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15th National Report on the implementation of
the European Social Charter

and

1st National Report on the implementation of
the European Social Charter (revised)

submitted by

THE GOVERNMENT OF TURKEY

Articles 11,12,13 & 14

for the period between

January 1, 2003 to July 31, 2007 (1961 Charter)

and

August 1, 2007 to December 31, 2007 (Revised Charter)

Articles 3,23 & 30

for the period between

August 1, 2007 to December 31, 2007 (Revised Charter)

Report registered by the Secretariat on 25 March 2009

CYCLE 2009

EUROPEAN SOCIAL CHARTER

15th National Report on the Implementation of
The European Social Charter

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**THE GOVERNMENT OF
THE REPUBLIC OF TURKEY**

For the period between
August 1, 2007 to December 31, 2007
(Revised Charter)
on Articles 3,23 & 30

For the period between
January 1, 2003 to July 31, 2007
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Article 3 THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organizations:

1. to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimizing the causes of hazards inherent in the working environment;
2. to issue safety and health regulations;
3. to provide for the enforcement of such regulations by measures of supervision;
4. to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

Appendix to Article 3§4

It is understood that for the purposes of this provision the functions, organization and conditions of operation of these services shall be determined by national laws or regulations, collective agreements or other means appropriate to national conditions.

Article 3§1

- 1) **Please describe the national policy on occupational health and safety and the consultation with employers' and workers' organizations in formulating this policy. Please specify the nature of, reasons for and extent of any reforms.**

In the field of occupational health and safety, Turkey has legislative, practical and institutional knowledge accumulated over the past 150 years.

The Ministry of Labour and Social Security (MoLSS) in cooperation with related ministries and representatives of workforce play the key role in improving occupational health and safety in the Country.

Governments attach great importance to ensure the better working and living conditions for the workers and categories of people. Establishment of the Directorate General for Occupational Health and Safety (OHS) and strengthening the administrative capacity of the related departments with new recruitments and training programmes also clearly indicate the commitment and willingness of the Government in the area of OHS.

Besides the DGOHS, the Ministry has two more organizations carrying out OHS related activities:

* **Labour Inspection Board (LIB)**; performs all kinds of labour inspection activities related to OHS and identifies the measures to be taken to ensure OHS based on inspection reports and relevant statistical data.

* **CASGEM**; organizes training courses and seminars on occupational health and safety

The Duties of the General Directorate for OHS

- To adapt and ensure the implementation of legislation in the field of OHS,
- To determine the national policies and prepare programmes,
- To ensure co-operation and co-ordination with national and international organisations and institutions,
- To provide necessary recommendations in order to ensure efficient inspection and monitor its results,
- To carry out standard studies, prepare and develop norms, carry out activities such as; measurement, evaluation, technical control, training, counselling, expertise, etc. And evaluate and authorize institutions that carry out such activities,
- Authorize persons and institutions that will manufacture personal protective equipment, to determine the compatibility of the equipment to be imported, to the standards and to define the methods and principles on this subject,
- To plan, program and ensure the implementation of study and research activities on occupational health and safety and prevention of occupational accidents and diseases,
- To carry out publishing and documentation studies in its field of activity and to organize statistics
- To carry out necessary activities and to ensure the protection of all workers, including those who are having occupational training, those who are rehabilitated, special risk groups and public servants, and to ensure that the necessary measures are taken,
- To organise, manage and inspect the studies of Occupational Health and Safety Center and Regional Laboratories of it (İSGÜM),
- To carry out similar tasks assigned by the Minister.

Duties of LIB

- To secure the enforcement of the legal provisions relating to conditions of work
- To prepare national labor inspection legislation
- To collect, evaluate and assess statistics about work life
- To fulfil other duties given by the Minister

Structure of LIB

In 10 regional group of labour inspectorate centers:

326 Social Labour Inspector

277 Technical Labour Inspectors

603 Total Inspectors

An inspector per 1 410 workplaces,

An inspector per 10 250 workers.

Activities of LIB

Number of total inspections in 2005 : 62 369

Number of employees reached in 2005: 1 703 756

Activities of CASGEM

- Trainings of OHS Professionals

Trainings of OHS professionals (Occupational physicians, nurses and occupational safety expert) is provided by ÇASGEM (Labour and Social Security Training and Research Center) of the MoLSS.

After these trainings,

- 1317 occupational safety expertise certificates
- 174 occupational physician certificates
- 141 occupational nursing certificates

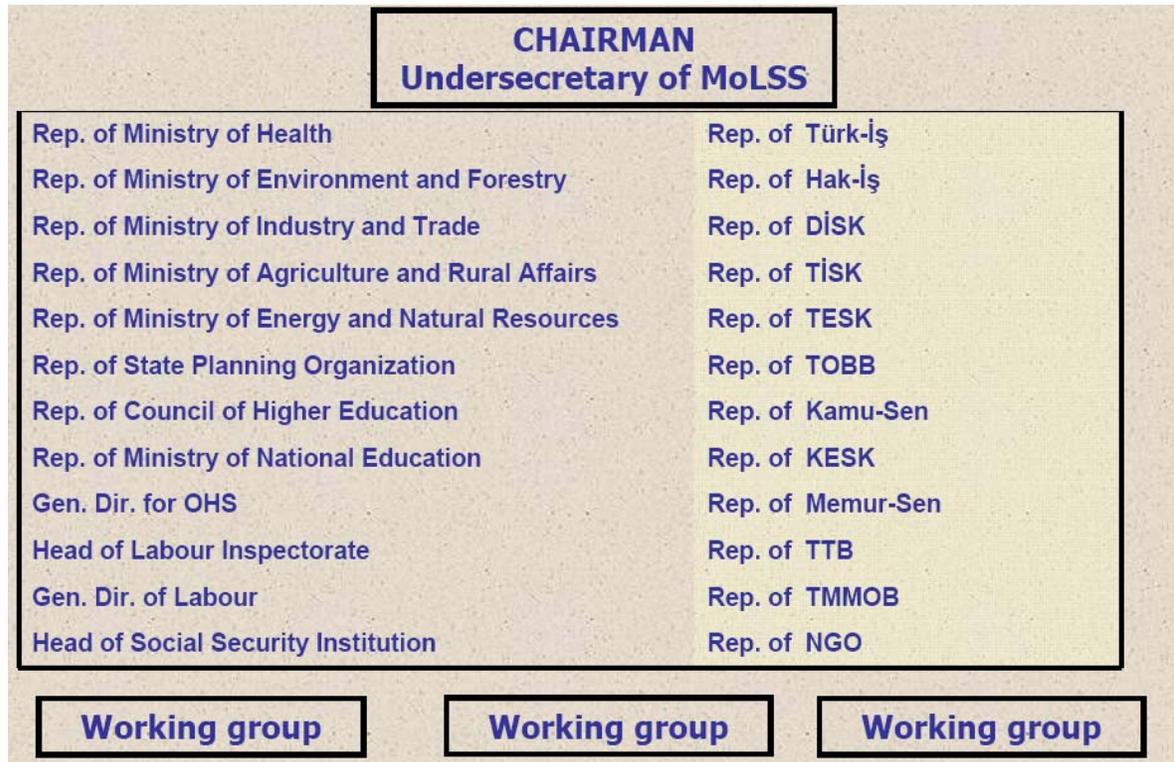
were given.

- **Publications** : Various books and booklets have been published about OHS by public and private institutions and social partners.

Traditionally, governments in Turkey prefer working with the social partners in the areas relating to labour. Occupational health and safety is one of the areas that social partners and other stake holders take part in every kind of activities. The latest development in this area is the establishment of the National Occupational Health and Safety Council in 2005 as an advisory body and as a platform for social dialogue relating to OHS. It is consisted of the representatives of the governmental institutions and stakeholders in an equal footing.

- National Occupational Health and Safety Council

- The National Occupational Health and Safety Council (NOHSC) established by a Ministerial Decree.
- The First NOHSC Meeting was held on 6th of May 2005. Council takes advisory decisions.



National OHS Goals 2006-2008

- To draw up a new law on OHS,
- To cover all workers by the OHS Law,
- To avoid limitations for OHS services in workplaces,
- The obligation to establish shared OHS services,
- Reduction of the number of occupational accidents by 20 %.
- Improvement of the system of diagnosis of the occupational diseases.
- Increasing the technical support services on OHS given by public institutions by 20%.

LEGAL BASES OF OCCUPATIONAL HEALTH AND SAFETY (OHS)

In order to provide a widespread health service, general health insurance may be introduced by law.

- Constitution
- Code Of Obligations
- Law On Protection Of Public Health
- Social Insurance Law
- Labour Law

Constitution (Article 56)

- Everyone has the right to live in a healthy, balanced environment.
- It is the duty of the state and citizens to improve the natural environment, and to prevent environmental pollution.
- To ensure that everyone leads their lives in conditions of physical and mental health.
- The state shall fulfil this task by utilizing and supervising the health and social assistance institutions, both in the public and private sectors.
- In order to establish widespread health services general health insurance may be introduced by law.

Code Of Obligations (Article 332)

The employers are obliged to

- take all necessary measures against hazards which workers may be exposed
- provide healthy and suitable working places
- provide healthy accommodation if the worker resides in workplace
- if the employer fails to comply with the provisions set above and this causes death of the worker, the dependents of worker have the right to apply for compensation for the damages.

Law On Protection Of Public Health (Article 179-180)

- Some articles of this law provides protection of health of young and child workers.
- The employer has to recruit an occupational physician for surveillance of the health of the workers in the workplaces, where more than 50 employees are employed.

Social Insurance Law

- Definition of occupational accident
- Definition of occupational disease
- Compensatory obligation of employer

Labour Law (Article 77)

Obligations of Employers and Workers

Employers are obliged to;

- take all measures
- make all equipment available
- check and inspect the measures
- inform and train the workers
- notify the occupational diseases and accidents

Workers are obliged to;

- comply with such measures taken for OHS

Labour Law (Article 78)

Statutes and By-Laws

The Ministry of Labour and Social Security (MoLSS) issues statutes and by-laws, after obtaining the opinion of the Ministry of Health;

- to ensure measures to be taken for OHS in enterprises
- to prevent occupational accidents and diseases that may be caused by machinery, installations, equipment and materials used
- to arrange the working conditions of the persons who should be protected because of their age, sex and special conditions

Labour Law (Article 79)

Suspension and/or Closure of Enterprises

In case any matter is determined in the;

- facilities and assemblies,
- working methods and procedures,
- machinery and equipment of an enterprise which may endanger the life of workers, operation of the enterprise is fully or partially suspended, or the enterprise is closed, depending on the nature of danger.

Labour Law (Article 80)

OHS Committee

For enterprises;

- in industrial sector,
- permanently employing at least fifty persons,
- where works are performed continuously for longer than six months, each employer is obliged to establish a committee on OHS.

Labour Law (Article 81)

Workplace physician

Those employers who permanently employ at least fifty persons are obliged to;

- employ one or more workplace physician(s)
- establish a workplace health care unit depending on the number of employees and the degree of danger of the work performed
- ensure good health condition of the workers

- take OHS measures, as well as to provide first aid, emergency therapy and protective health care services, in addition to the health care services provided by Social Insurance Organization.

Labour Law (Article 82)

Engineers or technical personnel in charge of labour safety

For enterprises;

- in industrial sector,
- permanently employing at least fifty persons,
- where works are performed continuously for longer than six months, employers are obliged to employ one or more engineer(s) or technical personnel.

Labour Law (Article 83)

Rights of workers

The worker who faces with;

- close, urgent and vital hazard at the workplace in respect of OHS
- that may disturb his/her health or endanger his/her body integrity,
- may apply to the committee on OHS to fix the situation and take decision to take necessary measures.

In case the committee allows the worker's request, the worker may avoid from working until necessary OHS measures are taken.

Labour Act (Article 85)

Heavy and dangerous works

It is forbidden to make young workers and children, who did not complete the age of sixteen, work in heavy and dangerous works.

Labour Law (Article 86)

Report for heavy and dangerous works

The workers to be employed in heavy and dangerous works are subjected to health examination;

- at the time of recruitment
- and thereafter at least once a year

Labour Law (Article 87)

Report for workers under age of eighteen

It is obligatory to have child and young workers between the ages of fourteen and eighteen (including eighteen) examined;

- at the time of recruitment
- and thereafter at least every six months

Labour Law (Article 88)

By-Law on pregnant or breast-feeding women

- The positions in which and the periods during which it is prohibited to make pregnant or breast-feeding women work,
 - The requirements and procedures to which such women should comply with in positions in which they are allowed to work,
 - The conditions under which breast feeding rooms or day nurseries should be established,
- are regulated by by-law.

Labour Law (Article 91)

State authority

The state monitors, controls and inspects the implementation of legislation on work life. This task is carried out by labour inspectors in required number and having required qualifications who are authorized to inspect and control reporting to the MoLSS.

By-law on Occupational Health and Safety (OG : 09.12.2003 / 25311)

Obligations of Employer

- Avoiding risks,
- Evaluating the risks,
- Combating the risks at the source,
- Adapting the work to the individual,
- Adapting to technical progress,
- Replacing the dangerous by the non-dangerous or the less dangerous,
- Developing an overall prevention policy,
- Giving priority to collective protective measures,
- Giving appropriate instructions to the workers.

Employer has the sole responsibility for OHS at the workplace.

Obligations of Employees

- It shall be the responsibility of each worker to take care as far as possible of his own safety and health,
- Make correct use of the personal protective equipment supplied to them
- Obey the instructions of employer
- Immediately inform the employer any situation that within reason can be considered representing a serious and immediate danger,
- Cooperate with the employer in OHS subjects

Obligations of workers doesn't eliminate the obligations of employer.

Miscellaneous Provisions

Risk assessment

Employer shall;

- Carry out an assessment of risks at the workplace
- Based on the results of the risk assessment decide the protective equipment to be used.
- Prepare reports on risk assessment
- The employer shall be alert to the need to adjust these measures to take account of changing circumstances and aim to improve existing situations.

Record Keeping (Occupational Accident)

Employers ;

- Keep a list of occupational accidents that result in a worker being unfit for work for more than three working days.
- Prepare reports on occupational accidents suffered by his/her workers.

Informing the Workers

Employer shall inform the workers about;

- Safety and health risks, protective and preventive measures and activities in the workplace,
- People hired in the workplace,
- Employer shall take appropriate measures so that employers of workers from any outside establishment engaged in work in his establishment receive adequate information.

Consultation and participation of workers

- The employer on issues related to health and safety, consult the workers or their representatives, give them the right to make proposals and will ensure their balanced participation in discussions of such issues.

- Workers' representatives have the right to make proposals during the inspections of competent authorities.

Training of workers

- The employer shall ensure that each worker receives adequate safety and health training, in particular in the form of information and instructions specific to his job,
- The training shall be adapted to take account of new or changed risks and if necessary repeated periodically,
- The trainings may not be at workers' or their representatives' expense and the time spent in training shall be counted as working time.

Protective and preventive services

- The employer shall designate one or more workers to carry out activities related to the protection and prevention of occupational risks for the establishment,
- Designated workers may not be placed at any disadvantage because of their activities related to the protection and prevention of occupational risks,
- The employer shall enlist competent external services or persons.
- Designated people must have enough occupational skill, information and quality,
- Also external services or persons must have the same qualifications.

First-aid, fire-fighting, and evacuation of workers, serious and imminent danger

The employer shall:

- Take the necessary measures for first-aid, fire-fighting and evacuation of workers
- Arrange any necessary contacts with external services, particularly as regards to first-aid, emergency medical care, rescue work and fire-fighting
- The employer, for first-aid, fire-fighting and evacuation of the workplace, shall assign enough people who are trained on this subject have the appropriate equipment.

Health surveillance

- The employer is responsible for providing workers health surveillance
- Depending on the nature of the work, as the work continues, health surveillance shall be done periodically.

