

Format for the Country Programme Performance Summary

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| A. Country Information | | |
| Country name: TURKEY | | |
| Category: PINK | Current programme period: 2011-2015 | Cycle of assistance: 5 |

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| B. Country Programme Outputs Achievement | | | |
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Output 1: Access to and utilization of high-quality maternal health services are increased to reduce regional disparities in maternal mortality and morbidity

| Indicators | Baseline | Target | End-line data |
|---|--|--|---|
| Difference between the lowest and highest regional percentages of physician-assisted deliveries | 32 points difference between the lowest and highest percentages according to NUTS I classification in 2008 | 3 points decrease in physician assisted deliveries in the lowest percentage according to NUTS I classification | 10.7% difference (2013 Health Statistics) |

Key Achievements :

The interventions supported by UNFPA in the field of reproductive health and rights have produced tangible results in terms of improved access and utilization of maternal health. These results are particularly visible for interventions targeted towards the seasonal migrant agricultural workers. A number of influential stakeholders and decision makers including ministries, health service providers, universities, religious leaders, envoys (employment agents for migrant workers) and land owners who hire the migrant workers, demonstrate heightened awareness and response to migrant workers' reproductive health issues through making information and services more accessible. As a result, migrant worker women have considerably increased their access to, demand for and usage of family planning and maternal health services in the locations where UNFPA supported interventions have been undertaken.

Sustainable results with the Ministry of Health include the revised National Family Planning Guideline and updated Emergency Obstetric Guidelines all in use for training and reference, and a maternal mortality monitoring system, which promote greater knowledge as to causes and prevention.

UNFPA has contributed effectively to the increased availability of maternal and sexual and reproductive health care for Syrian refugees. Work through the Ministry of Health such as in-service and Minimum Initial Service Package training has influenced the quality of care in the camps and communities. Challenges included need for greater prioritization of the reproductive health humanitarian needs by government and donors.

UNFPA has promoted sustainability in the results of its reproductive health interventions through joint planning and resource sharing, training, and using the capacities of communities, school counsellors and youth.

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

| Indicators | Baseline | Target | End-line data |
|--|---------------------------|---|---------------|
| Percentage of private health facilities providing post-abortion family planning counseling in selected provinces | Not available, presumed 0 | 40% of private hospitals and clinics in selected provinces provide post-abortion counseling | NA |

Key Achievements

The interventions supported by UNFPA in the field of reproductive health and rights have produced solid results in terms of improved access and utilization of family planning services. Sustainable achievements that contribute to reduce high risk pregnancies include the revision of the National Family Planning Guideline, updating of the Emergency Obstetrics Care guidelines, development of Minimum Initial Services Package training guidelines, and support for a maternal mortality monitoring system, which will lead to greater knowledge as to causes and prevention. Due to the Ministry of Health restructuring, the full scale effort to address abortion issues did not take place although advocacy efforts continued successfully to prevent a proposed ban on abortions.

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

| Indicators | Baseline | Target | End-line data As of end of 2014 |
|---|---|--|--|
| Sexual and reproductive health and rights outreach services tailored to the needs of special population groups are provided by 2015 | <p>Limited outreach services exist for sex workers, out-of-school youth, and people living with HIV</p> <p>Reproductive health and rights are inadequately presented in formal school curricula</p> | <p>1000 young people trained by peer educators</p> <p>Comprehensive SRH curricula endorsed by the MoNE</p> | <p>2000 young people trained on sexual reproductive health through 30 peer education sessions in 16 provinces</p> <p>High school councillor teacher training developed</p> |

Key Achievements

Interventions aiming at an “Improved access to sexual and reproductive health for vulnerable population groups” have led to significant gains for the seasonal migrant agricultural workers in realizing their reproductive health and rights and have resulted in heightened awareness for a number of influential stakeholders and decision makers including ministries, health service providers, universities, religious leaders, envoys and land owners. As a result, migrant women have considerably increased their access to, demand for and usage of family planning and maternal health services in the areas where assistance programmes have been undertaken.

