United Nations Children’s Fund
Executive Board
Annual session 2005
6-10 June 2005
Item 5 of the provisional agenda*

Draft country programme document**

Turkey

Summary

The Executive Director presents the draft country programme document for Turkey for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $5.045 million from regular resources, subject to the availability of funds, and $25 million in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.
** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.
Basic data
(2003 unless otherwise stated)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (millions, under 18 years)</td>
<td>25.8</td>
</tr>
<tr>
<td>U5MR (per 1,000 live births)</td>
<td>39</td>
</tr>
<tr>
<td>Underweight (% moderate and severe, 1998)</td>
<td>8</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births, 2000 adjusted)</td>
<td>70</td>
</tr>
<tr>
<td>Primary schoolchildren reaching grade 5 (%)</td>
<td>99</td>
</tr>
<tr>
<td>Use of improved drinking water sources (%)</td>
<td>93</td>
</tr>
<tr>
<td>Adult HIV prevalence rate (%)</td>
<td>..</td>
</tr>
<tr>
<td>Child work (% children 5-14 years old)</td>
<td>..</td>
</tr>
<tr>
<td>GNI per capita (US$)</td>
<td>2 790</td>
</tr>
<tr>
<td>One-year-olds immunized against DPT3 (%)</td>
<td>68</td>
</tr>
<tr>
<td>One-year-olds immunized against measles (%)</td>
<td>75</td>
</tr>
</tbody>
</table>

† More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. The main priority of the Government of Turkey in recent years has been to maintain political and economic stability and prepare for accession to the European Union (EU). In December 2004, Turkey obtained a fixed date of October 2005 for starting membership negotiations with the EU. Preparations for accession have brought about a climate conducive to political, economic, social and institutional change, and created opportunities to reduce disparities among Turkey’s young population and promote lasting change for children.

2. Despite impressive economic growth since 2002, a large proportion of the population has not yet benefited and it is estimated that 30 per cent of the population lives in poverty when the standard for EU accession countries of $4 per day is applied. Unemployment continues to be a significant problem, especially among young people. This is of growing concern as the country has 13 million adolescents who will be joining the job market in the coming years.

3. The 2003 Demographic and Health Survey (DHS) indicated significant progress towards achieving the Millennium Development Goal of reducing child mortality by two thirds. Between 1998 and 2003, the under-five mortality rate (U5MR) dropped from 52 to 37 per 1,000 live births and the infant mortality rate (IMR) from 43 to 29 per 1,000 live births. However, there are vast regional and urban/rural disparities. For example, the U5MR ranges from 30 in the west of the country to 49 in the east, with a similar urban/rural split. These gaps are reflected in total fertility rates, which are 3.6 in the east compared with 1.4 in the west.

4. The 30 per cent of the population living in poverty also suffer from the effects of social exclusion, including female illiteracy, early marriage and high fertility, limited access to services, child labour and subsistence agriculture or informal low-paid work in the cities. Such marginalized families tend to be concentrated in the south-east of the country and in shanty towns around the larger cities, attracting migrants from rural areas.
5. The DHS confirmed that a child’s chances of survival are closely related to the mother’s level of education. The IMR among children of mothers with no education or who had not completed primary school is three times higher than among children of women with a high-school or higher education. The survey also points to lower fertility rates, longer birth intervals and more access to antenatal care as being among the main factors contributing to reduced mortality. Immunization coverage rates, which increased from 46 per cent in 1998 to 68 per cent in 2003, still remain well short of the target of 95 per cent for all antigens. Regional differences exist, with 35 per cent coverage in the east and 63 per cent in the west.

6. In mid-2003, a gender review in education showed a 7-per-cent gender gap in gross enrolment rates in primary education. The gender gap in secondary school enrolment was 17 per cent. While the gender gap in primary and secondary education results from many issues, including lack of schools, poverty and gender bias, low rates of access to pre-school are mainly caused by low investment and lack of awareness of its benefits. The Government’s commitment to education is visible in increasing budgetary allocations for education, although expenditure capacity remains a challenge.