Statistical Data for Occupational accidents reported to the Ministry shall include;

- Gender, age, working time of worker
- Education level of the worker, his/her job during the accident and whether it is his/her own duty or not
- Condition of worker after the accident (injury, physical loss, death)
- Short story and damage level of the accident

Statistical Data for Occupational diseases announcements to the Ministry shall include;

- Gender, age, health of worker,
- Exposure value of the worker (physical, chemical, biological)
- Duration of exposure
- Did the worker have therapy, if yes, its duration
- Working time in the work place where diagnosed as an occupational disease

There is also an occupational diseases list in our legislation.

Occupational Health and Safety Week 4-10 May

Since 1987, the MoLSS has been organizing “Occupational Health and Safety Week” on 4-10 May.

4th International Occupational Health and Safety Regional Conference was held between 15-17 November 2005 in Ankara, theme was : Safety Culture

- Social Dialogue
- OHS Training
- Development of Diagnosis Systems for Occupational Diseases

Regional Conferences and Seminars were held in 10 cities in 2005 “Safety Culture” Seminars

- Malatya
- Samsun
- Konya
- Kayseri
- Kocaeli
- İstanbul
- Ankara
- Bursa
- İzmir
- Adana
- Gaziantep

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the national policy in consultation with employers’ and workers’ organizations.

The employer shall take the measures necessary for the safety and health protection of workers, including prevention of occupational risks and provision of information and training, as well as provision of the necessary organization and means. The employer

shall be alert to the need to adjust these measures by taking into account the changing circumstances with the aim of improving existing situations.

The employer shall comply with the following principles in taking measures to protect health and safety:

- Avoiding risks,
- Evaluating the risks which cannot be avoided,
- Combating the risks at the source,
- Adapting the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work rate and to reducing their effect on health,
- Adapting to technical progress,
- Replacing the dangerous with the non-dangerous or the less dangerous,
- Developing an overall prevention policy which covers technology, organization of work, working conditions, social relationships, and the influence of factors related to the working environment,
- Giving priority to collective protective measures over individual protective measures,
- Giving appropriate instructions to the workers.

Employer has the overall responsibility for health and safety at the workplace. Workers' obligations are set out in the related legislation as below;

“Workers shall comply with the following provisions with respect to health and safety at the workplace:

a) It shall be the responsibility of each worker to take care as far as possible of his own safety and health and that of other persons affected by his acts or commissions at work, in accordance with his training and the instructions given by his employer.

b) Workers must in particular, in accordance with their training and the instructions given by their employer:

- 1) Make correct use of machinery, apparatus, tools, dangerous substances, transport equipment and other means of production,
- 2) Make correct use of the personal protective equipment supplied to them and, after use, return it to its proper place,
- 3) Refrain from disconnecting, changing or removing arbitrarily safety devices fitted to machinery, apparatus, tools, plant and buildings, and use such safety devices correctly,
- 4) Immediately inform the employer or health and safety workers' representative, of any situation that can be considered representing a serious and immediate danger to safety and health, and of any shortcomings in the protection arrangements,

- 5) Cooperate with the employer and safety and health workers' representative, for the requirements to protect health and safety, imposed by the competent authority that is authorized to inspect, to be carried out at the workplace.
- 6) Cooperate, in the application of the legislation, with the employer and health and safety workers' representative, to enable the employer to ensure that the working environment and working conditions are safe and pose no risk to safety and health within their field of activity."

The employer, taking into account the nature of the activities at the workplace, shall evaluate the risks to the safety and health of the workers, from the point of view of the choice of work equipment, the chemical substances or preparations used, and the fitting-out of workplaces. Subsequent to this evaluation, the preventive measures and the working and production methods implemented by the employer must assure an improvement in the level of protection afforded to workers with regard to health and safety, and be integrated in all the activities of the undertaking and at all hierarchical levels. Employers of all workplaces are obliged to prove with written documents that they do the risk assessment.

In the relevant legislation, it is stated that the employer shall be alert to the need to adjust these measures by taking into account the changing circumstances with the aim of improving existing situations. This statement provides a continuous approach.

The By-law includes following provisions in relation with information, consultation and training of workers;

Informing the Workers

For effective implementation of occupational health and safety services at the workplace, giving information to the workers is a must. With this purpose:

a) The employer, according to the size of the establishment, will make sure that the workers and their representatives receive the necessary information concerning:

* The safety and health risks and protective and preventive measures and activities in respect of both the establishment in general and each type of workstation and job.

* According to Article 8 section (b) of the By-law, is obliged to give the necessary information regarding the people hired, to the workers and their representatives.

b) The employer shall take appropriate measures so that employers of workers from any outside establishment engaged in work in his establishment receive adequate information concerning the points referred to in section (a), which is to be relayed to the workers in question.

c) The employer shall make sure that, the workers with specific functions in protecting the safety and health of workers or workers' representatives have access to the following, to carry on their duties effectively:

- * The risk assessment and protective measures referred to in sub-sections (1) and (2) of section (a) of Article 9 of this By-law,
- * The accident lists and reports referred to in sub-sections (3) and (4) of section (a) of Article 9 of this By-law,
- * The information yielded by protective and preventive measures, control activities related to health and safety, and inspection agencies and bodies responsible for safety and health.

Training of workers

For ensuring health and safety at the workplace:

a) The employer shall ensure that each worker receives adequate safety and health training, in particular in the form of information and instructions specific to his job. Such training shall be provided in particular:

- * Upon recruitment, before starting the job,
- * In the event of a transfer or a change of job,
- * In the event of a change in the work equipment or getting new equipment,
- * In the event of the introduction of any new technology.

The training shall be adapted to take account of new or changed risks and if necessary repeated periodically.

b) The employer shall ensure that workers from outside establishments engaged in work in his establishment have in fact received appropriate instructions regarding health and safety risks during their activities in his establishment.

c) Workers' representatives who have specific responsibilities for health and safety shall be provided special training.

d) The training mentioned in sections (a) and (c) may not be at workers' or their representatives' expense and the time spent in training shall be counted as time worked.

It has the following statements as regards the designation of workers responsible for the protection and preventive related activities and as regards the external services;

a) Without prejudice to the obligations referred to in related articles, the employer shall designate one or more workers to carry out activities related to the protection and prevention of occupational risks for the establishment.

b) Designated workers may not be placed at any disadvantage because of their activities related to the protection and prevention of occupational risks. Designated workers shall be allowed adequate time to enable them to fulfill their obligations arising from this By-law.

c) If such protective and preventive measures cannot be organized for lack of competent personnel in the establishment, the employer shall enlist competent external services or persons.

There is certification system for the occupational medicines, occupational safety engineers and occupational nurses. There are committees to decide the curriculum and means of training for each certification programme consisted of the interested parties including the employers, employees, higher education council, chambers of engineers etc.

The regulation contains the following articles as regards the first aid, fire fighting and evacuation;

a) The employer shall:

* Take the necessary measures for first-aid, fire-fighting and evacuation of workers, adapted to the nature of the activities and the size of the establishment and taking into account the other persons present.

* Arrange any necessary contacts with external services, particularly as regards to first-aid, emergency medical care, rescue work and fire-fighting

b) The employer, for first-aid, fire-fighting and evacuation of the workplace referred to in section (a), taking into account the size of the establishment and the specific dangers, shall assign people who are trained on this subject have the appropriate equipment, and be in sufficient numbers.

c) The employer shall:

* As soon as possible inform all workers who are or may be exposed to serious and imminent danger of the risk involved and of the steps taken or to be taken as regards to protection.

* Take action and instructions to enable workers in the event of serious, imminent and unavoidable danger to stop work and immediately leave the workplace and proceed to a place of safety.

* Under the working conditions where the serious and imminent danger is continuing, except the persons that are specially assigned, it shall be refrained from asking workers to resume work in a working situation where there is still a serious and imminent danger.

d) Workers who, in the event of serious, imminent and unavoidable danger, leave their workstations and/or a dangerous area may not be placed at any disadvantage because of their action and must be protected against any harm.

e) The employer shall ensure that all workers are able to take the appropriate steps in the light of their knowledge and with the technical means at their disposal, in the event of serious and imminent danger to their own and/or that of other persons, and where the immediate superior cannot be contacted, to avoid the consequences of such danger. Their actions shall not place them at any disadvantage, unless they acted carelessly or there was negligence on their part.

According to the Article 14 of the implementing regulation employer is responsible of giving workers health surveillance appropriate to the health and safety risks they are exposed to at work:

a) A health report certifying that the condition of health of the worker is appropriate to the work to be performed, shall be obtained when a worker is recruited,

b) Depending on the nature of the work, as the work continues, health surveillance shall be done periodically.

Employers are obliged to report every occupational accident to the Ministry and to the Social Security Institution. Occupational accident reporting to the Ministry shall include at least the following;

- Gender, age, working time of injured worker
- Education level of the worker, his/her job during the accident and whether it is his/her own duty or not
- Condition of worker after the accident (injury, physical loss, death)
- Short story and damage level of the accident

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Occupational Accidents and Diseases Statistics for 2004

- Workplaces in Turkey – 850 928
- Workers – 6 181 251
- 98.1% of workplaces and 58% of workers belong to SMEs.
- Occupational accidents – 83 830
- Occupational diseases - 384
- Fatal Occupational Accidents and Diseases – 843

Article 3§2

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

It was already mentioned above.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework in consultation with employers' and workers' organizations.

Consultation and participation of workers

The employer is obliged to implement the following provisions to ensure the consultation and participation of the workers on issues related to health and safety:

a) The employer on issues related to health and safety, consult the workers or their representatives, give them the right to make proposals, and will ensure their balanced participation in discussions of such issues.

b) Workers or workers' representatives with specific responsibility for the safety and health of workers shall take part in a balanced way, or shall be consulted in advance by the employer with regard to:

- * Any measure which may substantially affect safety and health,
- * The designation of workers referred to in Articles 7 section (a) and 8 section (b) and the activities referred to in Article 7 section (a) of this Bylaw,
- * The issues referred to in Article 9 section (a) and Article 10 of this Bylaw,
- * The enlistment of the competent services or persons outside the establishment as referred to in Article 7 section (c),
- * The planning and organization of the training referred to in Article 12 of this By-law.

c) Workers' representatives with specific responsibility for the safety and health of workers shall have the right to ask the employer to take appropriate measures and to submit proposals to him/her to that end to mitigate hazards for workers and to remove sources of danger.

d) Workers or workers' representatives with specific responsibilities for occupational health and safety may not be placed at a disadvantage because of their respective activities.

e) Employers must allow workers' representatives with specific responsibility for the safety and health of workers, adequate time off work without loss of pay, and provide them with the necessary means to exercise their functions mentioned in this By-law.

f) Workers or their representatives are entitled to appeal to the Ministry, if they consider that the measures taken and the means employed by the employer for the occupational health and safety are inadequate.

Workers' representatives must have the right to express their opinions during inspection visits by the competent authority.

The Labour Law was revised to prohibit workers without the relevant vocational training qualifications from being employed in heavy and risky work. The implementing regulation on health and safety measures on risks related to chemical agents was amended and came into force in March 2008. The Labour Inspection Board started harmonizing its inspection practices and further improved its capacity.

Further efforts to implement the legislation are needed including through awareness-raising, training and strengthening the capacity of the inspection bodies. Preparations in this field have started.

Tripartite social dialogue meetings were more frequent in the reporting period, the draft legislation aimed at bringing the currently applicable Trade Union and Collective Bargaining, Strike and Lockout Laws into line with ILO and EU standards.

Article 3§3

- 1) Please describe the enforcement of safety and health regulations. Please specify the nature of, reasons for and extent of any reforms.**

Labour Inspection Board

The inspection of compliance with the legislation about work-life is the duty of the Ministry of Labour and Social Security according to the Law on the "Structure and Duties of Ministry of Labour and Social Security" No: 3146.

According to the Social Security Organization Law, this duty is given to the Labour Inspection Board. In addition, Article 91 of the Labour Law reveals this task as follows: "The State shall monitor, control and inspect application of legislation related to the labour life. This task shall be performed by labour inspectors of the Ministry of Labour and Social Security, in sufficient numbers and with required qualifications and who are authorized to control and inspect."

Labour Inspection Board's main working areas are working environment, working conditions and individual work contracts. Moreover, the Board deals with collective work contracts. The Labour Inspection Board, besides inspecting practices in workplaces according to the legal provisions, investigates workers complaints. Law No. 3008 which was enacted in 1936 provides that the State has a duty of monitoring, controlling and inspecting the work life, aiming to set peace in national labour life. Labour inspection service was established with this Law.

The Labour Inspection Central Group was founded in 05.01.1978 by the Ministry of Labour according to the Ordinance of Labour Inspectors and the organizational structure was changed to the present scheme according to the Regulation of Labour Inspection published in Official Gazette in 28.08.1979.

In Article 41 and Provisional Article 1 of Law No 4947 (Social Security Law) which was adopted in 2003, appointment procedure of labour inspectors subjected to approval at three level and they were attached directly to the Minister.

Inspection of work life is internationally based on the ILO Convention No 81 (11.07.1947) about Inspection in Industry and Trade. The convention was ratified by Turkey with the Law No 5690 on 13.12.1950. Labour Inspection Board is the unique inspection board based on an international convention approved by the Parliament.

At national level, labour inspection system is based on; the Constitution, Laws of Labour (Labour Law, Maritime Labour Law, Press Labour Law, Trade Unions Law, Law on Collective Agreements, Strike and Lock-out), Structure and Duties of the Ministry of Labour and Social Security and Labour Inspection Regulation.

It also has duties and competencies stemming from some related laws. Structure of the Labour Inspectorate the Labour Inspection Board consists of the Head of the Board, 3 Deputies, Chief Labour Inspectors, Labour Inspectors, Assistant Labour Inspectors, Section Managers and support staff.

The Head of the Board is appointed among the Labour Inspectors who have at least 10 years of professional experience in labour inspection. The Labour Inspection Board is located in Ankara. The Board is a central inspection organization and Labour Inspection Groups are formed in order to carry out the inspection services in a peaceful, efficient and active way at 10 administrative provinces (Ankara, İstanbul, İzmir, Adana, Malatya, Bursa, Erzurum, Samsun, Antalya, Zonguldak) where trade and industry are intense.

The Board is located in Ankara, and it has 7 regional offices in the industrialized provinces. (Ankara, Istanbul, İzmir, Adana, Bursa, Trabzon, Diyarbakır)

In Article 13 of the Law on the “Structure and Duties of Ministry of Labour and Social Security” No: 3146, Labour Inspection Board is placed among the consulting and inspection units.

In Article 15 of the Law No 3146, which replaced Article 19 of the Law on the “Structure of Social Security Council” No. 4947, it is stated that Labour Inspection Board carries out the following duties on behalf of the Minister of Labour and Social Security:

a) Carrying out planned or occasional inspections and taking measures,

- b) Monitoring and investigating practices in workplaces according to international conventions,
- c) Monitoring compliance with the legislation on working conditions,
- d) Conducting works related to the preparation and improvement of national labour inspection legislation, also according to the inspection results preparing a “General Evaluation Report” which states problems, applicability of the legislation and measures to be taken by relevant institutions,
- e) Collecting, evaluating and assessing statistics,

The function of Turkish Labour Inspection Board includes the supervision of both labour relations and health and safety issues.

The duties and powers of inspectors are as follows:

- A) To examine production methods, working conditions and labour relations at workplaces
- B) To question employers, workers and related persons and to record their testimonies with their signature in the workplace or outside the workplace depending on the situation.
- C) To examine, to summarize and to copy if necessary the documents, the records, the reports, the books, the periodic control charts of machineries, etc.,
- D) To take the documents crucial for the results of investigation. Those documents should be either impossible to examine at the workplace or if left at the workplace, some possible changes on them might influence the course of the investigation. Those documents are taken in return for an official document signed by the inspector, and are given back to the employer after the necessary examinations are carried out.
- E) To check whether the working conditions in workplaces are hazardous to workers’ health, to examine the machineries, and the raw and processed materials, to determine if they comply with the relevant legislation.
- F) If inspectors detect an infringement which is related to age, sex and health conditions of the workers, inspectors must;

1- Prevent those workers from continuing to work.