UNFPA provided its humanitarian response to ensure that sexual and reproductive health rights of refugees are met; the risks of maternal and infant mortality and morbidity, HIV infection, unwanted pregnancy, sexual violence and exploitation and other reproductive health-related conditions are addressed. In designing its programme, UNFPA has employed its Minimum Initial Service Package (MISP) as a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. Interventions within the programme include: capacity building of service providers, social workers, government officials, NGOs; service provision on psychosocial support; design and dissemination of critical IEC material to refugees; and provision of humanitarian materials including hygiene kits and medical equipment to support the provision of quality reproductive health. Under its humanitarian programme UNFPA has also provided hygiene kits, ambulances, sanitary containers to camps besides the GBV and MISP trainings to public and NGO based service providers who with the Syrian population.

As a result of UNFPA youth-focused interventions (including HIV/AIDS box game, peer education and outreach programmes via partnerships with NGOs) demand has increased for information and reproductive health services among youth, particularly within the youth networks and school settings. UNFPA conducted a study indicating that gender roles and the acceptance of gender inequality and gender based violence are developed at very early ages with a high prevalence. UNFPA developed a training programme for counsellor teachers in secondary education on sexual and reproductive health.

UNFPA has also conducted a study on unmet sexual and reproductive health needs of sex workers via partnership with an LGBT-sex worker NGO and involvement of service providers and health managers. The office has also developed a peer education programme.

| Output 4: The stakeholder base is expanded to advocate better responses to gender-based violence through improved policies and protection systems | | | |
|---|---|--|---|
| Indicators | Baseline | Target | End-line data As of end of 2014 |
| Cumulative number of trainers and religious leaders trained on combating violence against women under the Presidency of Religious Affairs | 40 trainers 4,000 imams | 520 trainers 52,000 imams | 520 trainers 47,000 imams |
| Combating violence against women integrated into formal school curricula in secondary education | No VAW related information in formal school curricula | VAW curriculum in use in secondary education | Extracurricular programme on GE developed for private schools |
| Key Achievements | | | |
| <p>Overall, UNFPA interventions have contributed to improved responses to gender-based violence as well as enabling women to fully exercise their human rights. While the interventions have been effective in terms of addressing the needs of the target groups, as well as adapting and re-adapting in line with emerging needs, the extent and nature of the gender equality problems in Turkey require further dynamic, comprehensive and integrated approach in order to yield tangible results, which also necessitate constant monitoring, updating and upscaling of programme objectives and interventions. In the current programming period, UNFPA has expanded the stakeholder base for combating GBV, extending its training interventions to a variety of groups including the police forces, military, religious leaders, gendarmerie, as well as the youth. The training interventions have contributed to increasing gender sensitivity and awareness on GBV amongst service providers, and have successfully involved men and youth.</p> <p>UNFPA has also contributed to improved response to GBV on increasing the quantity and quality of women's protection services which are currently not uniform across the different geographic locations that the programmes are implemented, as well as amongst various partners. The expansion of GBV activities to a youth groups by the emphasis on prevention has opened up new potentials for advocacy and visibility.</p> <p>The programme targeting most vulnerable girls, orphans in Turkey as part of the Human Rights Protection Systems and Mechanisms programme provided training for young women and to empower them through the development of skills to start their own life. The trainings comprised of various topics ranging from stress management to career planning and interview techniques, and also includes gender and power relations, women's rights, VAW, and women's health and body perceptions. UNFPA interventions, particularly this programme has been built on effective cooperation with public, private and NGO partners. Partnership with government units and state parties have been largely effective, collaboration with NGOs as well as the private sector has been strengthened. Ownership of the interventions conducted under the GE programmatic area has significantly expanded in the current programming period.</p> | | | |
| Output 5: Local mechanisms are established by cooperating with public, private and non-governmental partners to enable women to fully exercise their human rights | | | |
| Indicators | Baseline | Target | End-line data As of end of 2014 |
| Number of provinces with monitoring and/or participatory planning mechanism for promoting women's human rights and the elimination of gender-based violence | 16% (13/81 provinces) | 31% (25/81 provinces) | 27% (22/81 provinces) |
| Number of youth NGOs, youth-related government agencies and private-sector companies that have programmes or projects with dedicated resources to promote the human rights of women | 10 (2 govt. institutions, 2 NGOs, 6 private sector companies) | 14 | 38 NGOs (through Small Grants Programme) |

Key Achievements

UNFPA has been effective in establishing local mechanisms for the promotion of gender equality, which significantly promotes collaboration and division of labour between all relevant actors at the local level, including government offices, NGOs, bureaucracy, universities and experts through its women friendly cities programme. The establishment of an Emergency Response Team in Mardin, a Women's Support Center in Adıyaman, and Equality Councils in Bursa stand as solid examples of implementation and ownership. The report on Local Gender Empowerment Index developed by on the basis of various indicators on employment/income, education, violence, health, representation, and equality mechanisms, as well as the trainings that followed for local experts was an important intervention to raise awareness on the deficiency of data at the local level.