7. There are a reported 80,000 children living and/or working on the streets and approximately 18,000 living in institutions. An estimated 1.6 million children aged 6-17 years are engaged in paid and unpaid work, primarily in the agricultural sector and in households. Children in conflict with the law may wait up to 537 days for due process, against an average of 232 days for an adult.

8. Despite significant progress, the protective environment for children, especially for the most vulnerable, remains inadequate. While there is no systematic monitoring, available research and anecdotal information indicate that child abuse, neglect and deprivation of parental care are increasing. The Common Country Assessment (CCA) points to social attitudes, customary practices and low levels of education as among the main causes. Concurrently, a weak institutional response is reflected in a lack of preventive measures, policies and poor enforcement of legislation.

9. A series of legislative reform packages between 2002 and 2004 brought family law closer to the standards of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Turkey also declared a zero-tolerance policy on torture and lifted restrictions on freedom of expression. The new penal code helped address some of the concluding observations of the Committee on the Rights of the Child, such as the provision of a probation mechanism for children. The new family law built in a number of amendments for the protection of children’s rights, including raising the minimum age of marriage to 17 for both girls and boys. Children born out of wedlock have been given the same rights as those born within marriage. A revised civil code guarantees women equal rights with men, although the status of women in society is still low and perpetuated by prevailing attitudes.

10. The number of HIV/AIDS infections is currently low, standing at 1,922 to date. However, in the absence of adequate surveillance and case reporting, the actual figure is believed to be much higher, especially among vulnerable groups. Males account for 69 per cent of infections, but the gender distribution is shifting. Females account for 63 per cent of HIV-infected people aged 15-19 years. Mother-to-child transmission accounts for 2 per cent of HIV infections. The CCA reports that
Turkish youth are rarely exposed to “life skills” which are not covered in the education curriculum or addressed by parents. As a result, they are poorly equipped to cope with the challenges and risks posed by drugs and HIV/AIDS. The Ministry of National Education has recently included HIV/AIDS in the revised curricula for grades 6 to 8 in primary school.

11. Turkey is currently going through a process of major political, legal and institutional reforms. There are unprecedented opportunities for obtaining significant results for children and for accelerated progress in addressing disparities such as gender inequality and social exclusion. The Government is presently taking some positive steps to review the reservations to the three articles of the Convention on the Rights of the Child as part of an overall review of the country’s compliance with all international instruments.

**Key results and lessons learned from previous cooperation, 2001-2005**

**Key results achieved**

12. The previous programme of cooperation contributed to the striking reduction in U5MR and IMR by improving the capacities of health personnel in neonatal resuscitation in provinces with high neonatal mortality rates. A full analysis of causal factors is still pending. The expansion of the “Baby-Friendly” Hospital Initiative to reach 70 per cent of all hospital deliveries has also contributed by ensuring that babies are breastfed and protected against infection.

13. The girls’ education campaign, which is continuing through 2005, succeeded in reducing the number of out-of-school girls by approximately 15 per cent during 2003 and 2004. It also resulted in a significant increase in boys’ enrolment.

14. In the area of adolescent development, UNICEF assisted the Government in developing strategies to address adolescent health needs within existing centres. The Government plans to implement these strategies in 33 provinces.

15. The area of child protection saw an alliance of policy and decision makers inquire into gross violations of child rights. Outcomes included the drafting of child protection laws in line with the Convention on the Rights of the Child, dissemination of a report resulting from a parliamentary inquiry on children living and working on the street, and increased resources devoted to child protection.

16. A set of indicators for monitoring the quality of life of children was adopted by all 81 provinces. This has improved local-level planning and resource allocation for disadvantaged groups.