2- Stop the machines, installations and work at parts that are hazardous to the workers’ health and safety in a way that will affect the production at a minimum level; if possible, to displace the hazard source and to ensure that the hazardous materials which are banned by legislation are taken away from the workplace. To take the measures stated above until the provisions of ‘regulation about the closure of the workplace and termination of production’ is applied.

G) To enter freely and without prior notice at any hour of the day or night any into the workplace subject to inspection, and if the workplace is closed, to make it opened if there is no legal obstruction.

Labour Inspectors have power to impose sanctions on persons who does not comply with the legislation.

There are 603 inspectors, 326 of which are responsible for the inspection of administrative and social aspects (labour relations), and 277 are responsible for inspections on occupational health and safety (technical inspections). Moreover, the process is initiated for the appointment of further 100 assistant labour inspectors.

According to the Labour Law, there is no distinction between private and public sector. Labour Inspection Board performs inspections for all enterprises falling within the scope of the Law. Therefore public workers are also covered. Labour Inspectors have different technical and social occupational expertise. Technical Labour Inspectors (occupational health and safety inspectors) are chosen from graduates from engineering and medicine disciplines. Technical Labour Inspectors inspect the compliance with the legislation on occupational health and safety. Administrative and Social Labour Inspectors are chosen among graduates from social science disciplines. Social Labour Inspectors are responsible for inspecting the compliance with the legislation regarding the work-life. Labour Inspector post is subject to an entry examination. Those who become successful in the examination are appointed to vacant assistant labour inspector posts.

Assistant labour inspectors gain experience through special education programmes and accompanying senior inspectors for 3 years. Assistant labour inspectors do not have alone the authority for inspection. However, those who have good records during the first two years might be given the authority for inspection by the Minister if their senior companions, the head of the group and the head of the Board declare positive opinion.

Moreover, prior to the competency examination each Assistant Labour Inspector must prepare a thesis on a special subject related to the labour inspection. The assistant labour inspectors successful at the competency examination are appointed to labour inspector posts.

In order to take that examination, assistant labour inspectors:

- should have worked for 3 years,
- should have good records during the years of assistance, and,
- should be given the positive opinion of the Board.

Labour Inspection Board organizes regular training seminars, which are specially arranged according to the changes in the legislation and technology.

Social Insurance Inspection Board

In addition to Labour Inspection Board, Social Insurance Inspection Board also carries out occupational disease and work accident inspections. Main duties of Insurance Inspection Board are;

- To widen social security scheme coverage,

- To inform employee and employer for their social security rights and obligations(Includes occupational disease and work accident),
- To prevent social security frauds,
- To detect or investigate work accidents, occupational diseases and the other insurance cases,
- To collect related information and to examine related persons and record their testimony.

Social Insurance Inspectors are chosen among graduates of social science disciplines such as Finance, Public Administration, Law, Economics, Labour Economics and Industrial Relations. The examination and training methodology are more or less the same with the those of the Labour Inspectors. According to the Labour Law; enterprises with definite capacities must supply professional services from occupational safety experts, physicians, nurses and health officials. It is obligatory for them to be certificated by the competent authority. These certificates are given by the Ministry to the experts who succeeded the final examination after an education period. Trainers are mainly labour inspectors and experts from universities and other competent institutions.

Ministry of Labour and Social Security initiated certification course programmes in 2004 for occupational health and safety experts. This is a continuous process and the number of certificated experts will be increased to respond to the requirements of enterprises. Occupational health and safety experts will provide professional service to the workplaces and contribute to set up prevention systems in the workplaces.

- 2) Please provide pertinent figures, statistics (for example Eurostat data) or any other relevant information on the number of accidents at work, including fatal accidents, in absolute figures as well as in terms of standardized accident rates per 100,000 workers; on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections; and on the number of breaches to health and safety regulations and the nature and type of sanctions imposed.**

Statistical data of the Ministry of Labour and Social Security for 2005;

- Number of enterprises: 850.928
- Number of workers: 6.181.251
- Number of total inspections in 2005: 62.369
- Number of employees reached in 2005: 1.703.756
- An inspector per 1410 workplaces,
- An inspector per 10250 workers.
- According to the size and risk factor of the workplace inspection periods are decided.

Generally risk workplaces are inspected once a year. Notice: Further and detailed statistical data is available in the “2005 – General Report of Labour Inspection which is yearly sent to ILO”

Statistics about Social Insurance Inspectors for 2005:

- Total number of social insurance inspectors: 360
- The number of works (or cases) per social insurance inspector: 80
- The number of insured person per social insurance inspector: 20.500
- The number of workplaces per social insurance inspector: 2.400
- The number of controlled workplace: 28.055
- The number of controlled Occupational Disease and Work Accidents: 5.247

Inspections on Occupational Health and Safety between the dates 01.01.2007-31.12.2007 and number of workers reached.

General Inspection	: 10.625	Men	: 925.547
Control Inspection	: 1.231	Women	: 157.358
Enterprise Documents	: 6.082	Child	: 97
Establishment Permits	: 1.196		
Work Accidents	: 6.782	Total	: 1.083.002
Occupational Diseases	: 138		
Complaints	: 551		
Others	: 895	Apprentices	: 2.182
Total	: 27.500		

Numbers, reasons and results of Work Accidents between the dates 01.01.2007-31.12.2007

Number of Work Accidents	:	6.782
Men	:	6.647
Women	:	246
Total	:	6.893

Reasons of the Work Accidents

Fall	:	1.285
Falling Material	:	923
Electrocution	:	338
Machinery	:	2.614
Chemicals	:	103
Cave In	:	56
Poison and Suffocation	:	49
Dynamite Explosions	:	110
Others	:	1.304
Total	:	6.683

Results of Accidents

Death	:	1.084
Injured	:	3.686
Loss of Organ	:	1.463
Others	:	660
Total	:	6.683

Number of workplaces which received establishment permits and enterprise documents as a result of inspections on Occupational Health and Safety between the dates 01.01.2007-30.11.2007:

Workplaces which received establishment permits	:	1.183
Workplaces which received enterprise documents	:	2.907
Workplaces which were granted extension	:	8.305
Workplaces which received perpetual notification	:	7.014
Workplaces requested for closing/stopping activity	:	23
Number of Inspections	:	2.099

Number of inspections carried out according to the H.D.W.D. (Hard and Dangerous Work Directive) and F.E.M.R. (Flammable and Explosive Material Regulation) between the dates 01.01.2007-31.12.2007:

Workplaces which are in the scope of H.D.W.D	:	22.906
Workplaces which are in the scope of Chemical Material Directive	:	12.478
Workplaces which should receive establishment permits and enterprise documents	:	15.135
Workplaces which have enterprise documents	:	3.224
Workplaces which have establishment permits	:	835

Number of workplaces that have lactation rooms and nurseries between the dates 01.01.2007-31.12.2007:

Number of workplaces that have over 100 women workers	:	204
Number of women working in these workplaces	:	48.191
Number of workplaces that should have lactation rooms	:	83
Number of workplaces that doesn't	:	

have lactation rooms	:	40
Number of workplaces that should have nursery	:	121
Number of workplaces that doesn't have nursery	:	41

Result of the inspections carried out on workplace doctors and occupational health and safety committees between the dates 01.01.2007-31.12.2007:

Number of workplaces that should have workplace doctors	:	3.713
Number of workplaces that doesn't have workplace doctors	:	497
Number of administrative fines requested on workplaces	:	14
Amount of Administrative fines	:	19.412 –YTL

Number of workplaces that should establish occupational health and safety committees	:	3.527
Number of workplaces that doesn't have occupational health and safety committees	:	672
Number of administrative fines requested on workplaces	:	14
Amount of Administrative fines	:	11.816 –YTL

Amount of administrative fines inflicted on workplaces between the dates 01.01.2007-31.12.2007:

Total amount on Occupational Health and Safety	:	10.107.391,00-YTL
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Article 3§4

1) Please describe the occupational health services. Please specify the nature of, reasons for and extent of any reforms.

New Labour Law and the secondary legislation were prepared according to European legislation in the area of social policy and employment. The effectively enforcement and fully implementation of legislation require contributions of all stakeholders. In particular, employers have to get acquainted with the new approach. The new approach is based on the risk assessment model, which is the basic tool to set up an occupational health and safety management system in the workplaces according to EU Directives. The risk assessment model requires a significant change in the OHS

management in companies, and as well as in the inspection practices which had been used for years.

As the previous Labour Law No. 1475 and the old regulations had been in force for long years, the employers have difficulties in adapting to this change of legislation. Detailed, but obsolete OHS regulations which had been in force for more than 30 years, were replaced by the legislation transposing EU OHS Directives, containing only general provisions. For years, employers have not made health and safety improvements in workplaces on their own initiatives. Instead of using checklists containing information about what has to be done in the workplace in a certain way, the new approach forces the employers to find out customized measures to different possible problems occurring in the workplace. Since risk assessment becomes the principal focus of inspections, employers should get experienced in carrying out an adequate risk assessment. Although some big companies carry out certain systematic risk assessments in their factories, most of the branches of industry lack necessary information sources concerning risk assessment and implementation within the scope of new legislation.

The transposed provision on Medical Consultation by Radio (Article 9 of the Bylaw) is as follows;

The Ministry shall;

a) In order to provide a better emergency health attendance for seafarer,

* Determine a center or centers to give free advice with radio

* Ensure that some of the physicians, who will present service in these centers, take education about the special conditions of the vessels on board.

b) Ensure that health records shall be kept by these centers to optimize the advices given by radio consultation. The confidentiality of these records is essential. “By-law on Minimum Safety and Health Requirements of Workers in Fishing Vessels published in OG dated 27.11.2004 / 25653 was prepared by taking the Council Directive 93/29/EC into account.

This By-law will enter into force on 27.11.2006. According to the By-law:

Vessel: any existing or new fishery ship

Fishery Ship: Any ship flying Turkish Flag, in use for catching fish or any other living creature from sea or for treating them for commercial purpose

New Fishery Ship: Any ship, whose length is 15 meters or longer and whose,

a) Construction or renovation has been contracted after the date of entry into force of the By-law,

b) Construction or renovation has been contracted before the date of entry into force of the By-law, and delivery will be done after 3 years or later than this date,

c) Contract has not been done but

* Backbone has been mounted on the shipway,

* Construction has been started or

d) Portion of 50 tones, or portion corresponding to at least 1% of the total mass (whichever corresponds to a smaller mass) has been constructed at or after the date of entry into force of the By-law.

Existing Fishery Ship: ships which are not new or whose total length is 18 meter or longer.

The relevant legislation is the By-law on Minimum Safety and Health Requirements of Workers in Fishing Vessels. For the fishing vessels there are several governmental institutions having different responsibilities. Ministry of Labour and Social Security is responsible for the implementation of the mentioned directives. Undersecretary for the Maritime Affairs, Ministry of Health and Ministry of Agriculture and Rural Affairs are the other institutions having certain responsibilities in this field.

Administrative capacity of the inspection bodies needs improvement in this field. In Article 8 of the By-law relating to the duties of coordinators it is stated that coordinators shall organize cooperation between employers, including successive employers on the same site, coordination of their activities with a view to protecting workers and preventing accidents and occupational health hazards and mutual information as provided in the By-law on Occupational Health and Safety, ensuring that self-employed persons are brought into this process where necessary.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Our current system is sufficiently flexible to respond to the evolving technical rules and to new and emerging risks. Article 78 of the Labour Law gives enough room to the Ministry to be able to make the necessary arrangements whenever it is needed relating to OHS, be it for a new risk or development in different areas.

Directorate General of OHS (DGOHS) has been involved in several projects directly or indirectly related with the OHS. First of them was the WLE Project of Sweden. It had great contribution to the transposition process.

Labour Inspection Board has carried out a project with the Netherlands in the framework of the MATRA.

A Twinning (EU) Project has just started with Finland relating to the market surveillance of the PPEs in the framework of the new approach directives.

Several TAIEX programmes, including workshops, seminars and study visits have been realized by the DGOHS and Labour Inspection Board which responded to the urgent needs emerging during the transposition process.

ISAG Project supported by the EC is the biggest one to be carried out by the DGOHS. It started at the beginning of the 2004 and finished partially in February 2006. Mobile Laboratory component of it is still pending for the tender procedure. It is expected that this component will be finalized in 2007.

ENETOSH Project of the German BGAG is another one in which the DGOHS involved as a partner among others. It is a Leonardo project concerning the integration of the OSH into education. It will last for two years.

DGOHS is planning to give another project proposal for 2007, including the grant component for employers, employees and NGOs. The project mainly aims to strengthen implementation by awareness raising, publishing documents and preparing programmes to help employers and employees to implement the harmonized directives.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Although several institutions are collecting statistical data on occupational accidents such as Labour Inspection Board, DGOHS, Ministry of Health and the Social Security Institutions, the latter has the most detailed and reliable statistical data. There is also a project carried out by the TURKSTAT to align the current system of data collection with those of the EC in the framework of the ESAW.

In the legislation there are several provisions and a defined procedure for the employer to report any accident to the indicated authorities.

The data collected includes the following information:

- Gender, age, working time of worker,
- The day, hour and working hour of the accident
- Education level of the worker, his/her job during the accident and whether it is his/her own duty or not
- Condition of worker after the accident (injury, physical loss, death)
- Damage part of the body and etc.

Occupational diseases reported to the Ministry shall include;

- Gender, age, health of worker,
- Exposure value of the worker (physical, chemical, biological)
- Duration of exposure
- Did the worker have therapy, if yes, its duration
- Working time in the work place where diagnosed as an occupational disease

Even though there is not any direct link with the European Schedule on Occupational Diseases there exists a detailed occupational disease

Employer shall determine the risks that may cause the straining traumas due to the use of instruments with screens in the work centers and will take the health and safety measures to eradicate or minimize the risks.

The employer shall also give information to the workers and their representatives, on all subjects that are related to the health and safety in the workplaces and shall train the workers in the following subjects:

- Straining traumas and ways of protection,
- Appropriate posture,
- Protecting the eyes,
- The least eye tiring font styles and colors,
- The habit of resting the eyes at short intervals when working,
- Resting the eyes, muscle and skeletal system,
- Rest breaks.

ARTICLE 11 THE RIGHT TO PROTECTION OF HEALTH

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in co-operation with public or private organizations, to take appropriate measures designed *inter alia*:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

Scope of the provisions as interpreted by the ECSR

Paragraph 1: Under Article 11, health means physical and mental well-being, in accordance with the definition of health in the Constitution of the World Health Organisation (WHO), which has been accepted by all to Parties to the Charter. The health system must be able to respond appropriately to avoidable health risks, that is ones that can be controlled by human action. Such a health system must be accessible to everyone, without distinction. The cost of health care should be borne, at least in part, by the community as a whole. There should be no unnecessary delays in the provision of treatment. Access to treatment should be based on transparent criteria. There must be adequate staffing and facilities. Conditions of stay in hospital must be satisfactory and compatible with human dignity.

Paragraph 2: Measures should be introduced to prevent activities that are damaging to health, such as smoking, alcohol and drugs, and to develop a sense of individual responsibility, including such aspects as a healthy diet, sex education and the environment. Health education should be provided in school throughout the period of schooling. Pregnant women and children should be entitled to free and regular medical checks and screening. Free medical checks should be carried out throughout the period of schooling. There should be screening for illnesses responsible for high premature mortality rates.

