



Economic and Social Council

Distr.: Limited
5 November 1999

Original: English

United Nations Children's Fund

For information

Executive Board

First regular session 2000

31 January-4 February 2000

Item 8 of the provisional agenda*

Country note**

Turkey

Summary

The Executive Director presents the country note for Turkey for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Turkey, a middle-income country with an annual per capita gross national product of \$2,830, has a population of 62.3 million people. The population growth rate is around 1.5 per cent. More than one half of the population are under 25 years of age and one third are under 18 years old.

2. The overall socio-economic situation is reflected by the ratio of public expenditures on basic social services, which has declined from 28 per cent in 1992 to 19 per cent in 1996. Education expenditures increased from close to 8 per cent in 1996 to almost 9 per cent in 1998, while that of health declined slightly from 3 per cent between 1996

and 1998. The high inflation rate continued to threaten the purchasing power of the Turkish lira. The earthquake that struck the western and most prosperous regions of the country in August 1999 has also brought economic and social hardship to the people.

3. The country continues to experience significant migration from rural to urban areas and from the eastern regions to the west. About 65 per cent of the population live in urban areas (1997, State Institute of Statistics). Istanbul, Ankara, Izmir and Adana host a large number of migrants settling in urban peripheral settlements called *Gecekondu*s, which offer limited social infrastructure services. During 1990-1997, the population of major cities grew by 4 per cent annually.

4. Child- and women-related administrative and implementing structures of the Government of Turkey have been strengthened through the establishment of the Child Inter-Sectoral Board, which reviews policies and monitors

* E/ICEF/2000/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

implementation of programmes for children, and the creation of the Social Welfare Department to monitor compliance with the Convention on the Rights of the Child. Among the major reforms that will have a bearing on the situation of children and women is the Local Reform Bill, which will decentralize more power to local authorities.

5. Maternal mortality has declined from 100 per 100,000 live births in 1990 to 54 in 1998. Infant and under-five mortality have declined from 47 and 55 per 1,000 live births, respectively, in 1993 to 43 and 52, respectively, in 1998 (Turkey Demographic and Health Survey). More than 50 per cent of infant deaths occur during the perinatal and neonatal periods. The main causes of infant deaths are birth trauma, pneumonia, diarrhoea and malnutrition. Some 44 per cent of children under one year old are not registered.

6. Turkey remains the only country in Europe in which wild polio virus is still circulating. Immunization coverage for all types of vaccinations (anti-tuberculosis, combined diphtheria/pertussis/tetanus, polio, measles) has declined from 65 per cent in 1996 to nearly 46 per cent in 1998 (1999, Turkey Demographic and Health Survey). Exclusive breastfeeding has declined from almost 14 per cent to around 9 per cent for children under four months old. Anaemia is prevalent among 50 per cent of pregnant women (1998, Ministry of Health).

7. Approximately 10 million people are illiterate. The illiteracy rate among women 15 years old and above is around 26 per cent, far higher than the male illiteracy rate of 6 per cent. During the 1998/99 school year, the eight-year primary school enrolment rate is almost 88 per cent (93 per cent for boys and 82 per cent for girls). However, the proportion of children who never attended school has increased from 6 per cent in 1990 to 9 per cent in 1997.

8. The situation of children and women, while improving, shows an imbalance reflected in geographical and socio-economic disparities. Chronic malnutrition (stunting) affects 10 per cent of children 0-5 years old in the west and 30 per cent in the east. The infant mortality rate (IMR) varies from 33 per 1,000 live births in the west to 62 in the east. In the western regions, women's literacy and fertility rates are 84 and 2 per cent, respectively, and 45 and 4 per cent, respectively, in the eastern regions.

9. Problems affecting young people include the lack of a supportive family and community environment, drop out from the formal school system, abuse and neglect. Some 32 per cent of children aged 6-14 years are engaged in economic and domestic work, with 81 per cent of them in rural areas. It is estimated that 134,000 children aged 12-

18 years are in conflict with the law. Growing numbers of adolescents are at risk of HIV/AIDS and drug abuse.

Lessons learned from past cooperation

10. Advocacy activities contributed to policy changes such as eight-year compulsory primary education and the nationwide expansion of the mothers' training programme. In 1998, advocacy activities led to the adoption of legislation that made the iodization of all salt produced in Turkey compulsory. National Immunization Days launched in 1998 proved to be an effective strategy for mobilizing public support for the eradication of polio.

11. Research and programme interventions for children and youth in need of special protection, including children living and working on the street, as well as children and youth in conflict with the law, have provided opportunities to build stronger partnerships with non-governmental organizations (NGOs). These need to be continued to sustain the gains from programme experiences.

12. Area-based management strategies, decentralized planning and resource allocations to support services for children and women at the local level resulted in the improvement of social development indicators and regional disparity reduction. Now, there is a need to promote and work towards the institutionalization of these approaches for nationwide replication, including advocacy for policy development.