**Lessons learned**

17. The reduction of infant and child mortality over recent years confirms the findings in the *Lancet* article on child survival that consistent investment and persistence in the implementation of a mix of low-cost, high-impact interventions lower child mortality rates. The strategy focused on targeting of geographical areas and outreach services for poorer families. Decentralized approaches, tailor-made to specific local problems, give highest returns. In addition, knowledge and skills of women to handle childhood illness are crucial. The DHS clearly showed a strong
correlation between the education of the mother and the chances of a child is survival. Further analysis of DHS data is under way, the results of which may have implications not just for Turkey but for other countries.

18. A study of the girls’ education strategy underlined that a campaign approach can work well and can develop into a social movement. The campaign brought government officials into contact with the most excluded through house-to-house visits. It also brought out creative solutions and innovations, including involving children themselves to identify friends and siblings who are out of school. Strong support for the campaign came from the highest political levels and turned girls’ education into a national issue. This has resonated through all sectors of society with the help of extensive media exposure. Its appeal has mobilized not just political leaders, but also provincial and village authorities, religious leaders, non-governmental organizations (NGOs) and communities. A monthly cash stipend by the government for children from the poorest families who attend school, with a higher amount for girls, has encouraged enrolment.

The country programme, 2006-2010

Summary budget table

<table>
<thead>
<tr>
<th>Programme</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality education</td>
<td>1 000</td>
<td>5 000</td>
<td>6 000</td>
</tr>
<tr>
<td>Early childhood care and learning</td>
<td>830</td>
<td>5 000</td>
<td>5 830</td>
</tr>
<tr>
<td>Protection and participation of children and adolescents</td>
<td>1 150</td>
<td>11 500</td>
<td>12 650</td>
</tr>
<tr>
<td>Advocacy, information and social policy</td>
<td>1 030</td>
<td>3 500</td>
<td>4 530</td>
</tr>
<tr>
<td>Cross-sectoral costs</td>
<td>1 035</td>
<td>—</td>
<td>1 035</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5 045</strong></td>
<td><strong>25 000</strong></td>
<td><strong>30 045</strong></td>
</tr>
</tbody>
</table>

Preparation process

19. The country programme has emerged from the CCA and United Nations Development Assistance Framework (UNDAF) process. The prioritization retreat for Turkey’s second UNDAF, which was attended by all United Nations agencies and relevant government and civil society partners, identified areas of comparative advantage for the United Nations, including UNICEF, in support of the Government’s national development priorities and the Millennium Development Goals. The final UNDAF for 2006-2010 is in the process of being endorsed by the Ministry of Foreign Affairs and the State Planning Office.

20. The development of a country strategy paper by UNICEF and government officials in early 2005 put the focus on the key role UNICEF can play in a changing context to support the Government in addressing issues of sustainability, disparities and inequities effecting children. The preparation process reaffirmed the need to strengthen convergence among programmes, improve multisectoral coordination, strengthen local planning and further engage with civil society.
Goals, key results and strategies

21. The goal of the 2006-2010 programme of cooperation is to support the Government’s priorities of expanding services to socially excluded children, enhancing the protection of children, equipping adolescents with knowledge and skills, implementing relevant policies and legislation and increasing resources for children.

22. Through a primary focus on protection, education and early childhood, the country programme will contribute to the following main results: (a) achieve and sustain gender parity in primary-school enrolment; (b) improve completion rates and reduce drop-out rates in primary school; (c) the reduction of U5MR to under 25 per 1,000 live births; (d) establish and strengthen standards, capacities and legal measures that make institutions and individuals accountable for violations of children’s rights and foster a protective environment for children, particularly the urban and rural poor; and (e) policies, laws and monitoring systems will be adopted and enforced for better development and protection of children.