The WFC programme has also developed the pilot project of its Community Empowerment/Neighbourhood Mobilization initiative on the basis of the needs of the particular localities concerned, obtained through the views of local community leaders. This programme has a significant gender mainstreaming and empowerment dimension, especially in terms of the Local Equality Action Plans designed on the basis of local needs and problems, as well as the small grants programme, which offers seed money to local NGOs for their ideas to improve the gender equality situation in the respective participant cities with the aim to increase the ownership of NGOs, and therefore to strengthen the sustainability of the programme.

Output 6: Data on emerging population issues are analyzed and used at central and local levels

| Indicators | Baseline | Target | End-line data* As of end of 2014 |
|---|----------|---|----------------------------------|
| Percentage of regional development agencies trained on using population data in plans and programmes. | 0 | 100% of all experts in regional development agencies trained on population and development linkages | 80% of experts trained |

Key Achievements

UNFPA has contributed both at central and local levels to the increased availability of demographic and socio-economic data, particularly on emerging population issues such as ageing and urbanisation. UNFPA, through the establishment of partnerships with the private sector and universities, has supported comprehensive research for the purpose of sectoral and vulnerable group analysis. The demographic publications supported by UNFPA, including analyses on education, labour force and health and social security have promoted effective responses on related issues country wide. UNFPA continued to be a valuable resource for development of international databases such as the Netherlands Interdisciplinary Demographic Institute Development Resource Flow Survey.

UNFPA has supported a wide range of capacity development interventions which have contributed to national stakeholders' ability to address issues related to the ICPD and MDGs goals as part of the 9th and 10th Development Plans of Turkey. Strong ownership by target groups and effective partnerships established between the UNFPA Turkey country office and various stakeholders including universities, public institutions and NGOs have promoted sustainability of results.

| C. National Progress on Strategic Plan Outcomes | Start value | Year | End value | Year | Comments |
|--|-------------|------|-----------|------|--|
| Outcome 1 Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access | | | | | |
| At least 95% of service delivery points have seven life-saving maternal/reproductive health medicines from the WHO priority list | Yes | 2011 | Yes | 2015 | According to national health and social security legislation in Turkey all of the health service delivery points at the national level have life-saving maternal/reproductive health medicines. These services are accessible and under the coverage of national health insurance system |

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| (Modern) Contraceptive prevalence rate (total) | 46.0% | (DHS 2008) | 47.4 % | (DHS 2013) | The total contraceptive prevalence rate is 73.5 per cent in Turkey, of which 26 per cent is still traditional methods. In the East the modern contraceptive prevalence rate drops to 39 per cent, approximately 20 per cent below national average |
| Proportion of demand for contraception satisfied (total) | 8% | (DHS 2008) | 6% | (DHS 2013) | |
| At least 60% of service delivery points have no stock-out of contraceptives in the last six months | N/A | 2011 | N/A | 2015 | The Ministry of Health underwent a structural reform, the LMIS for contraceptives is not yet established |
| At least 80% of live births are attended by skilled health personnel | 91% | DHS 2008) | 95% | (DHS 2013) | |
| Country has adapted and implemented protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence | Partially | 2011 | Yes | 2015 | The Ministry of Health updated its protocols for family planning services that meet minimum standards for service provision. In Turkey Family Planing services are provided nationwide by MoH. There is no discrimination or violence in service provision. However the protocols need to be further improved to reflect outreach services to vulnerable groups. |
| Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male) | N/A | 2011 | N/A | 2015 | Percentage of married women aged 15-49 who reported use of a (male)condom during intercourse %15.8 (2013) , 14.3% (2008) |
| Increased national budget for sexual and reproductive health by at least 5 per cent | No | 2011 | Yes | 2015 | During 2014, the Ministry of Health carried out a national procurement for reproductive health commodities and distributed the supplies throughout the year nationwide. Furthermore, the MoH allocated budgets to local health units for local procurement of additional family planning commodities (for emergency needs). Accordingly the budget for SRH has increased more than 5% compared to the most recent national budget |
| Number of (new int.) resolutions adopted bodies that include specific commitments on sexual and reproductive health | 0 | 2011 | 1 | 2015 | Istanbul Convention on Preventing and Combatting Gender Based Violence signed in 2011 |
| Official development assistance that is dedicated to maternal health and family planning | Yes | 2012 | Yes | 2015 | Maternal health and family planning is included in TIKA annual budgets |