13. Intersectoral coordination within the Government resulted in the improved delivery of basic social services. Progress of government initiatives in health and education all point to the need to intensify efforts to shift from the strategies of concentrating on specific disease control and sectoral interventions to an integrated set of activities focusing on home, community and basic health referral service units.

Proposed country programme strategy

14. The 2001-2005 programme of cooperation aims to contribute to the development of an environment that allows children and women to fulfil their rights. This involves the integration of the provisions of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women into national and local development policies and plans, with appropriate budgeting of resources and

monitoring systems. The new programme will be built around a human rights-based approach and will aim to contribute to the achievement of unmet year 2000 goals of the World Summit for Children and implementation of the National Plan of Action for Children.

15. Programme objectives include: (a) to reduce IMR by 30 per cent and the under-five mortality rate by 50 per cent; (b) to reduce severe and moderate malnutrition among children under five years old by 50 per cent; (c) to reduce the prevalence of micronutrient deficiency malnutrition among children and women, and female illiteracy by 80 per cent; (d) to increase primary school enrolment to 100 per cent; and (e) to increase the knowledge and ability of families to provide early childhood care and development. UNICEF will continue to advocate for policy development at the national level towards implementation of the two Conventions, and will contribute to strengthening the capacity of national and local institutions and NGOs, as well as to reducing regional and gender disparities.

16. The ongoing analysis of the situation of children and women, lessons learned from past cooperation and the United Nations Common Country Assessment (CCA) identify the major challenges of the new programme of cooperation: (a) persistent disparities in terms of socio-economic, geographical and gender aspects; (b) emerging issues related to child protection from abuse and neglect, adolescent health and development, and early marriages; (c) the lack of instruments to monitor implementation of the two Conventions; and (d) emergency preparedness and social rehabilitation in the areas affected by the August 1999 earthquake.

17. The programme strategy is based on the life cycle approach and will focus on enhancing the ability of families and communities to care for and protect children and adolescents. The Government, NGOs, and bilateral and multilateral organizations are capable of expanding the "supply side" of service delivery at the national level. Therefore, UNICEF will shift its focus to the empowerment of families and communities (the "demand" side), enhancing local capacities particularly in provinces with the worst social indicators. The strategy will also focus on supporting national policy development and capacity-building activities in the areas related to the health and development of adolescents and children in need of special protection. Finally, the strategy will involve advocacy and social mobilization to build alliances for the two Conventions.

18. The programme of cooperation will comprise three major components: early childhood care (ECC); child and adolescent development and protection; and policy development and social mobilization. These components are within the CCA recommendations and the United Nations Development Assistance Framework.

19. *ECC* covers the 0- to 8-year-old age group. The programme will promote an integrated approach to the provision of care for the survival, growth and development of children and will aim to enhance the abilities of families and communities to provide better care for maternal and child health and nutrition. In collaboration with the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the Food and Agriculture Organization of the United Nations, UNICEF support will include: the integration of common messages in health, nutrition, and the psycho-social and cognitive development of very young children; the training of health, education and social workers at the community level; the training of mothers; and female functional literacy. The programme will support the development of policies and new interventions to combat malnutrition, and perinatal and neonatal mortality. Special attention will be given to preparing children to enter primary school.

20. The *child and adolescent development and protection* programme will promote a better understanding of the nature and extent of the problems of vulnerable children and adolescents at the national level. Through applied research and policy analysis, UNICEF, in cooperation with WHO, UNESCO and the International Labour Organization will support the development of national policies and capacities to deal with the emerging problems of children in need of special protection. The concept of a "child-friendly learning environment" will be promoted through learning centres for open education, enhanced community participation and parent-teacher associations. Specific interventions will be developed for children living or working on the street, working children, and children and adolescent at risk of abuse and exploitation. Peer education among young people will be promoted to prevent HIV/AIDS. The programme will also promote health and the development of girls.

21. The *policy development and social mobilization* programme will aim at disparity reduction, and better monitoring and evaluation of implementation of the two Conventions. In collaboration with the entire United Nations system in Turkey, the programme will include the development of methodologies and materials for local capacity-building, the institutionalization of area-based

approaches to planning and resource allocation for basic services for children and women, and the development of the Government's local reform agenda. The existing child information network will be strengthened to ensure continuing improvement in the database for children, monitoring and evaluation.

22. UNICEF, together with the other United Nations agencies, will support the development of the methodologies for emergency disaster preparedness, including the

institutionalization of psycho-social interventions for the population affected by the earthquake in Turkey. Special attention will be given to advocacy and social mobilization through building alliances with the media and civil society organizations.

Estimated programme budget

Estimated programme cooperation, 2001-2005^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Early childhood care	1 125	6 200	7 325
Child and adolescent development and protection	675	6 200	6 875
Policy development and social mobilization	1 575	1 550	3 125
Cross-sectoral costs	1 125	1 550	2 675
Total	4 500	15 500	20 000

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.