23. The following mix of strategies will be pursued: (a) strengthen national data collection and analysis to inform and provide strategic focus for policy and institutional changes; (b) capacity-building of professionals, local authorities, community leaders and civil societies; (c) strengthen local planning to identify and encourage local solutions to local problems in health and education; (d) scale up successful gender-sensitive and “child-friendly” models; and (e) alliance-building with a number of partners, including the media, to help mobilize resources for children. As Turkey remains prone to natural disasters, emergency preparedness plans and coordination mechanisms will be updated on a regular basis in consultation with relevant government institutions, civil society, United Nations agencies and donors.

24. Some aspects of the programme components and strategies will be implemented at national level and others at subnational and local levels. The programme will target districts with low human development indicators and low-income families in urban and remote rural areas.

Relationship to national priorities and the UNDAF

25. The country programme will contribute to the goals in education, health and protection of Turkey’s National Plan of Action (NPA) for children and the Eighth Five-Year Development Plan. The NPA sets goals for 2010 and 2015 in line with the Convention on the Rights of the Child and with a focus on the areas defined by A World Fit for Children.

26. The UNICEF programme will contribute to all three of the areas covered by the UNDAF: (a) strengthened individual and institutional capacity for democratic and environmental governance at local and central levels; (b) social and economic policies for poverty and disparity reduction and quality basic social services for vulnerable groups; and (c) a more protective environment for women, children and youth.

Relationship to international priorities
27. The country programme will contribute to the achievement of the Millennium Development Goals, the goals of *A World Fit for Children* and UNICEF corporate priorities, as well as the recommendations of the European Commission on Turkey’s progress towards accession. Work on gender parity in primary education will help to accelerate progress towards Millennium Development Goal 3; work in health will contribute to Goal 4; work on HIV/AIDS will contribute to Goal 6; and work in child protection will contribute to the goals of section VI of the Millennium Declaration, on protecting the vulnerable, and also support implementation of the child rights reforms. The programme will contribute to Turkey’s compliance with the Convention on the Rights of the Child and the concluding observations of the Committee on the Rights of the Child.

**Programme components**

**Quality education**

28. Good progress has been made in increasing girls’ and also boys’ access to primary school. However, despite education being compulsory, there is an enrolment gap of almost 600,000, or 6 per cent, between boys and girls in primary school. These are primarily girls from marginalized communities who do not attend school or drop out after completing grade five due to lack of transport or classrooms, poverty or traditional practices. The quality of education is uneven and there is a lack of flexible catch-up education for primary-school-aged children who have dropped out or never enrolled in school.

29. The first component of this programme will continue to sustain efforts to eliminate gender disparity in primary-school enrolment in cooperation with the Ministry of National Education, civil society, the EU and the World Bank. Increased resources for education will be mobilized from the Government and private sector for construction of classrooms. The ongoing girls’ education campaign will be sustained and expanded to secondary-school-aged girls with local authorities, NGOs, local media and communities in provinces with high gender gaps. At least 30 per cent of out-of-school children aged 10-14 years will complete a catch-up education programme with essential life skills, including for HIV prevention.

30. The second component of this programme will focus on the quality of primary education, and will use both regular and other resources to ensure that primary-school children learn in a “child-friendly” environment. “Child-friendly” criteria for schools which establish standards for active learning, reading, sanitation, parents’ and children’s participation and zero-tolerance for violence will be rolled out from the current pilot areas to at least 30 per cent of primary schools in urban areas. These have been developed with the Ministry of National Education, teachers, parents and children.

**Early childhood care and learning**

31. U5MR and IMR have declined, but regional and rural/urban disparities persist. Malnutrition continues to be a problem. Exclusive breastfeeding rates during the first six months are relatively low, at 21 per cent. A significant number of expectant mothers do not have access to pre-natal or post-natal care services. Access to effective parenting and pre-school education programmes, especially in poor rural and urban areas, remains low.
32. The first component of this programme, which utilizes regular resources, focuses on the health of the young child within the framework of the new health reforms. Partnerships with government and civil society including the private sector will inform and provide strategic focus for legislative change, resource mobilization and scaling up of successful gender-sensitive models for child survival. A key result will be to achieve and sustain 90-per-cent immunization rates among children under one year of age. In concert with the World Health Organization, a communication strategy will be developed, implemented and monitored. The capacities of services providers will be strengthened through training on the expanded programme of immunization, breastfeeding counselling, and pre-natal, neonatal and post-natal care.