Summary of National Progress

The Ministry of Health is the main provider of health care services although private healthcare has increased in Turkey in the last decade. Turkey's average public expenditure on national health is 7.6 per cent. In 2010, the Family Medicine Programme (FMP), which assigned each patient to a specific doctor, was established throughout the country. Community Health Centers (CHC), providing free-of-charge logistical support to family physicians for priority services such as vaccination campaigns, maternal and child health and family planning services, were established. Both Family Health Centers and CHC are under the supervision of Provincial Health Directorates (in 81 provinces) which are responsible for planning and provision of health services at provincial level and accountable to the MoH.

The Strategic Plan of the MoH which covers the period of 2010-2014 was reformulated according to the legislative changes made in line with the Health Transformation Programme (HTP). The new Strategic Plan covering the period of 2013-2017 embeds the new European Health Policy, Health 2020. As Turkey has a low ratio of doctors and nurses per population compared to other countries in the WHO European Region, the government attaches importance to human resources for health.

There have been significant improvements in maternal and child health indicators over the last ten years in Turkey. Success has been attained in health related MDGs (4, 5 and 6) in the last decade: the maternal mortality ratio decreased to 16 per 100,000 live births in 2013 from 28.5 per 100,000 live births in 2005, and the infant mortality rate decreased to 11.4 per 1000 live births in 2013. These achievements are partly due to the focus of the universal primary health care system on reproductive health, and which had been in place for decades, and partly due to service quality improvements through the recent Health Transition Program.

Since April 2011 approximately 2 million Syrians have entered Turkey to find safe haven. 10 per cent of refugees are residing in camps established by the Turkish Government. A Temporary Protection Regulation was issued in 2014 by the Government allowing lawful stay in the country. The regulation creates the TP Identification Document containing the foreigners' ID number and grants access to social benefits and services such as health, education and to the labour market. According to the Regulation, persons in possession of TP identification document can apply for a work permit for certain sectors, professions or geographical areas. Groups with special needs are prioritized in the procedures to be provided with psychosocial support and rehabilitation services. The best interest of the child is the primary factor to be considered in all proceedings related to child.

UNFPA's Contributions.

UNFPA has collaborated with Harran University Faculty of Medicine to build an evidence base for use of policy makers and conducted a "Needs Assessment Study on Seasonal Agricultural Workers and Their Families covering 1,000 households. The survey was published in 2012 and based on the results, in 2013, interventions to strengthen access to RHR for migrant workers were undertaken including capacity building of health service workers, local authorities and communities, development of curricula, peer education, increasing quality of health information and advocacy with the media. The RHR Programme also provided technical support during the preparation of a new National Health Strategic Plan (2013 -2017). Collaboration has been developed with Anadolu University in the area of advocacy and communication for migrant workers including use of infrastructure of the university.

UNFPA provided support in the following interventions under "Reduce high risk pregnancies": Implemented with the Ministry of Health General Directorate of Mother, Child Health and Family Planning, support for the MoH "Health Transformation" programme, including integration of the RHR in the in-service and long distance training programmes for newly assigned family physicians, strengthening development and utilization of training and quality assurance tools, updating national family planning, training and M&E guidelines and tools. Further, technical support was provided to develop the Minimum Initial Service Package (MISP), which aims to support RHR in disasters and emergencies, training guidelines and community-based RHR training materials including family planning advocacy.

Under the humanitarian programme UNFPA provided support for strategic planning and coordination, capacity building for the MISP, prevention and response to GBV and providing psychosocial support, the procurement of humanitarian kits, which provide RHR supplies, and for hygiene kits (also called 'dignity kits') for distribution to families, and monitoring and evaluation. Under Security Resolution 2165 UNFPA has also delivered several cross-border operations.

