The presence of any untreated sexually transmitted infection (STI) magnifies the risk of HIV transmission through unprotected sex. Although the incidence of STIs in Turkey is at a reasonable level and prevalence of HIV/AIDS is low, rates of prevalence for both are higher in Eastern Europe which has the fastest-growing HIV epidemic in the world. Central Asia also has a high incidence of the HIV/AIDS virus and Turkey’s position between these two regions means that the risk of an increase in the incidence of both STIs and HIV/AIDS is high.

Factors such as low awareness of the risks of HIV/AIDS infection and a general lack of understanding about the means of protection increase the vulnerability of young people and fuel intolerance towards people living with the virus. Since Turkey has a very large population of children and young people, a comprehensive programme of education on the nature of the virus and the necessity for tolerance in the face of fear needs to be developed.

THE SITUATION

- Although the exact number of children infected by AIDS is not known in Turkey, 78 cases under 18 years old were officially reported during the period 1985–2003.

- Half of the population is under the age of twenty-five and highly mobile — the demographic group most open to liberal life styles and unsafe sexual practices.

- Rural-to-urban and international migration rates for the working population are high.

- As a popular tourist destination, Turkey hosts nearly 14 million foreign visitors every year — a quarter of whom come from the Central Eastern European Commonwealth of Independent States and Baltics (CEE/CIS) region.

- The population of Turkey is vulnerable to the threat of infection owing to the high incidence of STIs and HIV/AIDS in neighbouring CEE/CIS countries.

- Problems in the surveillance system lead to difficulties in obtaining reliable figures about the number of individuals living with AIDS and AIDS-related mortalities.

- The officially reported prevalence of HIV/AIDS infection in Turkey between 1985 and 2003 is 1,712 in total.

- Few youth-friendly health care services focus on young people’s sexual health.

- Women, particularly adolescent girls, bear an increased risk of infection because they are more vulnerable to the consequences of unprotected and premature sexual relations.

- Denial, fear and the lack of consideration and awareness play a strong part in the under-reporting of HIV/AIDS cases.

- Insufficient monitoring of STI incidence in the large population of unregistered sex workers increases the potential risk of transmission amongst young people.

Information is protection!
HIV/AIDS AWARENESS

THE ACTION

- HIV/AIDS Awareness will be integrated into education for adolescents and young people as a matter of course.

- Youth Centres will be encouraged to address the issue of adolescent sexual health — especially in less developed parts of the country.

- A particular focus on the vulnerability of adolescent girls will be developed along with complementary education and training enabling them to protect themselves.

- Youth–friendly reproductive and sexual health centres will be promoted and counselling for adolescents will be improved.

- Coverage of health education in primary and high schools will be reviewed to give children sufficient background information about HIV/AIDS.

- Peer education programmes tailored to specific vulnerable groups will be promoted.

- STI and HIV/AIDS surveillance will be strengthened and data sharing between sectors on HIV/AIDS prevalence will be increased.

- Private sector health facilities will be encouraged to provide accurate case reporting on the incidence of HIV/AIDS.

THE DIFFERENCE

- Increased awareness of the risks of transmission will significantly retard the potential spread of the HIV/AIDS virus.

- Children and young people living with HIV/AIDS will still be able to enjoy their rights to education, development and protection without prejudice.

- Through training, young people will be empowered to accept responsibility for their sexual behaviour.

- Women and young girls will benefit from improved self–awareness and self–assertion.

- By confronting sexual mores at an early age, young people will be better equipped to deal with the broader range of gender issues which impinge on all aspects of life.

- The social stigma and incidence of discrimination towards people living with AIDS will be transformed to a more positive and understanding approach through training and awareness–raising.

Information is protection!

YOUR CONTRIBUTION WILL HELP US MAKE THE DIFFERENCE!

The unit cost of a training brochure is just 10¢ and each young person can be trained in HIV/AIDS awareness for as little as $20 per head. HIV/AIDS awareness activities will be intensified in the eight high risk provinces of Adana, Ankara, Antalya, İçel, İstanbul, İzmir, Samsun and Trabzon.