Article 11§1

- 1) Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.**

LEGAL BASIS

- Constitution of the Republic of Turkey (Article 56)
- Law No: 1593 on General Hygiene (24 April 1930)

- Law No: 3017 on the Organisation of the Ministry of Health and Social Welfare (9 June 1936)
- Law No:3959 on the Establishment of Refik Saydam National Hygiene Center (30 December 1940)
- Law No:3359, Basic Law on the Healthcare Services (15 May 1987)
- Decree Law No: 181 on the Organisation and Duties of the Ministry of Health (13 December 1983)

Constitution Of The Republic Of Turkey (Article 56)

- Everyone has the right to live in a healthy, balanced environment.
- It is the duty of the state and citizens to improve the natural environment and to prevent environmental pollution.
- To ensure that everyone leads their lives in conditions of physical and mental health and to secure cooperation in terms of human and material resources through economy and increased productivity, the state shall regulate central planning and functioning of the health services.
- The State shall fulfil this task by utilizing and supervising the health and social assistance institutions in public and private sectors.
- In order to establish widespread health services, general health insurance may be introduced by law.

Law On General Hygiene

- The aim of the Law is to regulate the rules on the organisational structure and functions related to;
 - Communicable diseases
 - Child and adolescent health
 - Occupational health
 - water
 - Cemeteries and burial
 - Accommodation (houses, hotels etc.)
 - Production plants

Competent Authority : Ministry Of Health

Central Organisation Of Ministry Of Health

Consists of General Directorates and Departments in addition to two affiliated bodies:

The main units are:

- General Directorate for Primary Healthcare Services
- General Directorate for Curative Services
- General Directorate for Pharmaceuticals and Pharmacy

- General Directorate for Mother and Childcare and Family Planning
- General Directorate for Health Education
- Cancer Control Department
- Tuberculosis Control Department
- Malaria Control Department

Two affiliated bodies:

- Refik Saydam National Hygiene Center
- General Directorate for Borders and Maritime Health

Main Responsibilities of the Ministry of Health

- Operating an integrated system of health care (primary, secondary and tertiary care)
- Planning and programming in health sector
- Regulating the health sector
- Producing and/or licensing/importing vaccines, serum, blood products and medications
- Health protection and promotion
- Implementing disease control programmes

Affiliated Organisations Of Ministry Of Health

*** *Refik Saydam National Hygiene Center (RSNHC):***

- Central unit in Ankara, has regional directorates in each 7 geographical regions.
- Laboratories located both in Ankara and in the regions

Activities of RSNHC

- Production (various antiserums, antigens and antisera used in the diagnosis of various infectious diseases)
- Control/Analysis (pharmaceuticals and cosmetics, vaccines, sera and other biological products, blood products, water, environmental health, cleaning materials, disinfectants, air pollution, industrial and waste water, soil pollution and noise)
- Diagnosis/Confirmation (haematology, bacteriology, serology, virology, biochemistry, hormones, toxicology)
- Training (specialisation in clinical microbiology, in-service training)
- Research/Publication
- Consultancy (Poison Center 7/24, scientific and public consultancy)

*** *Directorate General Borders And Maritime Health:***

- Implementation of the International Health Regulations
- Quarantine measures at borders
- Maritime and aviation health

- Environmental health measures (limited to borders and coasts)
- Awarding free pratique certificate
- Communicable disease control
- Occupational health, seafarers

Peripheral Organisation of Ministry of Health

- Provincial Health Directorates administer the services provided by the Ministry of Health in 81 provinces.
- Regarding the provincial units, there are 1189 hospitals and 772 of these are affiliated to MoH.
- Other provincial health units are:
 - Public Health Laboratories (115) - Health Centers (6304)
 - Tuberculosis Dispensaries (251) - Health Posts (6801)
 - Mother and Child Health and Family Planning Centers (234)

Medium-Term Programme (2008-2010):

*** Improving Health System**

The basic objective of health policy is to ensure the participation of all citizens in economic and social life as healthy individuals and to raise their quality of life.

In this context;

- i) Primary health services, particularly preventive and mother-child health care services shall be strengthened and dispersed.
- ii) Accessibility of health services particularly primary level services shall be improved.
- iii) Health service personnel shall be trained in the required areas.
- iv) The principle of “Rational Use of Drugs” shall be made effective.
- v) Ministry of Health shall be restructured to strengthen its role of regulating, planning and controlling.
- vi) In the provision of health care services, rights and satisfaction of patients shall be emphasized.
- vii) In order to improve the service quality, hospital management shall be made autonomous and an accreditation system for health agencies shall be developed.
- viii) National Health Information System shall be made effective.

*** Making the Health System Effective**

Improvements in health sector indicators such as the number of health personnel, the number and utilization rates of inpatient beds, infant mortality rates and immunizations were achieved during the 8th Plan period.

Health Transformation Program was initiated during the 8th Plan period with the aim of facilitating access to health services, increasing the quality of service, strengthening the planning and regulatory role of the Ministry of Health, developing health information systems, ensuring rational use of medications and materials, and establishing the universal health insurance system.

In this context, pilot implementation of family medicine is being continued in order to increase the effectiveness of referral system. Moreover, all state hospitals were gathered under the umbrella of the Ministry of Health with the aim of separating provision and financing of services and considerable progress was achieved in accessibility to health services. Improvements were accomplished in personnel motivation and efficiency with the implementation of additional payments based on performance, and the number of full-time specialists working in the public health institutions was increased by five times. Even though efforts towards the standardization of services and efficient use of information systems have been started, the need to provide hospitals with financial and administrative autonomy still continues.

Table.5.10: Health Indicators

	2000	2005
Infant Mortality Rate (Per Thousands)	28.9	23.6
Total Fertility Rate	2.27	2.19
Life Expectancy at Birth (Year)	70.4	71.3
Number of Persons per Inpatient Bed	391	374
Number of Persons per Physician	792	715

Source: Ministry of Health, SPO.

Targets for Health Services

	2006	2013
Number of Physicians	103,150	120,000
Number of Persons per Physician	707	658
Number of New Admissions to Faculties of Medicine	4,800	7,000
Number of Inpatient Beds	197,170	236,600
Number of Persons per Impatient Bed	372	335

Total health expenditures, which accounted for 6.6 per cent of GDP in 2000, reached 7.6 per cent in 2005. The ratio of medicine payments to health expenditures, which was 39 per cent in 2000, was realized as 34 per cent in 2005.

In order to improve accessibility to health services, the infrastructure and health personnel needs will be met and their distribution around the country will be balanced. The universal health insurance system will be implemented to facilitate access to health services.

In order to eliminate the shortage of health personnel, quotas of education programs will be increased. Quality of health education will be improved so as to increase the skills of students in basic health services and will be provided with a structure that is compatible with the country requirements and international standards. Furthermore, in-service training programs will be increased with the aim of improving the qualifications of health personnel.

A patient oriented health system will be created and legal regulations will be set up to prevent malpractice in medicine. In addition, the awareness of citizens and health personnel about patient rights will be increased, units dealing with patient rights will be established in health institutions and this practice will be spread.

Quality of health services, particularly in primary level health services, will be improved by enhancing the qualifications of the personnel and the infrastructure.

The family medicine service model will be spread to all provinces.

In order to make the operation of hospitals more efficient and improve the quality of their services, hospitals will be gradually made autonomous in financial and administrative terms.

With the aim of increasing service quality, national standards concerning service provision and personnel will be determined and the system for the accreditation of health institutions will be established.

The planning, regulatory and supervisory role of the Ministry of Health will be strengthened.

The private sector investments in the area of health will be encouraged.

Following the principle of prevention before treatment, preventive healthcare services, targeted at preventable diseases, primarily communicable diseases and diseases related to maternal and infant health, as well as in the areas of food, consumer and environmental health will have priority in the allocation of resources.

With the efficient operation of the referral system and widespread use of information systems, provision of services at hospitals will be facilitated and monitoring of health expenditures will be ensured.

Health personnel and the people will be made more conscious about the rational use of medicine. Mechanisms will be established to control the quality and use of

pharmaceuticals and medical devices as well as the effectiveness of these expenditures.

The number and qualifications of personnel working in preventive healthcare services will be increased. The infrastructure requirements will be met and public awareness about preventive healthcare services and healthy lifestyle will be raised.

A health database compatible with international criteria will be set up.

HEALTH TRANSFORMATION PROGRAM

Health Transformation Program aimed at developing a social insurance model which will enable the citizens to contribute in proportional with their abilities to pay and take health services they need in the framework of equity principle.

The “human centered” approach is centred at the top of the Health Transformation Program. “112 Emergency” service is provided not only in cities but also in the villages; services are provided to people in their homes by the mobile services in rural areas and for the patients who need dialysis through driving them from home.

The pregnant women and babies are followed delicately. Significant accomplishments have been achieved regarding health personnel attendance in deliveries and having vaccinations completed.

One of the greatest medical rescue teams in Europe was established with 2400 specially trained health personnel ready to act in emergencies in 81 provinces.

A significant decrease in the number of the communicable diseases such as malaria, typhoid fever and measles is recorded.

Today, every hospital in our country includes a “Patient Rights” unit. People can choose their own doctors in more than the half of our hospitals. Our hospitals are well equipped in terms of medical devices and equipments. 19.000 new hospital beds are provided. In the new hospital projects, the bed capacity of intensive care is doubled.

The imbalance in Health is eradicated, through giving priority to places with inadequate equipment and health personnel country-wide. Nearly 100.000 new health personnel are employed in public sector.

Efforts were made in order to provide the harmonization between the existing social security institutions until the legal and institutional infrastructure of the general health insurance is formed. Reimbursement commission was established including the representatives from the Social Security Institution, Occupational Pension Fund, Ministry of Finance, State Planning Organization and the Treasury. Thus, different reimbursement mechanisms conducted by different social security institutions were eradicated and a joint model and strategy were built.

Regulations covering the presentation form and pricing of the health services being provided by university hospitals and state hospitals for the public servants with the participation of the Ministry of Health and the Ministry of Finance was handled. Service denominations determining medical services were reviewed and new and detailed lists were prepared by the help of international service names code systems. Consequently, important steps were taken in the registration of health services, establishment of a joint database for all of the institutions and standardization of the service invoices.

Radical changes were completed for providing unity between service provision and target groups of healthcare service providers. The citizens under the public insurance were provided the opportunity to access service from the private health institutions also. Thus, the service presentation forms of the private hospitals were harmonized. On the other side, the discrimination between state hospitals and Social Security Institution hospitals was eradicated and thus unity was provided between public hospitals' operation models.

An infrastructure providing the usage of a joint medicine database by all the social security institutions was developed. This infrastructure enabled the central audit of medicine. Similarly, joint databases were developed for the controlling of progress and services based on a single system.

The coverage of the green card implementation widened and provided to be more realistic and effective. Thus, the citizens with low income were covered by a health insurance which is not different from the Social Security Institution, Social Security Institution for Artisans and Self-employed, and the Government Employees' Retirement Fund.

The first step of the social security reform was taken with the Law No: 5502 and all the security institutions were restructured and gathered under the Social Security Institution. With the Law No: 5510, it was aimed to eradicate the inequalities in the accession to health services through defining the rights and responsibilities, besides covering all the population by the social security. A strong structure was designed to conduct surveillance, produce policy based on information and centralize public purchasing power on Health. However this structure is delayed until the beginning of 2008 because the Constitutional Court repealed some of the articles.

Meanwhile, the Communiqué on Social Security Institution published by the Social Security Institution started a new era that enabled citizens to access health services equally and easily. This equalized the citizens, who were under the coverage of different social securities, in front of healthcare services. Additionally, beginning from January 2007, no payment will be required from the citizens for primary healthcare even though they do not have social security. The steps taken within this area will be completed when the Law no.5510 comes into effect.

Health Transformation Program aims at providing a structure for the primary healthcare services' institutional position so as to have the authority and control over other service levels. The main focus of this transformation is to improve the conditions of the individuals in general and patients and health staff in particular. The program is based on the primary healthcare services in relation with the service presentation. A large number of activities and projects have been handled with this approach; this was almost a multi dimensional campaign. The current operations were not neglected because of the new regulations and widespread improvement studies were carried out. The most outstanding feature of the Health Transformation Program is that it keeps the existing heritage and improves it as significantly as it can during the transformation.

Change of Mentality in Hospital Care Services:

Avoiding Discrimination in Health: Uniting Public Hospitals under Single Roof

The principle of efficiency, one of the objectives of the Health Transformation Program, is described as production of more services by decreasing current costs. It is also emphasized that distribution of human sources, management of materials, rational medicine use, health management and preventive medicine are assessed in this scope. Productivity will be better achieved by including all domestic and sectoral sources in the system and integration.

The principle of uniting all hospitals under single roof aims to use all sources for the sake of public. In this period, SSK hospitals were transferred to state hospitals, obstacles on the accessibility of the patients to health care access were eliminated and discrimination was stopped among people. Hospitals which suffered from unbalanced workload in the past were opened to all patients regardless of whether they were covered by the SSK, ES or Green Card. Today, all hospitals do give health care services to all people in a balanced way and with no discrimination.

Most people, who had difficulty in access to health care services formerly, have already had the opportunity to make use of these services whenever they need. Unifying SSK and state hospitals did not only create different alternatives for people but also granted SSK beneficiaries the right to utilize health care services which they could not utilize in the past although they paid premiums and thus were covered by the insurance system.

Private Hospitals Serve Everybody:

Health Transformation Program envisages to include all sectoral sources in our country in the system and thus to ensure harmonization and enhance productivity. Hospital unification under single roof was a concrete step which was taken to this end. Other step will be to include private sector investments in the system in order for patients to benefit from these facilities as enabled by their own insurance schemes. Now, all sources (both private and public) in the country are open to public use without discrimination. Public hospitals became qualified enough to compete with

those in private sector and service quality increased, too. In this context, private health care facilities now serve to those who are covered by public insurance. So, the excessive workload which was mostly undertaken by public sector in the past, is shared with private health care facilities and people are provided with qualified health care services that they deserve.

On-site management at hospitals:

In order to alter the awkward organization of state hospitals, private sector services were purchased primarily for imaging services and others, as well. So, rapid change was started in functioning of services at hospitals. Thus, the queues for medical tests and diagnosis were shortened. Differences in management models were removed by unifying all hospitals under the Ministry of Health's shelter. Hospital autonomization, flexible management, right to use domestic sources and performance-based additional payment to personnel from revolving funds helped hospitals turn into patient-oriented and health services providing structures.

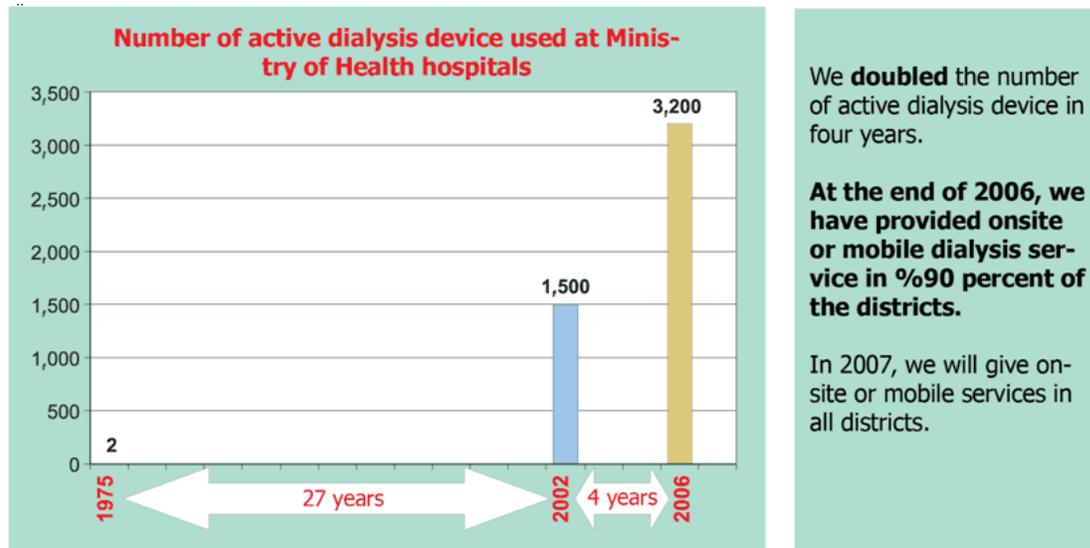
Hospitals in Turkey, which receive more autonomy every other day and which are already managed on-site, are becoming autonomous public facilities. In the last 4 years, most of the hospitals built their own data processing infrastructure and kept their services under record. More than 20,000 contracted personnel are employed at hospitals and their salaries are paid by the revolving funds.