Outcome 2 Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and SRH

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|--|-----|------|-----|------|---|
| Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male) | 10% | 2011 | N/A | 2015 | National Youth Survey conducted in 2007 |
|--|-----|------|-----|------|---|

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|--|----|------|----|------|--|
| Number of countries that have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services | No | 2011 | No | 2015 | |
| <u>Summary of National Progress</u> | | | | | |
| <p>There is no specific law or policy that allows adolescent access to sexual and reproductive health services in Turkey. The general legislation on health services covers common health services for adolescents however access to SRH services by this group requires parental approval, except for emergencies. The Ministry of Youth and Sports has developed a policy paper on Youth in 2012 covering intervention areas such as Education, Family, Ethics and Humanitarian Values, Employment, Entrepreneurship and Vocational Training, Disadvantaged Young People and Social Inclusion, Health and Environment, Democratic Participation and Civic Consciousness, Culture and Art, Science and Technology.</p> | | | | | |
| <u>UNFPA's Contributions</u> | | | | | |
| <p>The national strategic action plan for youth friendly health services was updated with a vision to creating a new plan through a workshop led by the MoH. The status of RHR among high school students was promoted through development of a new tool and teacher and counsellor training. A needs assessment study was conducted in five provinces followed by development of a training curriculum and two pilot training events. Awareness raising and advocacy activities including visits to targeted areas, trainings, and dissemination of outreach materials, including an HIV/AIDS board game were conducted. For Y-PEER, a meeting was organized for focal points, monitoring was undertaken by the programme staff of the training interventions and a Youth coordination workshop organized; advocacy events were held on World AIDS Day.</p> | | | | | |
| <p>Emphasis was given to prevention of GBV through targeting young people and via collaboration with the NGO Population Association on the research on young people's perception about GBV.</p> | | | | | |

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| <i>Outcome. 3</i> Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth | | | | | |
| National action plans that integrate reproductive rights with specific targets and national public budget allocations | Yes | 2011 | Yes | 2015 | National Action Plans on Gender Equality and GBV lacking budget |
| Action on Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle | NA | 2010 | NA | 2015 | Report will be adopted in June 2015 |
| Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances | 25% | 2008 | 13% | 2013 | National GBV Surveys |

Summary of National Progress

Turkey displayed considerable progress regarding women's rights. Over the past 10 years, legal reforms that eliminate fundamental discriminatory provisions against women were adopted and certain equality mechanisms were established. Furthermore several capacity building activities have taken place with the support of international assistance. The European Convention to Prevent and Combat Violence against Women was adopted in the Turkish Parliament (2011). National Action Plans on Gender Equality and GBV were developed. The second national survey on GBV prevalence was conducted.

UNFPA's Contributions

UNFPA supported development of the National Action Plan on Gender Equality and National Action Plan on Combating VAW. UNFPA built capacity of service providers (such as law enforcement) and community leaders (such as religious clerks) on GBV prevention protection services. UNFPA supported women's NGOs in advocacy and monitoring efforts.

Implemented with the Ministry of Interior General Directorate of Local Authorities (GDLA), support was provided for an important number of interventions including: strengthening of the capacity of local governments and women's NGOs in terms of gender sensitive services, budgeting and planning; in-depth assessment study on gender equality status of selected project provinces; awareness raising interventions on Women Friendly Cities; capacity building for women's NGOs and CSOs; Women Friendly Urban Space Model; local gender mainstreaming ToTs; distribution of grants and launch of grant programmes in project cities. Furthermore, support was provided for local governments and NGOs in the implementation of Local Equality Action Plans (LEAPs).

Implemented in collaboration with Ministry of Family and Social Policies General Directorate of Child Services (GDCS) and a private sector donor, Boyner Holding, the Pomegranate Arils (PA) project supported capacity building of GDCS staff through various training programmes; establishing a mentoring mechanism for children who are raised in orphanages; monitoring the employment history of participants that have been part of the mentoring programme since 2009.