33. Expectant parents in marginalized areas will be equipped with knowledge and skills through pre-natal classes. Mother support groups will be expanded with the aim of achieving an exclusive breastfeeding rate of 40 per cent for infants at six months of age. From a baseline of 70-per-cent household usage in 2003, universal salt iodization will be achieved and sustained with the goal of eliminating iodine deficiency disorders through social mobilization and legislation.

34. Using other resources primarily from the EU, the second component of this programme will concentrate on young child development and effective parenting. The programme aims to have 30 per cent of children in urban areas complete pre-school. In rural areas, a community-based pre-school system will be developed, training local women as para-teachers. In addition, 30 per cent of parents and caregivers, especially in poor urban and remote rural areas, will use positive child-rearing practices after completing the better parenting programme in local adult centres and other local facilities. At the national level, a policy on pre-school education will be put in place with associated budgetary provisions. Appropriate communication materials and tools on early childhood development (ECD) will be used by the Ministry of National Education, local media, universities and the private sector. The private sector will be a major partner in developing the communication tools.

**Protection and participation of children and adolescents**

35. Children, including adolescents, have limited access to information and life skills to protect themselves from violence, substance abuse and HIV/AIDS. An increasing number are vulnerable to abuse and neglect which go largely unreported and unaddressed. There are also increasing numbers of children living and working on the streets. The Government and Parliament recognize this as an increasing problem and have already outlined a series of recommendations for addressing the issue.

36. The first component of this programme aims to improve systems for care and protection of children. It focuses on prevention, where possible, and addresses abuse and neglect especially among children who are in contact with the law, or working and living on the streets and outside parental care. Preventive mechanisms, including family mediation and alternative models of care and protection, will be introduced. Minimum standards of care and protection for children living in institutions and foster care will be developed. The incidence of deprivation of liberty for child alleged offenders will be reduced. Children in contact with the law will have access to alternative mechanisms of dispute resolution as part of an
improved child judicial system, including provision of free legal aid. Major partners in the area of juvenile justice will include the Ministry of Justice, Turkish Bar Association, local child rights NGOs and the Council of Europe. Violence in schools, especially bullying, will be addressed through mass media and educational programmes for teachers, parents and children. The programme, with support from the EU, will also support local plans of action in at least eight cities to include measures to protect vulnerable children, including those living or working on the street, and/or at risk of HIV/AIDS.

37. The second component of the programme, primarily using other resources, will address adolescent development and participation. Data collection and analysis will be undertaken to better understand the vulnerabilities and risky behaviours, including drug and tobacco abuse and violence. With the support of UNICEF, a partnership with the Government, EU, local NGOs, the media and adolescents will be developed to address adolescent-specific policies on national life skills-based education, including HIV/AIDS and substance use. Peer education, parent counselling and adolescent referral will reach vulnerable adolescents and their parents, especially in poor urban areas.

Advocacy, information and social policy

38. Systematic data collection and analysis are needed to provide the basis for improved policies and programmes for children. Awareness of child rights among policy and decision makers, service providers, caregivers and children will enhance the effectiveness of their participation in policy discussions. In coming years, one of the main tasks will be to continue the work that has started in aligning the national child legislation with the Convention on the Rights of the Child and other international instruments.

