Turkey. They work for population based cancer screening and public education across the country.

The Ministry of Health of Turkey intended to strengthen the health system and increase institutional capacity in Turkey in the framework of Health Transformation Project in collaboration with International Bank for Reconstruction and Development.

Preparations of A National Cancer Control Programme are carried out with the joint efforts of Cancer Control Department and WHO. The Project will be a complementary and integrative part of the cancer control process in Turkey and secure the sustainability of previous activities accomplished during former projects mentioned before.

The number of KETEMs is raised from 12 KETEMs, which are established as an EU Project previously, to 122 KETEMs by the national budget allocations. Activities are realized with the aim of establishing new KETEMs and getting cancer screening applications performed in compliance with EU standards. Training expenditure of KETEM staff, medical devices and equipment procurement was covered by the funds of national budget as well.

- 110 more KETEMs were established up to now from 1998 in compliance with the standards defined internationally.
- Quality standards for breast, cervix and colorectal screenings were determined in conformity with EU Criteria and put into practice.
- As a turning point, population based screenings replaced opportunistic screenings. And 18% of the target population was screened in this framework.
- Workshops were held under the leadership of WHO consultants with the aim of creating a palliative care system specific to Turkey. Activities (such as small courses, international meetings or symposiums) were carried out in order to create a core group to be trained on Palliative Care.

3.7 Lessons learned

The coverage rate of cancer screening is raised to average 18% by increasing the number of KETEMs established as a MEDA project and strengthening their infrastructure. However, there is still a need to improve the capacity in order to reach the ultimate goal which is to cover 70% of target population. At the same time, it is of vital importance that screenings are needed to be monitored in an effective and multifunctional way; and also onsite control activities are needed to be carried out regularly.

Ministry of Health conducted a recent media campaign on cancer control. The campaign contributed to the raising awareness among the target population however this increase has not led to behavioural change at the desired level. The campaign showed that similar efforts should continue for creating behavioural change and the content of the campaign is required to focus on this aspect.

In addition to this point, it is displayed that a palliative care system to be established, improved and expanded throughout Turkey will be an integrative component for cancer control activities for the country

4. Indicative Budget (amounts in EUR)

					SOURCES OF FUNDING								
			TOTAL EXP.RE	TOTAL PUBLIC EXP.RE	IPA CONTRIBUTION		NATIONAL PUBLIC CONTRIBUTION					PRIVATE CONTRIBUTION	
ACTIVITIES	IB (1)	INV (1)	EUR (a)=(b)+(e)	EUR (b)=(c)+(d)	EUR (c)	% (2)	Total EUR (d)=(x)+(y)+(z)	% (2)	Central EUR (x)	Regional/ Local EUR (y)	IFIs EUR (z)	EUR (e)	% (3)
Service Contract	X	–	2 778 000	2 778 000	2 500 000		278 000		278 000	*0*	*0*	0	–
Supply		X	294 150	2 94150	250 000		44 150		44 150				
TOTAL IB			2 778 000	2 778 000	2 500 000		278 000	10	278 000				
TOTAL INV			294 150	294 150	250 000		44 150	15	44 150				
TOTAL PROJECT			3 072 150	3 072 150	2 750 000		322 150	10.5	322 150	-	-	-	-

NOTE: DO NOT MIX IB AND INV IN THE SAME ACTIVITY ROW. USE SEPARATE ROWS
Amounts net of VAT
(1) In the Activity row use "X" to identify whether IB or INV
(2) Expressed in % of the **Public** Expenditure (column (b))
(3) Expressed in % of the **Total** Expenditure (column (a))

The Turkish authorities commit themselves to provide national co-financing according to the above provisions. The NAO will verify that co-financing has been provided in line with the above provisions before submitting requests for funds and final declarations adjusting payment requests to the above ratio as necessary.

In the context of beneficiary staff participating in missions outside of Turkey paid for under a contract, the maximum amounts eligible for accommodation costs and daily allowances ("per diems") are the official rates provided for by EuropeAid for the destination country (see website for the latest rate). Provided the total cost of daily allowance and accommodation charged to the contract remains below these maximum rates, the applicable Turkish rules and regulations for per diems shall be applied when reimbursing these costs for public servants from the beneficiary institutions. Where a contract foresees the reimbursement of such expenses for Turkish public servants and other beneficiaries of IPA projects during missions inside of Turkey, the maximum costs reimbursed under the contract will be those provided for domestic missions under the applicable Turkish legislation provided that they are subject to the same ceiling for maximum rates. This provision cannot be construed and applied in contradiction with the IPA Framework Agreement and in particular the IPA Implementing Regulation.