Outcome 4 Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

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|---|-----|------|-----|------|--|
| At least one census of good quality that was processed, analysed and disseminated following internationally agreed recommendations (during the last 10 years) | NA | 2011 | NA | 2015 | Turkey uses address based population registry system |
| Collected, analysed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years) | Yes | 2011 | Yes | 2015 | DHS 2008 and 2013 |
| Evaluations on strategic interventions around sexual and reproductive health and adolescent and youth | No | 2011 | Yes | 2015 | The 5th CP underwent a corporate evaluation this year and assessed the youth SRH component of the 5 year programme |
| Number of new documents of high-level global and regional intergovernmental meetings that address sexual and reproductive health, reproductive rights, gender equality, the needs of adolescents and youth, and population dynamics | 0 | 2011 | 2 | 2015 | ICPD EECA region Conference and CPD 2014 Turkish Delegation Statements |
| Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets | 0 | 2011 | 2 | 2015 | National health strategic plan (2013-2017) 10th National Development Action Plan (2014-2018) |

Summary of National Progress

In Turkey population of localities are determined by taking into account the population obtained from the Address Based Population Registration System (ABPRS), which was established in 2007 and is updated by the General Directorate of Civil Registration and Nationality (GDCRN).

Turkey has been conducting national household surveys for the estimation of reproductive health indicators and health expenditures for the community since 1968. Demographic Health Surveys have been conducted since 1993. The latest DHS was conducted in 2013. The results were announced in Dec 2014. But these surveys do not provide specific data or information on the key populations.

Turkey has developed its 10th National Action Plan covering 2014-2018. The plan includes development strategies concerning population, health, women and youth that fall under UNFPA mandate.

UNFPA's Contributions

In order to contribute to the use of demographic data at central and local levels, UNFPA has collaborated with Turkish Industry and Business Association (TUSIAD) with parallel funding from 2009 to 2012. The outputs included four publications ("An Overview of the Health System", "An Overview of the Labour Market", "An Overview of the Social Security System" and "An Overview of the Education System") in addition to the former study on "Demography and Management towards 2050". Additionally, a "Needs Assessment Study on Seasonal Agricultural Workers and Their Families" was produced with the support of Harran University. These studies were printed, published and disseminated by the end of 2012. The UNFPA/NIDI Resource Flows Survey was also continued to track financial resources for PD and RHR issues.

In 2012, technical working group meetings were held in the context of the "Demography and Management" project for labour force, health and social security reports. UNFPA preparations continued for capacity development of the public officials, particularly the Ministry of Development and Regional Development Agencies.

The PD focus was shifted to ensure enough funds to support Turkey's ICPD beyond 2014 and Post MDG 2015 processes. Focus has been on strengthened partnerships and national capacity, and enhanced dialogue on emerging PD issues. Thus, partnerships with Turkish Family Health and Planning Foundation (TAP) and Population Association were initiated to facilitate some interventions, particularly advocacy/policy dialogue on emerging PD issues. Local ICPD Seminars in three locations (Antalya, Izmir and Sanliurfa), a briefing meeting in Ankara for the national delegation to High Level Meeting, participation in High Level Meeting in Geneva and additional technical assistance to beneficiaries were implemented.

| E. Country Programme resources | | | | | | |
|---|---|-----------------------|---|-----------------------|--|---------------------|
| SP Outcome Choose only those relevant to your CP | Regular Resource (Planned and Final Expenditure) *as of March 2015 | | Others (Planned and Final Expenditure) *as of March 2015 | | Total (Planned and Final Expenditure) *as of March 2015 | |
| Maternal health | \$1,250,000 | \$289,431 | \$1,000,000 | \$4,244,869 | \$2,250,000 | \$4,534,300 |
| Gender equality | \$1,600,000 | \$1,112,347 | \$1,000,000 | \$3,003,477 | \$2,600,000 | \$4,115,824 |
| Adolescents and Youth | \$750,000 | \$992,683,19 | \$500,000 | \$94,814,93 | \$1,250,000 | \$1,087,498 |
| Population dynamics | \$400,000 | \$658,037 | \$100,000 | - | \$500,000 | \$658,037 |
| Programme coordination and assistance | \$500,000 | \$798,122 | - | \$440,867 | \$500,000 | \$1,238,989 |
| Total | \$4,500,000 | \$3,850,620.19 | \$2,600,000 | \$7,784,030.93 | \$7,100,000 | \$11,634,648 |