39. The first component of the programme, social policies and child rights awareness and monitoring, using both regular and other resources, will seek to develop institutional capacities for generating and analysing data, and advocating and reporting on the rights of children and women. Findings from action-oriented research will be used to improve policy-making and bring about legislative and institutional changes. An independent child ombudsman’s office will be established. In partnership with the Ministry of Justice, a new code for child protection that consolidates all child-related legislation will be developed. Parliamentarians, the Child-Friendly Media Network and children themselves will be encouraged to monitor child rights and follow up on enforcement of the child code. A mass media campaign will be launched and civil society organizations mobilized to raise awareness of child rights issues.

40. The second programme component, social investment for children has two interrelated thrusts. The first will be work with the Parliamentary Commission on Children to strengthen the role of parliamentarians to use evidence-based information to advocate for critical issues affecting children. The second will be UNICEF work with eight municipalities to build their management capacities and develop appropriate tools to monitor plans for children and take corrective actions when needed. At provincial level, the set of ‘quality of life’ indicators, developed with the Ministry of Interior to monitor children’s minimum basic needs, will be consolidated in all provinces.
41. Based on experience gained to date, especially in the area of psychosocial support, and building on the specific role of UNICEF in emergencies, the country programme will support ongoing emergency preparedness and response planning with a focus to ensure that the Core Commitments for Children are fulfilled.

42. **Cross-sectoral costs** will cover charges related to staff performing cross-cutting functions, security, staff training and administrative support.

**Major partnerships**

43. The comparative advantage of UNICEF in Turkey has been traditionally in the areas of health and education. This provides a solid platform for the expansion and deepening of cooperation in child protection, effective parenting and monitoring of child rights. Major partners for this country programme will include children, service providers, policy and decision makers, the private sector, NGOs, media and the Turkish Committee for UNICEF. The EU will be a major partner as both a donor and a catalyst for reform in the areas of child rights. UNICEF will continue working with NGOs, particularly those with expertise in advocacy, social mobilization and monitoring and reporting on child rights issues. Children and adolescents will be integral as advocates of their own rights, sharing their knowledge and skills with their peers, and using their energies and ideas to promote change and influence policies.

44. Partnerships with the Child-Friendly Media Network will continue through the promotion of rights-based reporting. UNICEF will continue working with the private sector to improve children’s health and education. Academic institutions will be important partners for research and evaluation. The country programme will be implemented as part of and in support to the UNDAF in partnership with other United Nations agencies. Joint programming on HIV/AIDS and gender will be continued through the United Nations theme groups.

**Monitoring, evaluation and programme management**

45. The following key indicators will be used to measure interim and final results:
(a) the number of girls and boys completing eight years of primary education;
(b) girls’ school enrolment rates;
(c) the number of out-of-school children aged 10-14 years completing primary education;
(d) IMR and U5MR;
(e) rates of exclusive breastfeeding, immunization and household consumption of iodized salt;
(f) the percentage of mothers and fathers who know positive methods of discipline;
(g) trends in biannual budget expenditure in the education, health and social services sectors;
(h) the number of children in contact with the law deprived of their liberty and the proportion of children held in pre-remand for first offences;
(i) the percentage of adolescents who can name at least three behaviours to protect themselves from HIV/AIDS;
(j) the number of children living on the street; and
(k) the number of rights complaints filed and processed.

46. Monitoring and evaluation activities will be coordinated through annual and five-year integrated monitoring and evaluation plans. UNICEF and UNDAF partners will monitor the achievement of the Millennium Development Goals through DevInfo and the results areas in the UNDAF.

47. Monitoring and evaluation will be central in achieving results for children. Key evaluations will cover the “catch-up” education programme, the ECD parenting
programme and the child justice programme. A new DHS to be conducted in 2008 and the multiple indicator cluster survey to be conducted in 2006 will be used for monitoring and analysing progress and changes for children. A mid-term review of the country programme will be carried out in 2008. A monitoring system for the NPA for children will also be developed.

48. Coordination of the new programme will be the responsibility of the Child Intersectoral Board, chaired by the Ministry of Health and composed of all government ministries and agencies concerned with children.