State hospitals do not have to wait long for allowance any more. They were given the chance to purchase service from private sector. Thanks to this, hospitals can give services without putting burden of investment on public and meet the cost of these services by their own revenues.

Re-organization in hospital services:

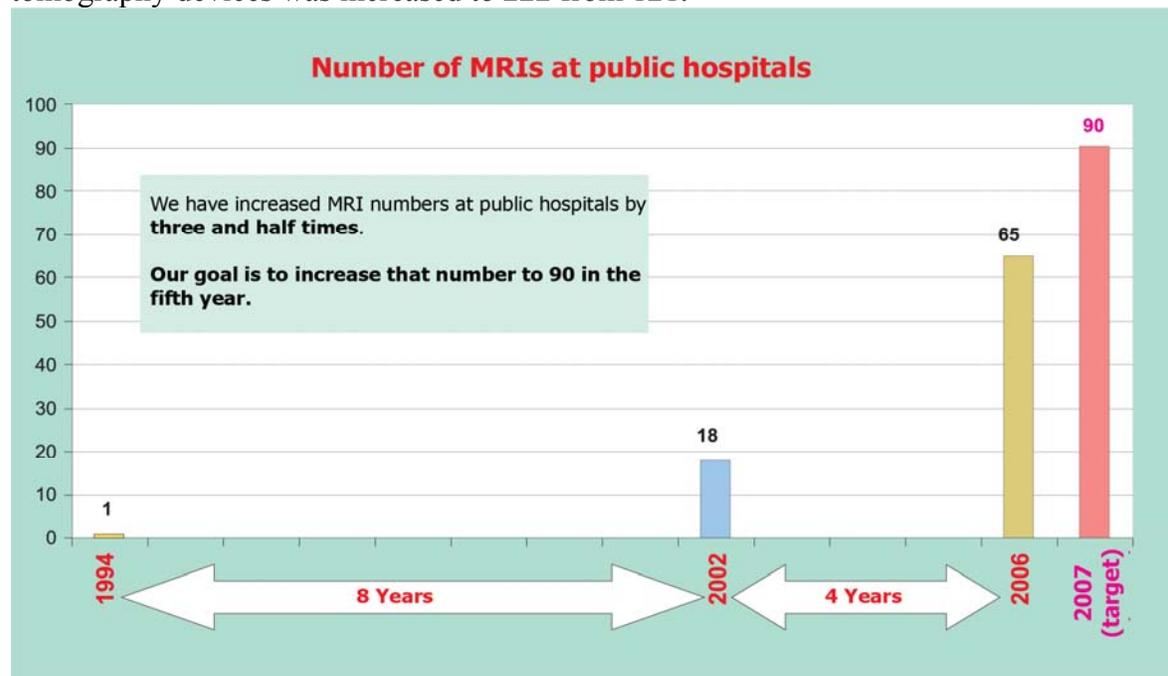
State hospitals were equipped with medical devices.

The number of dialysis machines at state hospitals was 1,500 in 2002 and the number was increased to 3,200 in 2006.

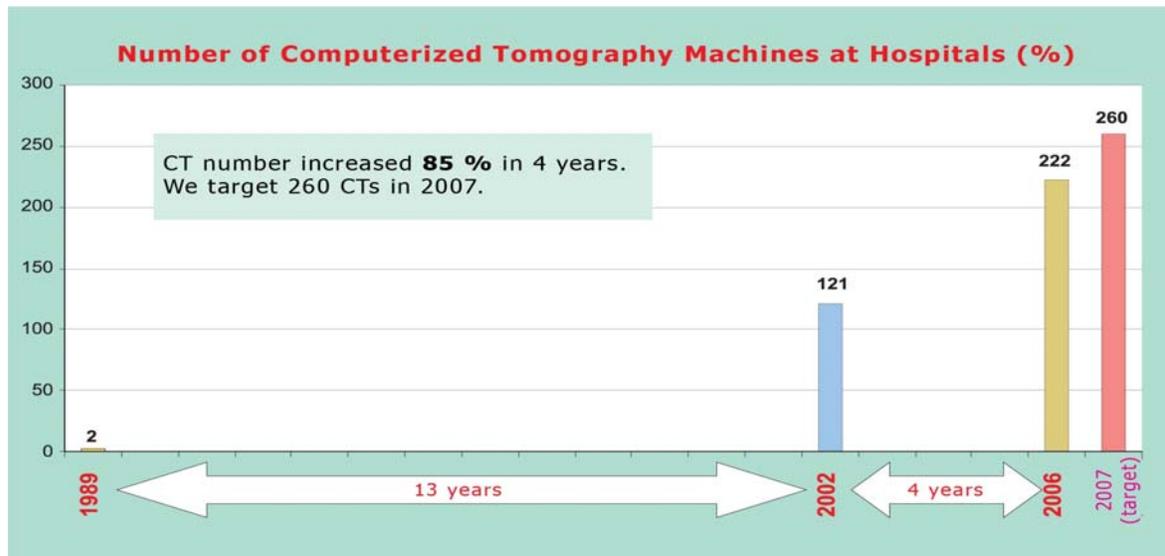


Note: The number for 2002 includes SSK institutions

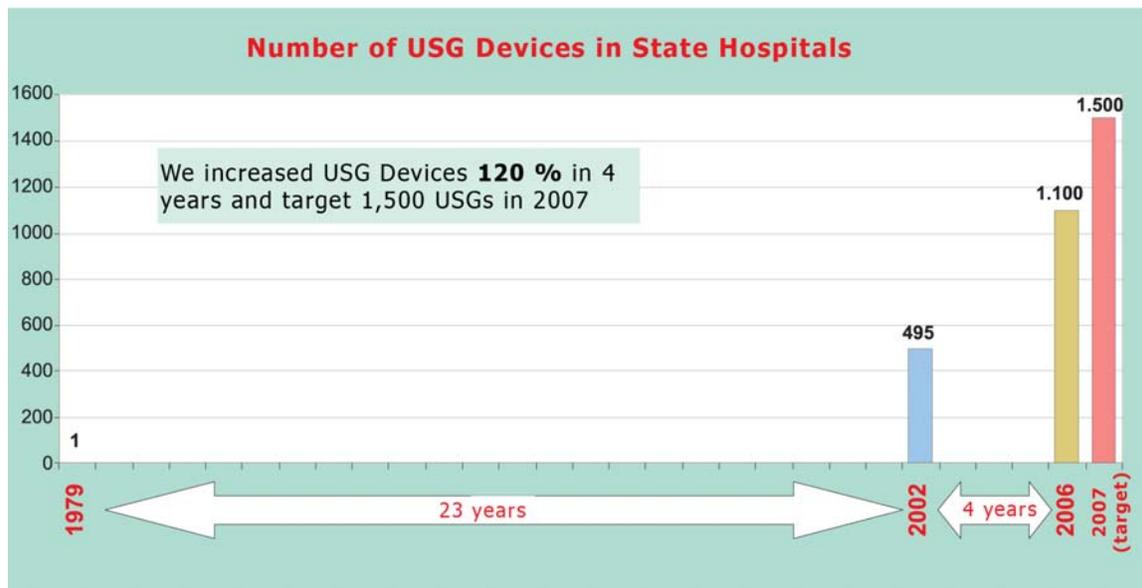
The services provided in state hospital were supplied through the cooperation of state and private sector. In 2002, there were only 18 MRI devices in all public hospitals. This number was increased to 75 in 2007 and the number of computer based tomography devices was increased to 222 from 121.



Note: The number for 2002 includes SSK hospitals

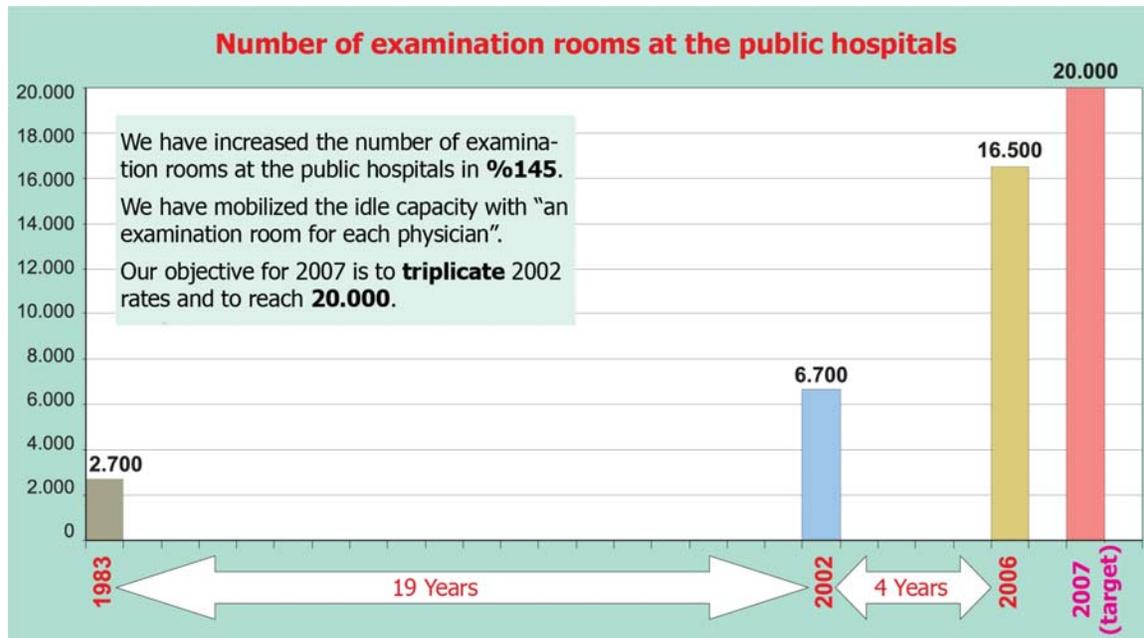


Note: The number for 2002 includes SSK hospitals

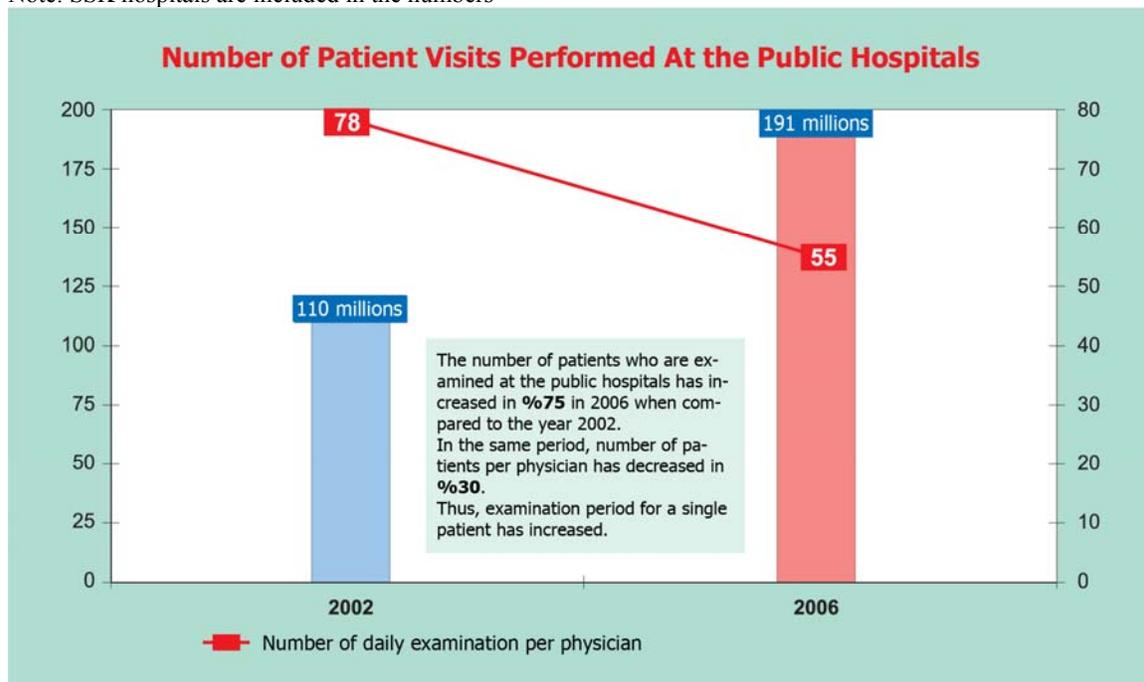


Note: The number for 2002 includes SSK hospitals

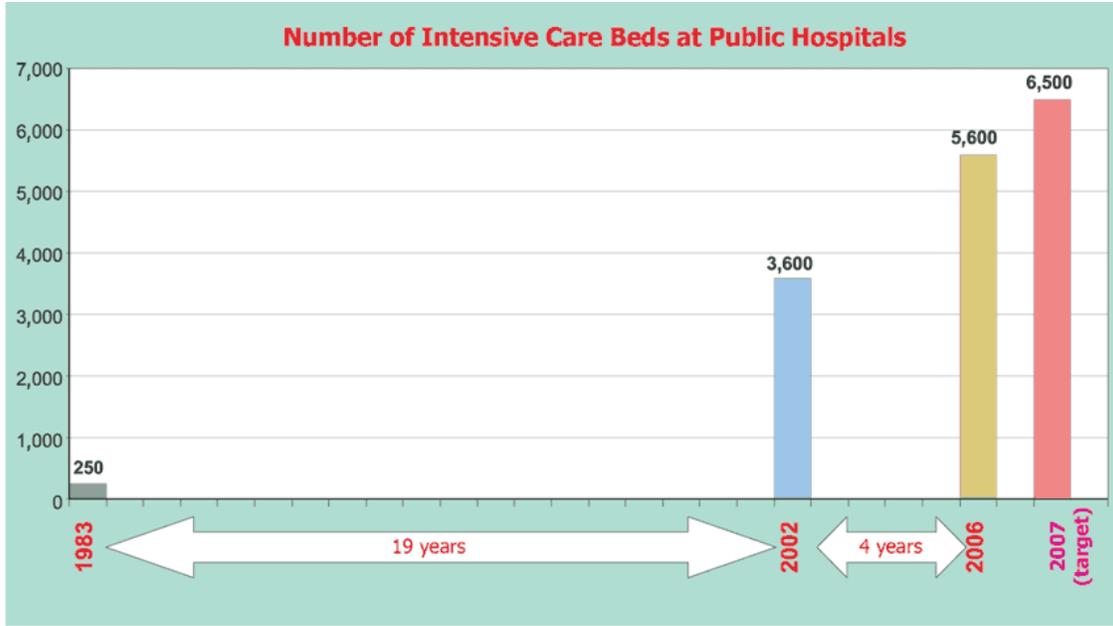
In 2002, only 20 % of state hospitals had electronic information systems and this rate increased to 100 % in 2006. By late 2002, the number of examination rooms was 6,500 which was later increased to 16,500 in 2006 (an increase of 145 %).



Note: SSK hospitals are included in the numbers



Note: The number for 2002 includes SSK hospitals



Note 1: The numbers include SSK hospitals

Note 2: General Directorate of Curative Services was founded in 1982

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

A health system, which regards patient rights and satisfaction, is accessible, is of high quality, prioritizes preventive health services, is cost effective and sustainable, will be established. In order to facilitate citizen's utilization of health services, the universal health insurance system will be implemented.

Standards will be established for the provision of good quality services, necessary physical and legal infrastructure will be developed and quality and quantity of labor force in the health sector will be increased.

An effective referral system will be established; cost effective service provision, rational medicine use and utilization of health information systems will be spread.

While the regulatory and supervisory role of the state is strengthened in the health sector, the share of the private sector will be increased in the provision of service.