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IMMUNISATION +

Diphtheria, Pertussis, Tetanus, Tuberculosis, Hepatitis B, Polio and Measles are all vaccine-preventable diseases which can easily kill or disable children. Although Turkey was declared polio-free in 2002, 30 per cent of Turkish children are not fully vaccinated. There is no question that vaccination programmes need to be intensified across the entire country.

Measles is one of the most contagious and probably the most deadly of all childhood illnesses — according to the World Health Organisation, over two thirds of the 745,000 deaths caused by the disease every year are under-five-year-olds. During 2004, vaccination coverage rates for Measles will be increased from 84 per cent to 95 per cent in a drive to eliminate the disease in Turkey.

THE SITUATION

• In order to eliminate Measles — the cause of more deaths than any other vaccine-preventable disease — Turkey needs to achieve a vaccination coverage rate of 95 per cent for all children under the age of fourteen years.

• Routine immunisation coverage for Diphtheria, Pertussis, Tetanus, Tuberculosis and Hepatitis B also needs to be strengthened to reach at least 90 per cent.

• Polio-free status needs to be sustained.

• Awareness will be raised amongst all sectors providing services to children, families and communities.

• The public needs to be informed of the vital necessity for immunisation in all children.

• Frontline health personnel need to be adequately equipped and trained and the capacity of the health sector needs to be built-up.

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Better health leads to greater wealth
THE ACTION

- A primary focus will be placed on Measles as the biggest threat to child health.

- Immunisation against Measles will be provided for every child under fourteen years of age — whether or not he or she is attending school.

- 90 per cent of babies in their first year will be immunised against Polio, Measles, Tuberculosis, DPT and Hepatitis B.

- The capacity of the health sector will be built-up and reinforced through the training of health personnel.

- The role of the media will be emphasised in order to ensure accurate reports and coverage of the programme.

- Health personnel will be adequately trained and equipped to implement the vaccination strategy.

- Other primary health care interventions will be promoted.

- Other resources such as transport, training facilities and materials will be mobilised.

THE DIFFERENCE

- More children will survive.

- Healthier children will do better at school and become more productive members of the community.

- Turkey will achieve Measles-free status.

- Polio-free status will be sustained.

- Families will have the opportunity to check or confirm the overall immunisation status of their children.

- Awareness of the necessity for immunisation will be raised within families and communities thereby building demand for vaccines.

- The existing health structure and the quality of primary health care services will be improved overall.

- Partners in the immunisation drive will have the opportunity to build a relationship with the community.

- Results will be used to mobilise broader long-term support for immunisation.

YOUR CONTRIBUTION WILL HELP US MAKE THE DIFFERENCE!

Just 25¢ will cover the cost of immunising a child against Measles. The unit cost of $5.00 per head will ensure full vaccination for each child.
Although a number of positive improvements to the education system in Turkey have had the effect of increasing primary school enrolments dramatically, they have at the same time placed considerable strain on the system as the infrastructure and numbers of teaching staff fail to keep pace with the increased number of students. Prior to the jump in enrolments, many schools already lacked basic amenities conducive to the learning process. Teaching methods are also lagging behind the best international standards and practices.

Child–Friendly Schools aims to make schools more conducive to learning, ensuring the development of the child’s faculties of critical thinking, self-esteem and social skills through a set of minimum standards which would apply to all schools in the country. The participation of pupils and parents in decisions affecting the running of schools is crucial to the programme’s success. Ultimately, the quality of education in primary schools needs to be improved in order to ensure that children between six and thirteen years of age reach their full potential.

THE SITUATION

- Rapid rural-urban migration means that cities have had great difficulties providing classroom space and teachers.

- As rural populations decrease, the cost of keeping schools open has risen. By way of a partial solution, children from remote villages are bussed to schools. However, in some areas, parents prefer to keep their adolescent girls at home rather than have them share busses with boys. This leads to a high drop-out rate for girls.

- Children — especially girls — are often kept at home to work in the house or on the land. Because the parents themselves are often poorly educated, they don’t value the education of their daughters.

- Poor physical conditions and low quality of teaching at some schools lead parents to think their children are better–off at home. Although education is free, uniforms and materials must be paid for and poor parents tend to feel the economic investment is not worthwhile.