5. Indicative Implementation Schedule (periods broken down per quarter)

Contracts	Start of Tendering	Signature of contract	Project Completion
Service Contract	2012 III Q	2013 III Q	2015 III Q
Supply Contract	2012 III Q	2013 III Q	2014 II I Q

Terms of Reference Document of the project will be prepared within the abovementioned SEI funded project.

6. Cross cutting issues (where applicable)

6.1 Equal Opportunity

The Project will apply the policy of equal opportunities for all groups. One of the objectives of the project in the field of training and employment is to guarantee equal opportunities. The principle of ensuring equal access to services for men and women will be established as one of the main criteria in the selection of beneficiaries of the project. All persons irrespective of gender enjoy equal opportunities when applying for training or work.

6.2 Environment

The project does not foresee new construction works therefore the operation will have no impact on the environment. The project will take care of environmental safety in all activities.

6.3 Minorities and vulnerable groups

According to the Turkish Constitutional System, the word minorities encompasses only groups of persons defined and recognized as such on the basis of multilateral or bilateral instruments to which Turkey is a party. This project has no negative impact on minority and vulnerable groups

6.4 Civil Society/Stakeholder involvement

Support and close collaboration between KETEM staff, NGOs-Local governors, family physicians and municipalities is a must in order to realize the project. NGOs are supposed to be supportive on palliative care services, activities for raising awareness on cancer, keeping contact with cancer patients and directing them to KETEMs, palliative care services and support them in terms of socio-economic, spiritual and psychological.

The Ministry of Health is in close collaboration with the NGOs and other stakeholders in cancer screening and palliative care activities. The Ministry has established a consultancy group in which the relevant activities are shared. This group has representatives from Turkish Society of Medical Oncology; Turkish Society of Oncologic Nursing; Turkish Society of Family Physicians. Because of the significance of the issue, the NGOs actively support the studies in the project field.

In the execution of the project activities the relevant NGOs and stakeholders will be consulted. Their contribution and participation will be ensured to the activities. The support of cancer patient advocacy NGOs will also be sought in the implementation of project.

ANNEXES

1- Log frame in Standard Format
2- Amounts contracted and Disbursed per Quarter over the full duration of Programme
3- Description of Institutional Framework

4 - Reference to laws, regulations and strategic documents:
- Reference list of relevant laws and regulations
- Reference to AP /NPAA / EP / SAA/ Progress report
- Reference to MIPD
- Reference to National Development Plan
- Reference to sector strategies and national / sector investment plans

5- Details per EU funded contract (*) where applicable:

For TA contracts: outputs expected from the contractor and indicative budget breakdown

For twinning contracts: main components and activities foreseen, indicative budget breakdown, profile of the MS project leader, resident twinning advisor and key short term experts as well as name and position of the project leader of the BC

For grants schemes: components of the scheme, eligible target group and activities (in case of direct grants, justification for selection of grant beneficiary without call for proposal)

For supply contracts: reference to feasibility study as well as indicative list of items, cost estimate, intended beneficiary, indication on how detailed technical specifications will be prepared, provisions for maintenance + section to be filled in on investment criteria (**)

For works contracts: reference to feasibility study for the construction works, identification of the site, indicative list of works to be completed and cost estimate, indication on how technical specifications will be prepared, provisions for maintenance as well as a section on investment criteria (**); account of services to be carried out for the service part of the contract

(*) non standard aspects (in case of derogation to PRAG) also to be specified

(**) section on investment criteria (applicable to all supply and works contracts**):**

- Rate of return
- Co financing
- compliance with state aids provisions
- Ownership of assets (current and after project completion)

ANNEX I: Logical framework matrix in standard format

LOGFRAME PLANNING MATRIX FOR Project Fiche **Strengthening Cancer Screening and Palliative Care Capacity in Turkey**		Programme name and number TR2011/0328.24	
		Contracting period expires 2 years after the signature of the Financing Agreement	Disbursement period expires 1 year following the end date for execution of contracts
		Total budget : **Euro** **3 072 150**	IPA budget: **Euro** **2 750 000**
Overall objective	**Objectively verifiable indicators**	**Sources of Verification**	
To reduce the prevalence of cancer in Turkey through improved prevention as well as to provide high quality palliative care to all cancer patients.	-All people living in Turkey are well aware about the importance of cancer screenings for early detection. -All cancer patients and their relatives are satisfied with palliative care provided. Reduced rate of mortality caused by cancer by 1% end of 2015.	Annual reports of MoH Follow-up Information by Cancer Control Department Health Transformation Programme Reports	
Project purpose	**Objectively verifiable indicators**	**Sources of Verification**	**Assumptions**
To increase the number of early detected cancers and thereby improve life expectancy rates and quality of life of cancer patients and their families, through increasing utilization rates of cancer screening services and delivery of high-qualitative palliative services at primary health care level.	-Cancer screening coverage rate increased by 20 percent by the end of 2015 in 8 provinces compared to the coverage rate in 2011. -70% of the target population screened for breast and cervical cancer by the end of 2015.	Annual Reports of MoH Health Transformation Programme Reports Provincial Health Directorates Red Prescription Data	