The Refik Saydam Hygiene Center Presidency successfully carries out the following studies at present:

- Production
- Control
- Diagnosis and Verification

- Education
- Consultancy

Fields Of Production

Products presented for use and produced in the central laboratories are mainly as follows:

- Antigens and antisera for diagnosis (Salmonella, Brucella, Proteus, etc.)
- Antisera for treatment and protection (Scorpion, Tetanus, Diphtheria, Anthrax)
- Test animals (specific pathogen-free mice, rabbit, guinea pig, etc.)

Laboratory Analysis

A-Control and Measurement Analysis

Within the Presidency, analysis for registration and import license is carried out as well as analysis required for market control or export-import processes. Products submitted to examination are mainly as follows:

- Drugs and Cosmetics
- Vaccines, sera and other biological products
- Blood and blood products
- Food, water (drinking water, thermal water and spring water) and food additives

B-Environment and Health Services

Cleaning materials, disinfectants, quality of air, water and soil, analysis of toxic materials.

C- Reference Laboratory Services

Diagnosis and Verification Process

Our laboratories give reference laboratory services in many fields. Routine diagnosis, verification and diagnosis of infectious diseases are carried out in our laboratories:

- Hematology
- Bacteriology and serology (Legionella, Enteric pathogens, Diphtheria)
- Virology (HIV, Hepatitis B, Hepatitis C, Polio virus, measles, Crimean-Congo hemorrhagic fever, etc.)
- Biochemistry
- Hormone
- Tuberculosis (diagnosis and antimicrobial resistance)

- Parasitology
- Poison research (Toxicology)

Educational Studies

Some of the educational activities performed in the Center are:

- Medical Specialist Training (Residency Microbiology and Clinical Microbiology)
- Public Health School (It is important on behalf of our Institution and developments in health to make mention of the fact that Public Health School, which was opened in 1937 for the first time, began to serve again in 2003 after a long time.)
- In-service training programs
- Educational studies carried out in various institutions and organizations as well as Regional Institutes

Consultancy Services

Poison Consultancy Center, which is located within the Presidency, provides consultancy service throughout the country working on a 7 day and 24 hour basis. The Center provides on-line information to primary healthcare professionals (physicians, nurses...) who are concerned with the fact of poison. In some cases such as Botulismus, specific therapeutics are sent to the healthcare institutions where the patient is.

Furthermore, all units carry out consultancy services concerning their own working fields.

PUBLIC HEALTH ACTION PROGRAMME (1786/2002/EC)

- The Memorandum of Understanding providing the participation of Turkey in the New Public Health Programme was signed by the Ministry of Health on 27 October 2002 (OG No:25053, 19.03.2003)
- Ministerial Approval No:1236 on 13.02.2004 on the appointment of Refik Saydam National Hygiene Center as the executive unit for the Public Health Programme

Activities

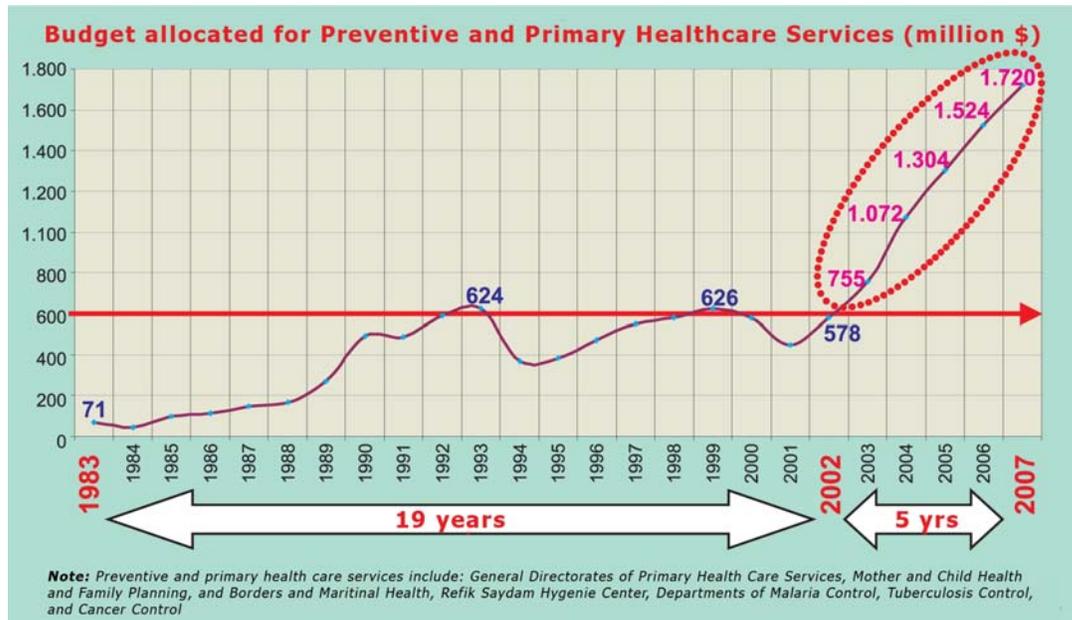
- Presentation and coordination of the programme:
 - All related documents are published in the RSNHC's website.
 - Informative and follow-up e-mails were sent to 1300 relevant persons, institutions and organisations.
- Within the year 2005, comprehensive introductory meetings were held in 9 provinces,

- In 2006, introductory meetings were held in Ankara
- Projects of which Turkey Became A Partner in 2004:
 - Sexually Transmitted Diseases European Surveillance Project - Main beneficiary: Communicable Diseases Surveillance Center, Health Protection Agency, England.
 - EuroHIV Project - Main beneficiary: Institut de Veille Sanitaire, France.
 - Eurohep.net-Vaccine Preventable Hepatitis Surveillance Project - Main beneficiary: Antwerp University, Belgium.
 - Dip.net-Diphtheria Surveillance Network Project - Main beneficiary: Health Protection Agency, England.
 - Euvac.net-Vaccine Preventable Diseases Surveillance Project – Main beneficiary: The Danish Serum Institute
 - Food Safety And Nutrition Research Department Safety Of Toys Projects; The Project aims to raise conciousness among toy sector representatives and consumers by taking in hand the toy safety theme which concerns more than one sector such as education, industry, public health, throughly at the international level.
 - The antibody prevalence of HHV-6 virus in healthy individuals and in lymphoproliferative disorders patients by IFA and variant analysis by PCR-RFLP method. TÜBİTAK –SBAG 2129- 2000 (Finished)
 - Molecular Epidemiology And Susceptibilities Of Second-Line Antituberculosis Drugs Of Multi- Drugs Resistance *Mycobacterium Tuberculosis* Strains Isolated From Different Region Of Turkey. TÜBİTAK – SBAGHD63- 2006 (Finished)
 - Development of a specific serological kit for the diagnosis of TB. FP6 2005LIFESCIHEALTH-6 -2005 (On going)
 - European Union Twinning Project: Market Surveillance Support on In vitro Diagnostic Medical Devices. TR04/IB/EC/02 (On going)
 - Strengthening the Epidemiological Surveillance and Control of Communicable Disease System (ESCCDS) in Turkey .European Union TR0403.06(On going)

Scientific Committees

Scientific Committee on Toxicity and Eco-toxicities of Chemical Compounds:
The scientific consultancy committee for “Toxicity, Eco-toxicity and Environment” was founded by the Ministry of Health’s approval. (No: 7014, 25 June 2001).

2) Please supply any relevant statistics or other information on the main health indicators and on health services and professions (for example WHO and/or Eurostat data).

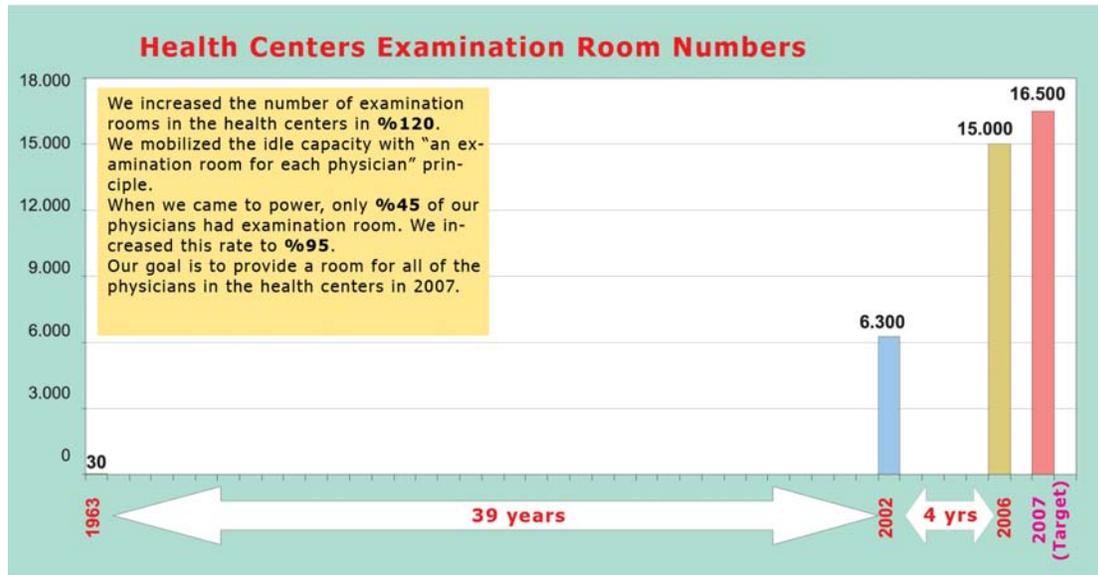


A campaign was held in this period and the budget of the preventive healthcare services which was 876 million YTL reached up to 2 billion and 511 million YTL in 2007.

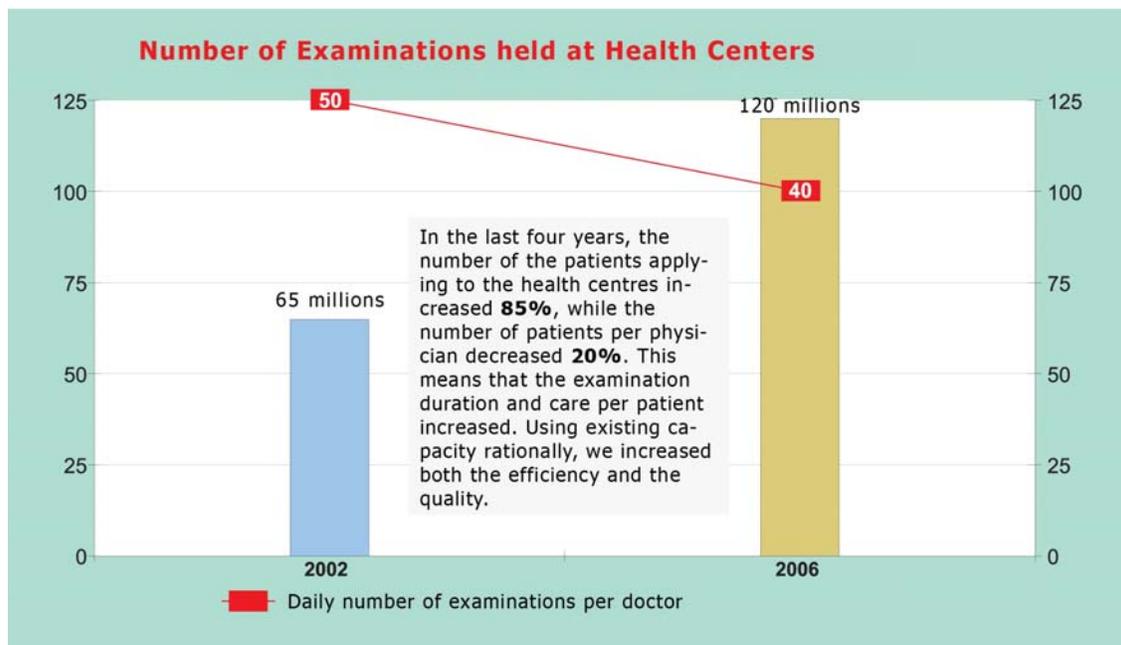
While the number of health centers with physicians was 5.055 in 2002, it reached up to 5.846 in 2006.



With “office for each physician” principle, the number of the examination rooms was raised from 6.300 to 15.000.



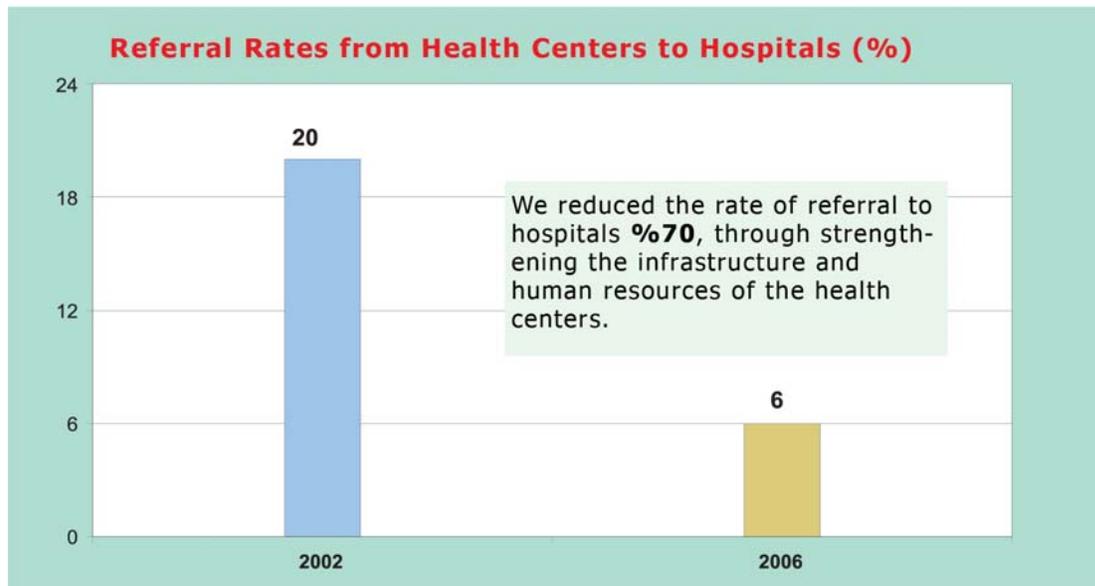
Though the number of the patients consulting to the health centers increased in 85%, the number of patients per physician decreased in 20%. This means that the examination duration and care per patient increased. This improved the satisfaction of patients and physicians at health centers which are the first contact point of health services.



Note: SSK Dispensaries are included in the number for 2002

The rate of referral from health centers to hospitals decreased with a rate of 1/3. The problems that can be solved on the first level of the system were solved through

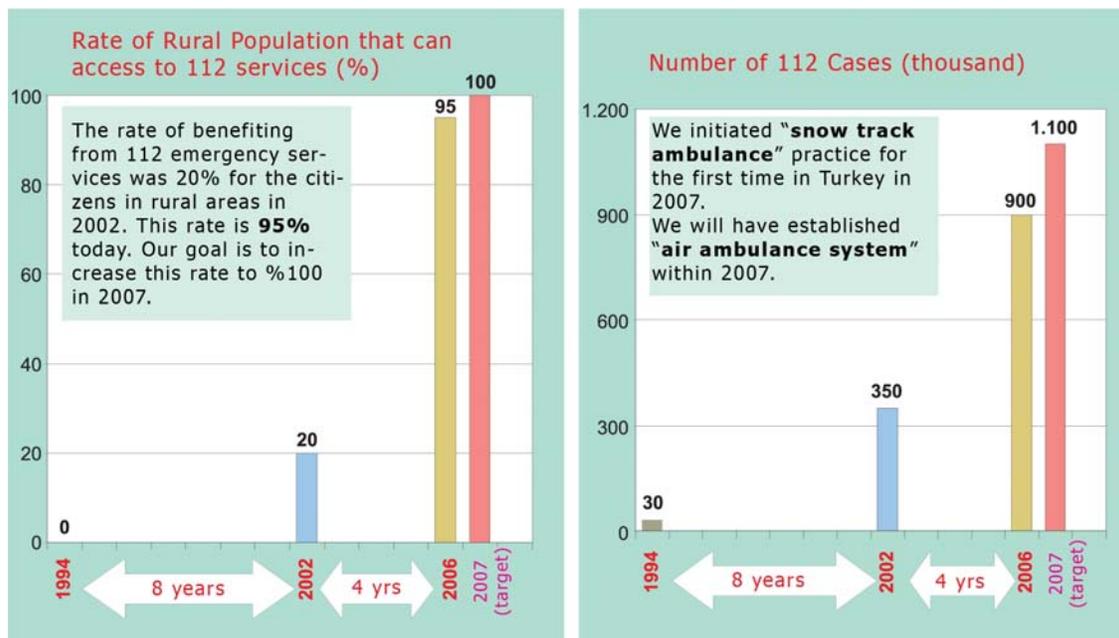
increasing care and equipment. Human resources were saved through preventing unnecessary occupation of the system's upper levels.