- Teacher training is also problematic. There is a shortage of teachers for the large student population and often teachers are not trained to a sufficiently high standard.
THE ACTION

- Apply the characteristics of child-friendly schools in 24 selected schools by the end of the 2003–2004 school year.

- Improve the quality of education and increase the learning achievements of students in these schools by the end of 2005.

- Improve teacher–pupil communication.

- Improve and strengthen relations between school administration, teachers and parents.

- Increase the participation of students and parents in all matters related to the school and its administration.

- Halve the drop–out rate of students.

- Continuously review and revise the project on the basis of feedback from both the implementers and beneficiaries, and also through monitoring and evaluation.

- Expand the project to 250 schools in 2004–2005 and a further 250 schools in the following academic year.

THE DIFFERENCE

- Schools will have self–improvement tools to be child friendly.

- Teachers will be better trained and more efficient.

- The quality of education will improve and schools will become more attractive for children and their parents.

- Communication between teachers and students will be improved — leading to a better atmosphere in schools.

- Participation of students and parents in the administration and running of the school will be increased.

- Learning achievements of students will be increased leading to benefits for teachers, parents and society overall.

- Relations between school administration, teachers and parents will be strengthened.

- Drop–out rates will decrease.

- Teaching standards and the standards of education in general will meet those of countries in the European Union.

YOUR CONTRIBUTION WILL HELP US MAKE THE DIFFERENCE!

The unit cost of making a school child–friendly is $15,000.

Schools they want to go to!

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Rates of infant mortality are 4.6 times higher amongst infants who are not breastfed. The World Health Organisation asserts that 1.5 million infant mortalities would be avoided globally every year through exclusive breastfeeding during the first six months. Tens of thousands of infant lives could be saved every year in Turkey where the average for babies who are exclusively breastfed during the first six months is 1.3 per cent — a fraction of the global average of 39 per cent.

However, exclusive breastfeeding during the first six months of life is not just a matter of survival — it is also the best way to ensure a child’s healthy growth and development since breastmilk is unquestionably the finest, freshest and cleanest source of nutrition for an infant. UNICEF is seeking to educate both new mothers and health workers about the benefits of exclusive breastfeeding so that ‘the best start in life’ becomes the norm for Turkish infants.

THE SITUATION

- Rates of exclusive breastfeeding are dropping all over Turkey — only 1.3 per cent of all newborns are exclusively breastfed for the first six months.
- Many new mothers are encouraged by elders, or are forced by work commitments, to wean their newborns at the earliest opportunity.
- The misconception that formula foods are just as good as breastmilk is common.
- Of the 63,000 children under the age of five who die from preventable diseases every year, 50,000 are under one year old.
- Pneumonia, the risk of which is reduced by breastfeeding, is the second biggest cause of under–five mortalities.
- Severe diarrhoea, the risk of which is also reduced by breastfeeding, is the seventh biggest cause of under–five mortalities.
- 16 per cent of all children under the age of five in Turkey suffer from malnutrition.
- The Baby–friendly Hospitals Initiative (BFHI) has been implemented in 62 provinces — a total of 205 Baby–friendly hospitals and eight Baby–friendly provinces. The main aim of the BFHI is to ensure that every mother receives quality advice and support on breastfeeding from hospital staff.
THE BEST START IN LIFE

THE ACTION

- Health workers and prospective mothers will be given breastfeeding counselling and information about the vital nutrient content of breastmilk for newborns.
- The number of baby-friendly hospitals will be increased to include all hospitals with an annual birth rate of 1,000 or over.
- Health workers as well as new and expectant mothers will be trained about the importance of breastfeeding.
- A pilot project has already begun in the provinces of Diyarbakir and Istanbul which account for 16.5 per cent of Turkey’s annual birth rate of 1.5 million newborns.
- Thousands of new mothers in Diyarbakir and Istanbul will be reached with help and advice through the formation of Mothers’ Support Groups.

THE DIFFERENCE

- More children will survive.
- Breastfed babies will have a higher resistance to disease since their immune systems will be bolstered by antibodies in their mother’s breastmilk.
- Breastfed babies will enjoy higher levels of cognitive development.
- Breastfeeding mothers will benefit from reduced risk of breast and ovarian cancers.
- All hospitals with an annual birth rate of over 1,000 will have qualified for baby-friendly status.
- Thousands of babies and their mothers will have support on the techniques and practice of breastfeeding after leaving hospital.