	-Model Primary level palliative care system available for the use of needy patients and their families by the end of 2015		
Results	**Objectively verifiable indicators**	**Sources of Verification**	**Assumptions**
1.Cancer screening data collection system strengthened 2.Quality of screening services improved.	- Comparison of screening data (data before and after the software implementation) resulting in at least 20% increase in the number of people screened per year Current number of people screened 98.350. Comparison of acceleration rates of annually screened patients in KETEMs with software compared to KETEMs without software (At least 10% increase) Repeated screening tests (mammography and Smear tests) decreased by 5% by the end of 2015. Comparison of pilot study KETEMs with control KETEMs Effective and sustainable training systems in place will be performed by MoH and the reports	National Cancer Control Programme Updates Expert mission reports Monitoring and evaluation team reports Training certificates Monitoring and evaluation team reports Training certificates Quality evaluation form	NGOs, municipalities and religious officials motivated for the awareness activities. Patients and their families participated to the preparation of media plan preparations.

	related to these trainings will be put forward to MoH. Operational monitoring and evaluation system is in "place and regular report will be collected monthly and discuss by MoH.		
3. Model primary level palliative care system established in 8 provinces.	-20% of cancer patients have access to a multidisciplinary and holistic palliative care team at home by the end of 2015 (Currently baseline home care use by cancer patients is 4%).	Training certificates Expert mission reports Training module	
4. Awareness and knowledge level of target population increased on cancer screening and palliative care.	20 % increase in number of KETEM users in response to the invitations baseline 12 % by the end of 2010	Media Plan Expert mission reports Activity reports of Cancer Control Department Annual reports of MoH	
Activities	**Means**	**Costs**	**Assumptions**
Result 1 1.1 Description of the needs for the planning and design of the software and to ensure link with the existing system 1.2 Development of the software 1.3 Training of KETEM staff for the use of the software 1.4 Pilot testing/revision on the basis of the feedback from end users 1.5 Instalment of the software along with a detailed user's manual	1 x Supply contract for IT software (Result 1)	250 000 EUR	

Result 2 2.1 Development of a monitoring and an evaluation system; including identification the standards, information to be collected, design of forms etc. to be used for quality control 2.2 Pilot application of evaluation system 2.3 Revision of current curricula/modules for Cancer Screening Programme 2.4 Training of Trainers (ToT) on Cancer Screening (central core team) 2.5 Training of health staff on cancer screening including family physicians, KETEM staff 2.6 Updating and publication of training materials 2.7 Symposiums on cancer, screening, quality of cancer screening etc. Result 3 3.1 Study visit to WHO Collaborating Centre on primary palliative care 3.2 Development of a palliative care model, including job descriptions, forms etc. 3.3 Development of a curricula and training modules on palliative care 3.4 Publication of training materials on primary level palliative care and home care 3.5 Training of health staff and care givers Result 4 4.1 Development of (a) strategic media plan(s) focused on awareness raising for cancer screening and basic palliative care services. 4.2 Development and publication of information/education/communication materials 4.3 Seminars for awareness raising with stakeholders (eg. NGOs, municipalities, religious officials, etc. in 8 provinces) 4.4 Pilot application of media plan(s) 4.5 Impact Assessment Study in 8 pilot provinces regarding cancer awareness	1 x Service Contract (Result 2-4)	2.500.000 EUR	

ANNEX II: amounts (in €) Contracted and disbursed by quarter for the project –

Contracted	**III/2013**	**IV/2013**	**I/2014**	**II/2014**	**III/2014**	**IV/2014**	**I/2015**	**II/2015**	**III/2015**	**IV/2015**	**I/2016**	**II/2016**	**III/2016**
Service Contract	2.500.000												
Supply contract	250000												
Contracted	**2.750.000**												
Disbursed													
Service Contract		600.000		400.000		400.000		400.000		400.000			300.000
Supply contract		**100.000**		**100.000**		**50.000**							
Cumulated	**0**	**700.000**	**700.000**	**1.200.000**	**1.200.000**	**1.650.000**	**1.650.000**	**2.050.000**	**2.050.000**	**2.450.000**	**2.450.000**	**2.450.000**	**2.750.000**

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