The rate of mobile service delivery which was %10, reached up to %80.



In the last 4 years, the capacity to transport emergency patients has been improved more than double. 90% of the cases are being reached in the first ten minutes now. The number of the fully equipped ambulances was 618 in 2003. This number was 1468 in 2007. The number of the stations was 481 in 2003. This number was 1179 in 2007.

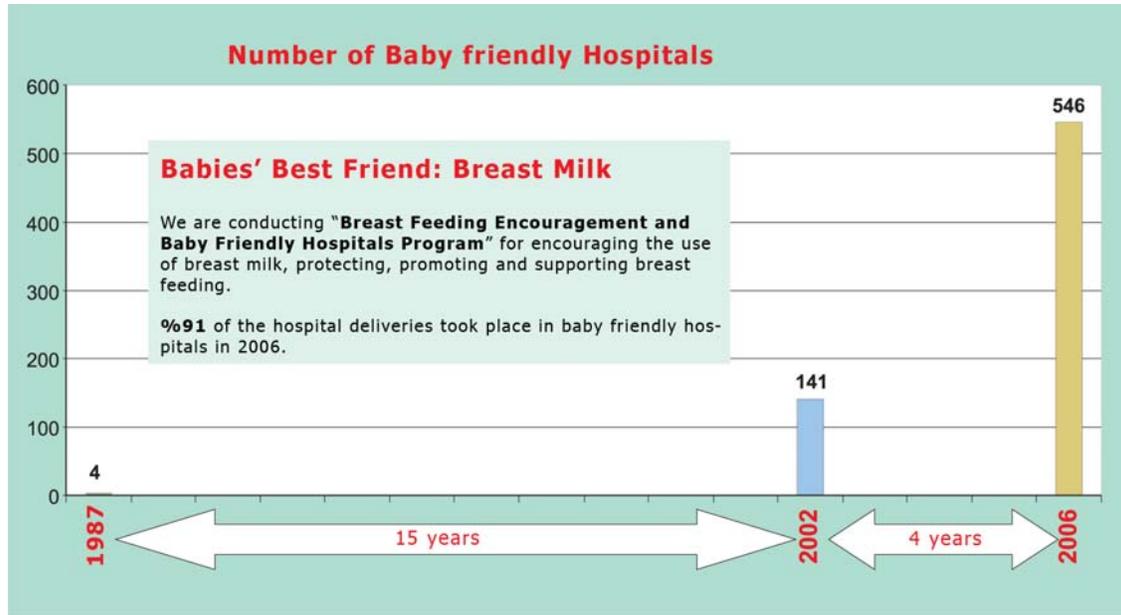


In 2002 number of the people benefited from the 112 emergency services was 350 thousand. This number reached up to 900 thousand in 2006. The rate of benefiting from emergency services was 20% for the citizens in rural areas. This rate was 95% in 2007.

The implementation of the Healthcare Organization in Disasters Project was started for the possible disasters, primarily for earthquakes, that may happen. Basic and complementary training provided for 2.400 health personnel from the National Medical Rescue Teams (UMKE) within the scope of the project under the control of the Ministry.

Mother and Child Health

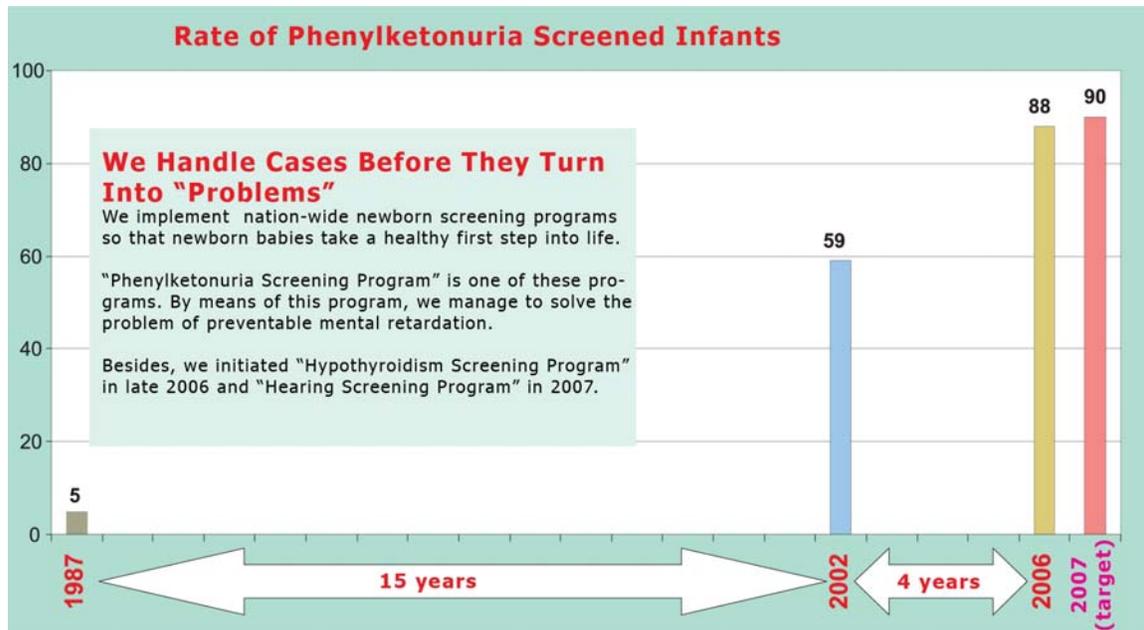
The number of the "Baby Friendly Hospitals" aiming at the improvement of baby health, reached up to 546 in 2006 when it was 141 in 2002.



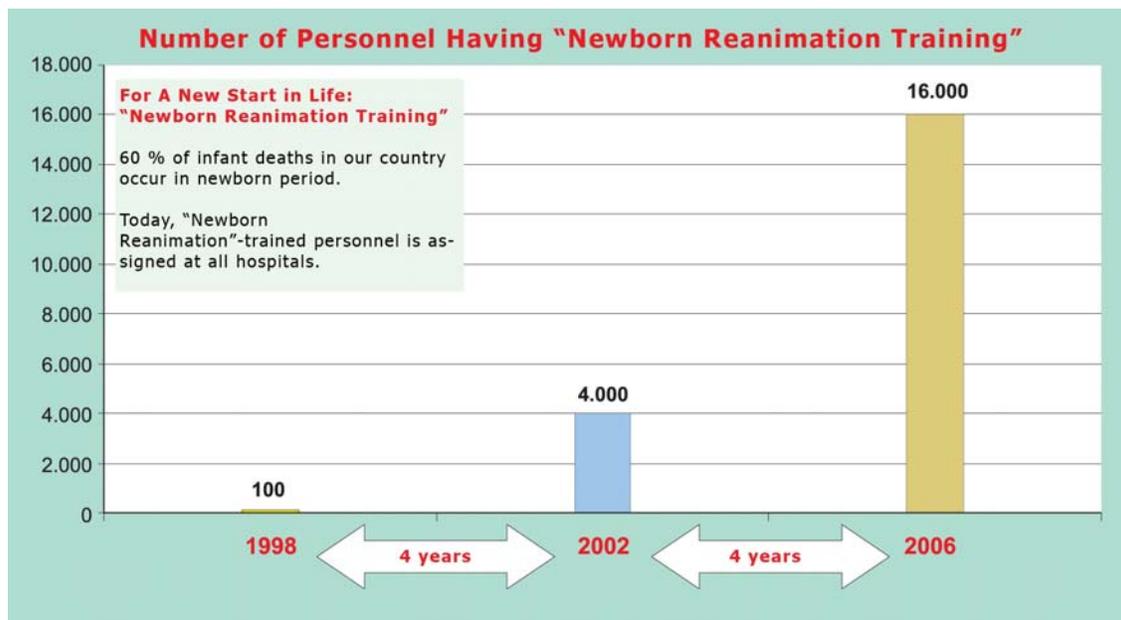
Iron support is given as free of charge to the pregnant to protect the babies and the pregnant from anemia. Each year, 1 million pregnant women benefit from this service. Vitamin D is being provided free of charge to ensure bone development of the babies.

New-born screening program has gained acceleration to provide a healthy beginning for the babies. Phenylketonuria is a disease that can be prevented easily when detected, however if it is not detected, the results are irreparable. 88% of the target group for Phenylketonuria disease scanning was reached. Congenital hypothyroid screening, as vital as Phenylketonuria, began widely.

Newborn Hearing Screening Units are completed in 39 institutions under the Ministry, including 26 provincial hospitals in total, screenings have been initiated. Approximately 158.000 infants received hearing screenings.



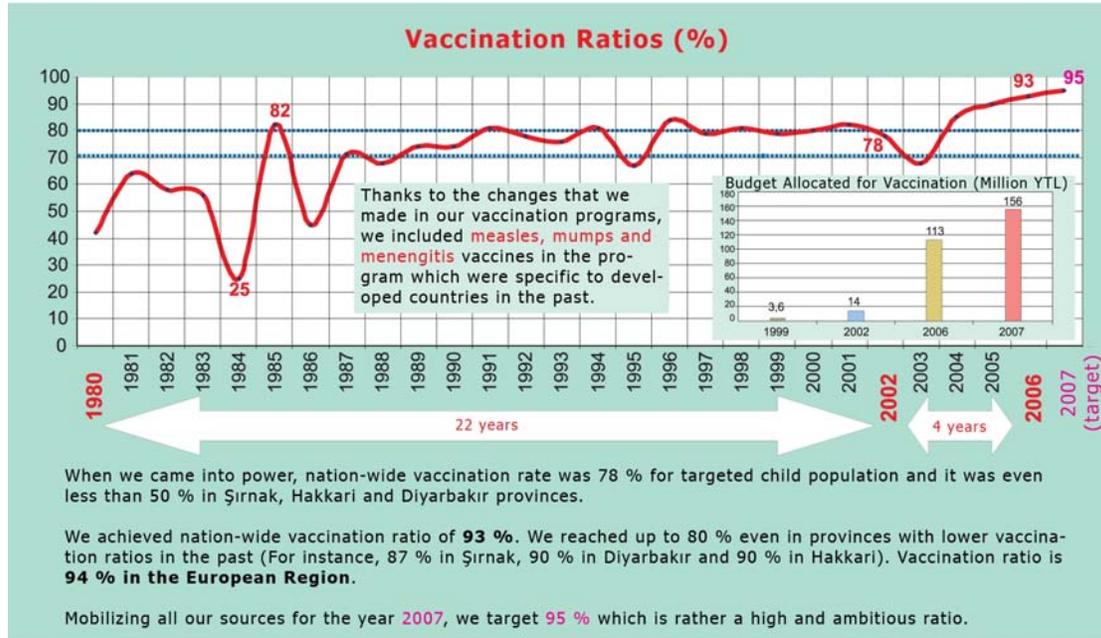
16.000 health personnel have been trained since the beginning of the newborn reanimation programme. Today, trained personnel are available in all delivery units



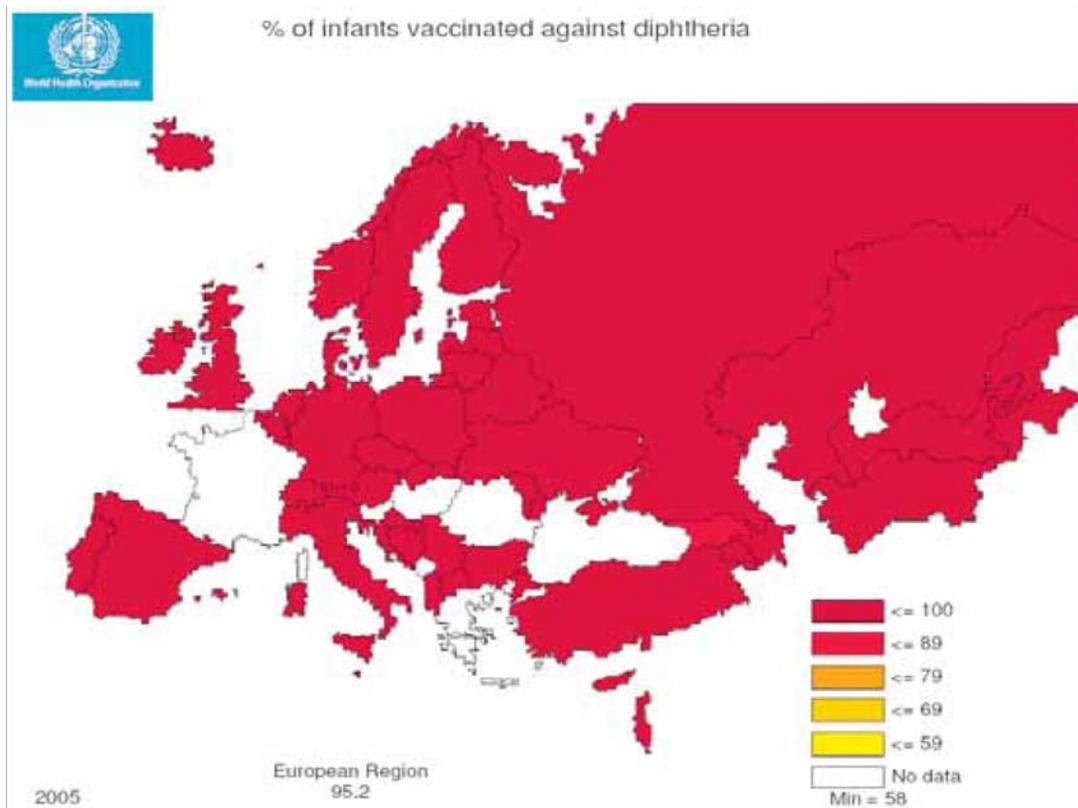
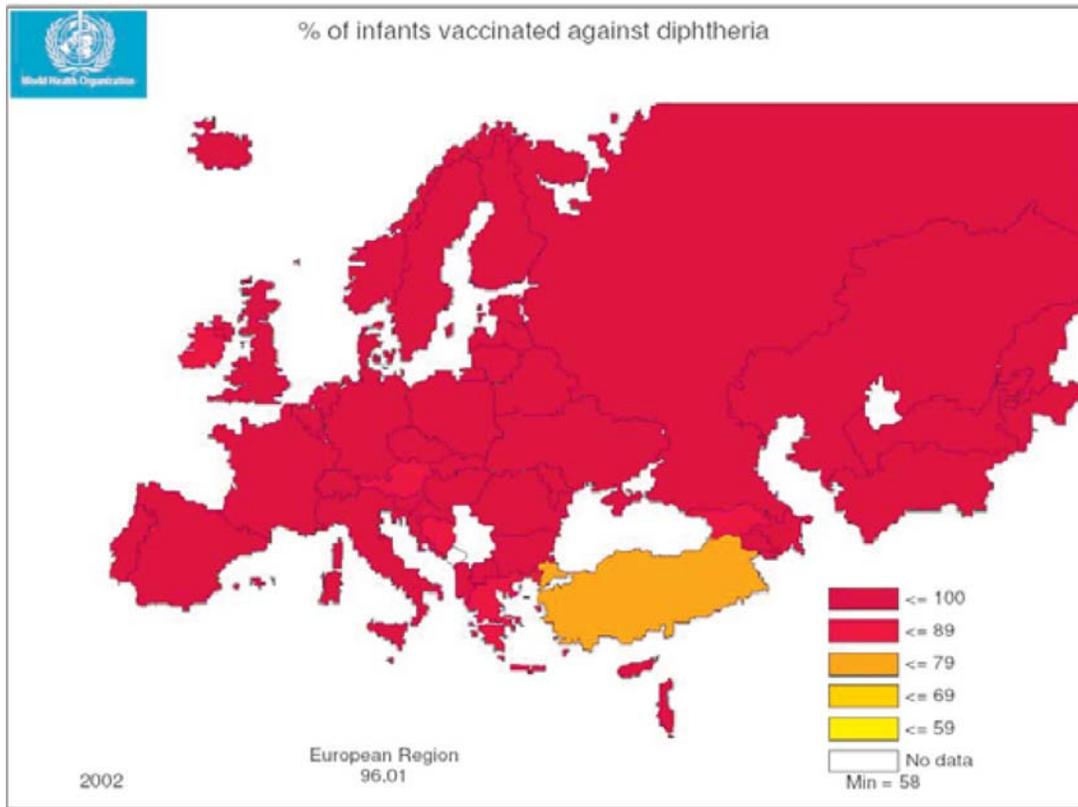
"Conscious Mother, Healthy Baby Programme" was started with the aim of reaching all the mothers who give birth at in-patient health facilities. One of the objectives of this programme is to provide consciousness for mothers on the issues related with their and their babies' health before they leave the hospitals. Mothers are given basic information on baby care and health right after delivery, and "Guidelines for Conscious Mothers and Healthy Babies", as well. So, it is managed to reach almost 2 million mothers so far.