YOUR CONTRIBUTION WILL HELP US MAKE THE DIFFERENCE!

For the unit cost of $1.20 per newborn baby, UNICEF can produce enough information brochures, help to train health staff and establish Mothers’ Support Groups to ensure that every child in Turkey gets the best start in life.

Only mother’s milk during the first 6 months

For every child
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The early years of infancy are a time of immense opportunity for growth and development — they are also the riskiest. The child’s every need for good health, nutrition, growth and cognitive development must be met and effective childcare practices are crucially important in order to ensure survival in both the immediate and long terms. A healthy child is equipped for school, ready to establish emotional bonds with others — prepared for a positive adolescence and a productive adulthood. Effective childcare for every child is the best way to close income, gender and other welfare gaps, ensuring that human development and national economies flourish.

Since the parents are the child’s first and most important teachers, the Family and Child Training Programme (FACT) focuses on the family, reflecting this approach to the child by including disparate features of Early Childcare such as exclusive breastfeeding, nutrition, immunisation, stimulation and education into one programme.

THE SITUATION

- Infant, child and maternal mortality rates are unacceptably high.
- One in eight girls is out of school.
- 30 per cent of children under one year old are not fully immunised against preventable killer diseases and 16 per cent of under five–year–olds are malnourished.
- Preschool attendance is 15 per cent.
- 27 per cent of under–fives have not been registered at birth.
- Approximately 6,000,000 mothers between the ages of fourteen and forty–four are illiterate.
- Gaps occur in services and work is often duplicated owing to poor inter–sectoral communication.

The child within the family
THE ACTION

- Three million parents will be empowered with knowledge on better care practices for their children, ensuring their survival, development and protection.

- Fifty thousand ‘most-at-risk’ families will be given support and encouragement through home visits and group meetings to improve their childcare practices.

- A nationwide initiative in the promotion of good childcare practices will be stimulated.

- Support for an inter-sectoral approach in the provision of childcare services will be provided.

THE DIFFERENCE

- Infant and Under-five Mortality Rates will be decreased.

- Immunisation rates will be increased.

- Levels of malnutrition will be reduced.

- The physical, social, emotional and cognitive development of children will be advanced.

- Families will benefit from an increased understanding of the development and education of infants.

- The rate of birth registration will be increased.

- An inter-sectoral approach to the provision of childcare services will be developed.

- Parents’ childcare practices will be improved.

- Communities and families will be more sensitive to good childcare practices.

YOUR CONTRIBUTION WILL HELP US MAKE THE DIFFERENCE!

Just 10¢ will cover the cost of training a family in good childcare practices.

For every child
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ADVANCE HUMANITY
In many parts of Turkey children continue to be kept from school, and this is especially true for girls. Although the population is divided equally between the sexes there is, by tradition, a divide of gender inequality in both public and private family life. Cultural and patriarchal family structures tend to prioritise the needs of men and boys over girls and women — even amongst women and girls themselves. Economic hardship also means that many parents view survival as the main priority and the harsh necessity of scraping a living forces many to coopt their children as additional labour resources in order to augment income.

Because there is an enrolment gap of 600,000 between boys and girls, Turkey is one of twenty-five countries which UNICEF has selected for extra attention in a drive to accelerate progress towards the goal of gender parity in basic education.

**THE SITUATION**

- The primary obstacle to girls’ education in some provinces is a shortage of schools and classroom space.

- Many children have long distances to travel — in the ten worst provinces, 57,000 go to school by bus everyday, just over 15,500 of whom are girls and attendance figures drop during winter as heavy snows close the roads.

- Another 52,000 children who live far from school need to board and parents find it hard to send children away to school. The poor physical state of many existing schools, particularly the lack of toilets and running water, also put families off enrolling their children.

- Many families do not view girls education as being very important. Early marriage is more of a priority and many are kept at home to help with household chores.

- Although a third of teachers are women, most are assigned to the cities and towns and the absence of female role models in villages means that there is little to stir the aspirations of girls.

- Families who want to educate their children find that opportunities for secondary level education are relatively scarce — even the compulsory eight years primary education is problematic since many village schools only teach up to the fifth grade and the enforced drop-out of students beyond fifth grade adds to ‘out of school’ statistics.

**Time for action, time for school!**
THE ACTION

- Gender equality in primary school enrolment will be achieved by the end of 2005 through the provision of quality basic education for all girls in fifty-three provinces where the schooling rate of girls is lowest.

- More schools will be provided to meet demand.

- Awareness of the importance of girls’ education will be raised at central, provincial and community levels.

- All sectors will be mobilised to promote and ensure girls education.

THE DIFFERENCE

- Gender disparity in primary education will be eliminated in fifty-three provinces.

- The number of children who are ‘out of school’ will be reduced.

- Fewer children will be required to travel long distances or to board.

- The focus on girls’ education will make the issue a medium for social change.

- Girls and women in traditional communities will be more empowered by the change in attitudes to their education.

- Educated girls will be healthier, marry later and have fewer but healthier children.

- Child labour will be reduced since more girls will be at school.

Time for action, time for school!

YOUR CONTRIBUTION WILL HELP US MAKE THE DIFFERENCE!

A village school can be renovated for $5,000. A further $25,000 will fund social mobilisation for a province in the task of getting girls into school.
STREET CHILDREN

Although most street children are not orphans, their family links are often the reason they are on the street, working to supplement the household income or running away — trying hard to break those links. All the same, these children are ‘orphans’ of the street in that they are estranged from the society in the midst of which they scrape a living — they are often prone to drug abuse and delinquency. Within the framework of the UN Convention on the Rights of the Child these children are described as children in need of special protection measures.

The largest ever global generation of children will be born this decade and, this year alone, 1.5 million of those newborns will be Turkish children. A certain number of those children will be born into unworkable home situations where poverty and overcrowding, physical or mental abuse might be the cause. At any rate, in their efforts to adapt, many of them will add to the rapidly growing number of children living and working on the streets of Turkish cities.

THE SITUATION

- Numbers of children living and/or working on the streets of Turkish cities has visibly increased in recent years.
- Many children who live at home are forced by their parents to work on the streets in order to supplement household income.
- Some who come from abusive families seek refuge on the streets.
- Unable to apply themselves to study or even to attend school, many of these children have dropped out of the educational system and grow up with little hope of gaining appropriate training or certification for a skilled job.
- While on the streets, many of these children are subject to maltreatment, physical and/or sexual abuse, disease, malnutrition and substance abuse.

We are not a danger, we are in danger!

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY
STREET CHILDREN

THE ACTION

- Provide a safe environment for street children and equip them with the skills to help them re-integrate into society.

- Advocate for provision of safe and supportive environments for children with different needs such as sexually abused children, those using volatile substances, children working on the streets, runaways and abandoned children for example.

- Support measures which will address the root cause of children living or working on the street.

- Develop partnerships with Government agencies and the private and public sectors in order to mobilise resources and meet the educational and training needs of street children.

- Organise and support training workshops for concerned personnel such as the police, the gendarmerie, social workers, psychologists and so forth.

THE DIFFERENCE

- Numbers of children living and working on the street will be reduced through the provision of safe, sheltered environments.

- Incidence of drop-outs from the school system will be reduced.

- Incidence of child labour will be reduced.

- Incidence of child crime and crimes involving children will be decreased.

- Incidence of physical and sexual exploitation of children will decrease.

- Incidence of disease — sexually transmitted or otherwise — will be reduced.

- Street children will be provided with basic education, socialisation and vocational training to help them re-integrate.

- Since the development of a long term solution to the problem of street children ultimately lies with the State, such a solution will have a profoundly positive, wide-ranging effect on society as a whole.

YOUR CONTRIBUTION WILL HELP US MAKE THE DIFFERENCE!

Concerned personnel can be trained at the unit cost of $2 per head; $75 per month will support vocational training and reintegration of a child.

For every child
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We are not a danger, we are in danger!
UNICEF has committed its resources globally to create *A World Fit for Children* by working in the five priority areas of girl’s education, early childhood development, immunisation ‘plus’, fighting HIV/AIDS and protecting children from violence, exploitation, abuse and discrimination. We believe that gains for children in these five areas will contribute significantly to the full realisation of children’s rights. UNICEF and our partners in Turkey are working together to ensure that our projects and services benefit children in every aspect of their lives.

Our programmes are structured as follows:

**EARLY CHILDHOOD CARE AND DEVELOPMENT**

Focusing on children under eight years of age, their parents and families, this programme offers the best possible start in life for a child as a foundation for ensuring all other rights. The immediate benefits are child survival, healthy growth and development and less illness and disease. The mid-term benefits are improved cognitive, linguistic, emotional and social skills, readiness for school and better self-esteem.

**EDUCATION**

With a special emphasis on girls’ education, this programme is designed to ensure that every girl and boy completes a quality primary school education. Educated girls are in a better position to develop to their full potential and as adults, they are better able to oversee the well-being of their children.

Through ‘Child-Friendly Schools’ the quality of education in primary schools will be improved throughout Turkey in order to ensure that children reach their full potential.

**PROTECTION**

Children and young people are more vulnerable to being hurt, neglected, abused and exploited than adults. This being the case, protection is a universal imperative and the right of every child.

**COMMUNICATION FOR SOCIAL AND RESOURCE MOBILISATION**

In the community, there is a role for all of us to ensure the implementation of children's rights. It is vitally important that we mobilise public support for the goals and objectives we share with our partners in order to promote and improve implementation of those programmes and policies which will make a difference for children.
• Equip adolescents with the knowledge of how to protect themselves from HIV/AIDS;
• Significantly minimise the ratio of children in need of special protection;
• Ensure that Turkey’s legislation is fully compliant with CRC/CEDAW;
• Respond to the needs of children and women during and after emergencies.

WE NEED YOUR HELP

We depend not only upon the cooperation and support of Governments, non–governmental organisations and UNICEF National Committees worldwide but also on individuals and private organisations (see the Thank You … page).

You can make a tax–free donation to the Turkish National Committee for UNICEF offices in Istanbul or Ankara (see folder) or by electronic transfer at www.unicef.org/turkey.

With 1.5 million babies born each year in Turkey, the need to ensure that basic health, welfare and education services are maintained for this and future generations of children has never been more pressing.

SOME OF OUR SUCCESSES SO FAR:

• A committed drive to ensure gender parity in primary education by 2005;
• A dramatic fall in Infant and Maternal Mortality Rates;
• Child labour reduced by 50 per cent;
• Polio–free certification in 2002;

ACTION FOR THE FUTURE

The challenge remains not merely to sustain the current rate of progress but to ensure the best for children at all stages of their development. By 2005 UNICEF Turkey aims to:

• Improve the quality of education and ensure that enrolment rates for girls in primary school are on a par with rates of enrolment for boys;
• Reduce the Infant Mortality Rate from 42.7 per thousand to 20 per thousand live births;
• Reduce the Maternal Mortality Rate by 50 per cent;
• Increase rates of exclusive breastfeeding;
• Eliminate Iodine Deficiency Disorders;
• Expand the Early Childhood Development Programme to reach 3 million families;

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UNICEF Turkey would like to take this opportunity to thank all of the donors who have helped us make a difference in the past. We will make sure that your contributions count towards preserving, protecting and enhancing the lives of Turkish children. Special thanks are due to the following for their support:

**INTERNATIONAL**
- The Centers for Disease Control and Prevention, USA;
- The Canadian UNICEF Committee;
- Le Comité Français pour l’UNICEF;
- The European Economic Community;
- The Hellenic National Committee for UNICEF;
- The Hong Kong Committee for UNICEF;
- The Italian Committee for UNICEF;
- The Japan Committee for UNICEF;
- The Netherlands Committee for UNICEF;
- The Spanish Committee for UNICEF;
- The Swiss Committee for UNICEF;
- The United Kingdom Committee for UNICEF;
- The Turkish National Committee for UNICEF;
- The United States Fund for UNICEF;

**IN TURKEY**
- Professor Dr İhsan Doğramacı
- Gülten Dayıoğlu
- Merkez ATV Television Production
- Coca-Cola Turkey
- Turkuaz The Coca–Cola Company’s Water Brand
- İbrahim Etem Ulagay AŞ

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