Immunization Programs:

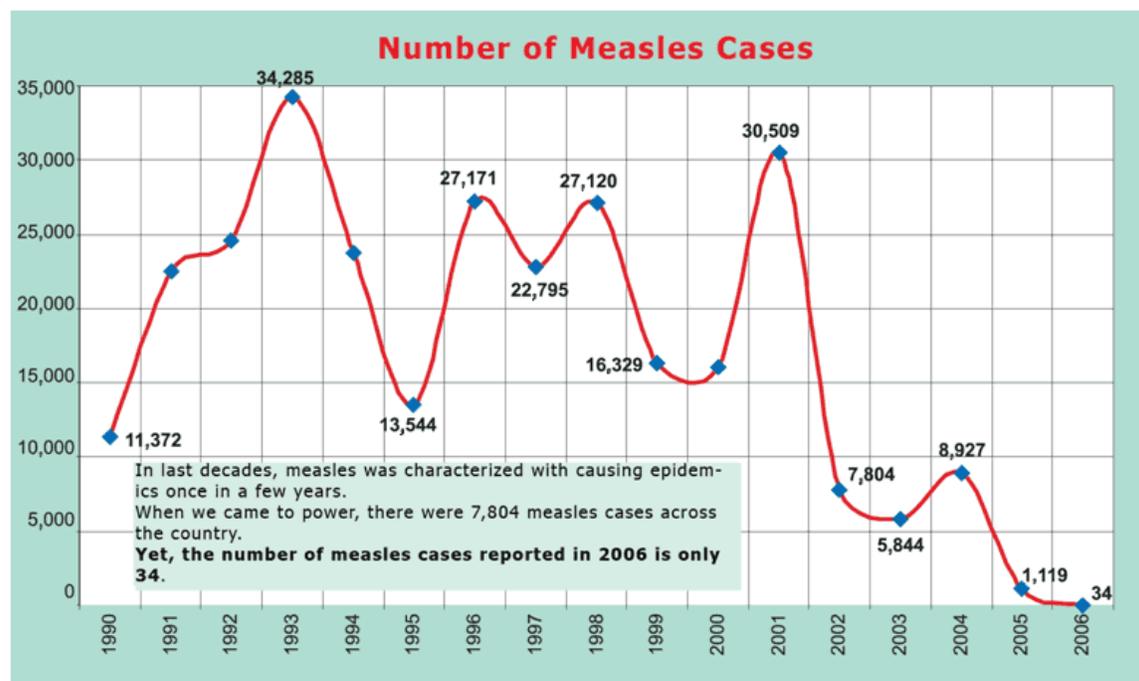
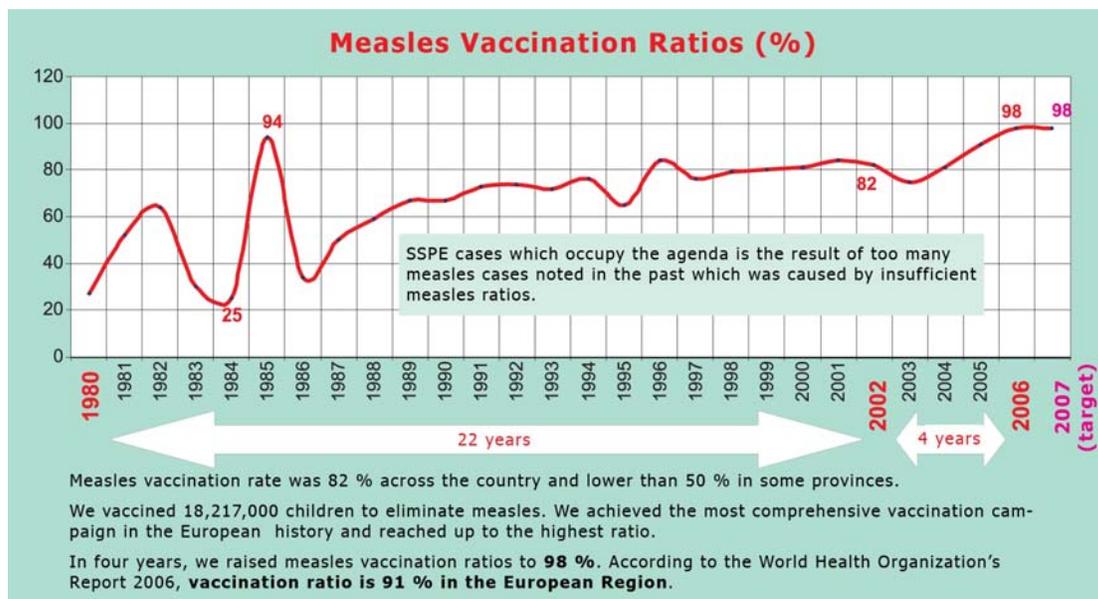
In 2002, the vaccination rate was 78 % for targeted children group. This rate was even below 50% in Şırnak, Hakkari and Diyarbakır provinces. In 2006, vaccination rate was noted 93 % in general. It is accomplished a rate over 80% in regions even with the lowest vaccination rates. The budget for the year 2002 was 14.000.000 YTL. In 2007, the budget reached up to 156.000.000 YTL. Besides, rubella, mumps and meningitis vaccinations, which did not exist in the standard vaccination program formerly, were included in the program.



In 2003-2004 period, 18,217,000 children were vaccinated under a big vaccination campaign in order to eradicate measles in the country. The vaccination rate was 97 %. The campaign, with respect to the scope of its target group, is the most comprehensive one not only in Turkey but also in Europe.



These studies proved to be successful soon. In 2002, 7804 measles cases were reported and it was diminished to 34 in 2006.

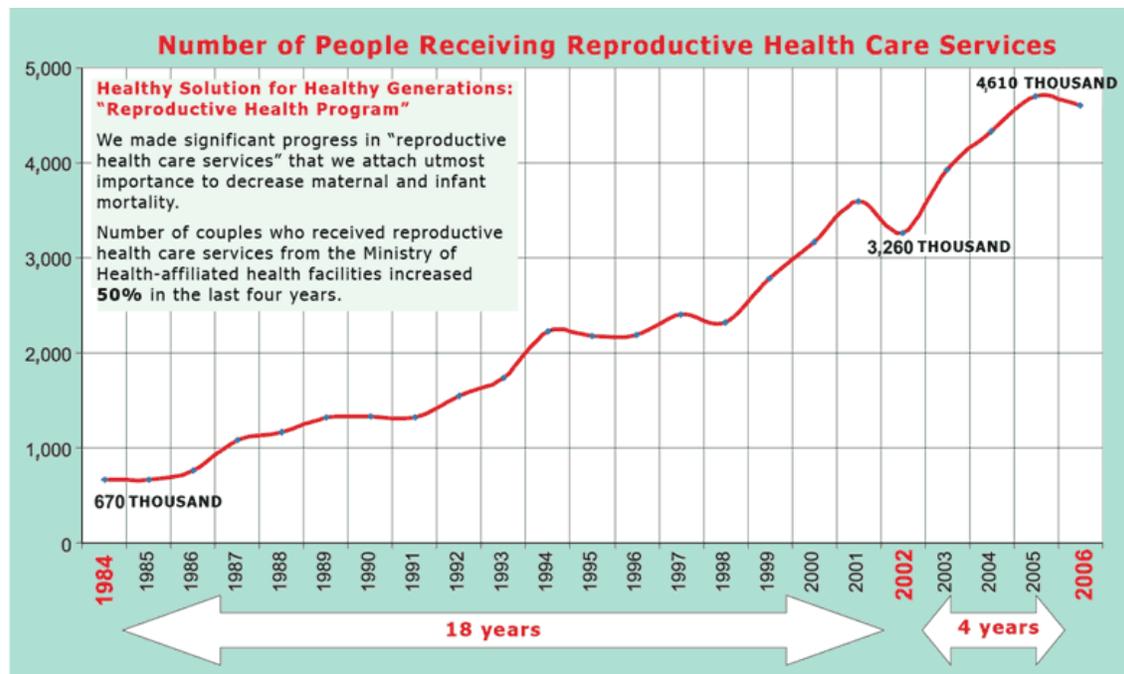


Sexual and Reproductive Health Program:

Turkish Sexual and Reproductive Health Program is implemented in cooperation with the European Union in order to increase the utilization and accessibility of services in the field of sexual and reproductive health, improve service quality to support the MoH-conducted studies and to strengthen the collaboration with the NGOs. In 2002,

3,260,000 couples received sexual and reproductive health care services from the MoH-affiliated facilities. In 2006, the number of couples reached up to 4,610,000.

Ministry of Health and Turkish Armed Forces initiated collaborative work in educating men on sexual health and family planning. In this respect, trainer's training was given to 3,150 military health care personnel so that they give Reproductive Health and Family Planning Counseling Services and Trainings to military men and noncommissioned officers under Turkish Armed Forces. So, these personnel started to give reproductive health trainings in all platoons and troops. Since April 2004, more than 1 million military men have received training. We aim to train everybody who conducts military service this way. So, every year 500,000 young men will have been trained on reproductive health when are released from military service and set off to go back home.

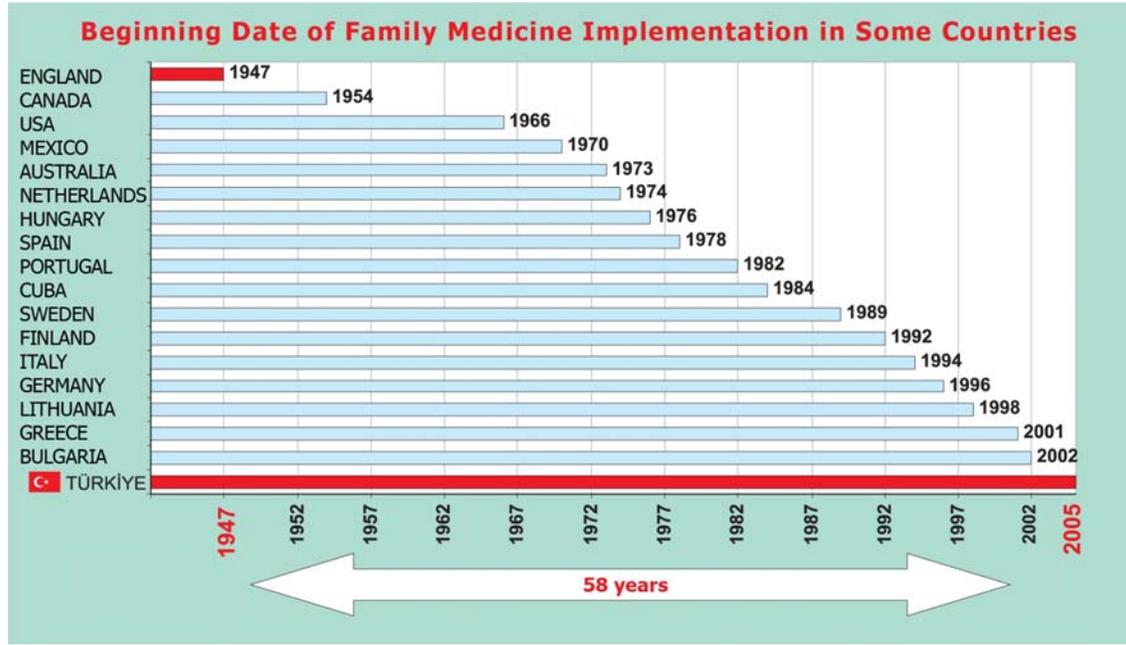




Transformation in the Primary Health Care Services: Family Medicine:

The Transformation in Health Program is human centered. This principle means that the system will take into consideration human being firstly when planning and providing services. Thinking that health is produced within a family first, individual health is dealt within the concept of “family health”. Preventive services for individuals and primary diagnosis and curative services have enabled more close relationships between family members and the family physician thus the role of primary health care personnel has been identified better.

The terms of general practitioner, family doctor and family practitioner have the same meaning in the program. They all refer to physicians who are educated for the primary care.



Family medicine prevents waste, unnecessary expenditures, excessive workload, long waiting lists and patients' suffering.

Family Physicians Counseling Committee was set up with the participation of professional organizations and academicians. The committee prepared the training curriculum for physicians to take part in the field of family medicine. The program consists of two stages. First stage targets short-term harmonization training. Second stage targets long-term training on update and promotion of professional knowledge and skills.

Community Health Centers were founded in order to provide more effective and productive health services by gathering primary care under a single roof except for preventive, diagnostic, curative and rehabilitation services. These centers give free-of-charge logistic support to vaccination campaigns, mother and child care and family planning services in accordance with the program identified by the Ministry of Health. They also supervise family physicians. Thus, both family health and community health care services were unified and primary health care structure was integrated. As the process moves forward, family physicians will be employed in family health centers and public health specialists in community health centers.

Turkish Grand National Assembly enacted the Law on Pilot Implementation For Family Medicine in November 2004. Pilot implementation was first initiated in Düzce. Eskişehir, Gümüşhane, Edirne, Bolu, Adıyaman, Elazığ, Denizli, Isparta, Samsun and İzmir provinces were added to the list, then. So, a total of nine million people were brought under the coverage of family medicine.

Family medicine practices, preliminary results of which are so encouraging and successful, puts primary care services at the top of the public agenda, makes primary

care attractive and thus facilitates easy and widespread provision of these services. Success of the system will reduce the number of patients visiting hospitals and alleviate excessive workload at hospitals. At the same, physicians who are employed in primary care will re-gain the professional respect that they already deserve. For now, the practice is supported by in-service training programs. However, the system envisages to train family physicians in long-run for well functioning of the system. So, people will have more trust in the reliability of primary care services.

Article 11§2

1) For States that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

It was mentioned in the paragraph 1.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

It was mentioned in the paragraph 1.

3) Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.

It was mentioned in the paragraph 1.

Article 11§3

1) For States that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

It was already mentioned above.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

Awareness for Chronical Diseases:

“Chronical Diseases Control Program at Primary Level” was initiated with the aim of improving the cooperation between primary and secondary health institutions,

providing strengthening of the system on disease prevention, early diagnosis, proper treatment and regular follow-up of the patients as well as improving life quality by reducing mortality and morbidity.

Important improvements were achieved regarding the formation of the National Cardiac Health Program, National Mental Health Program and National Diabetes Policy with the participation of the scientists and the representatives of NGOs.

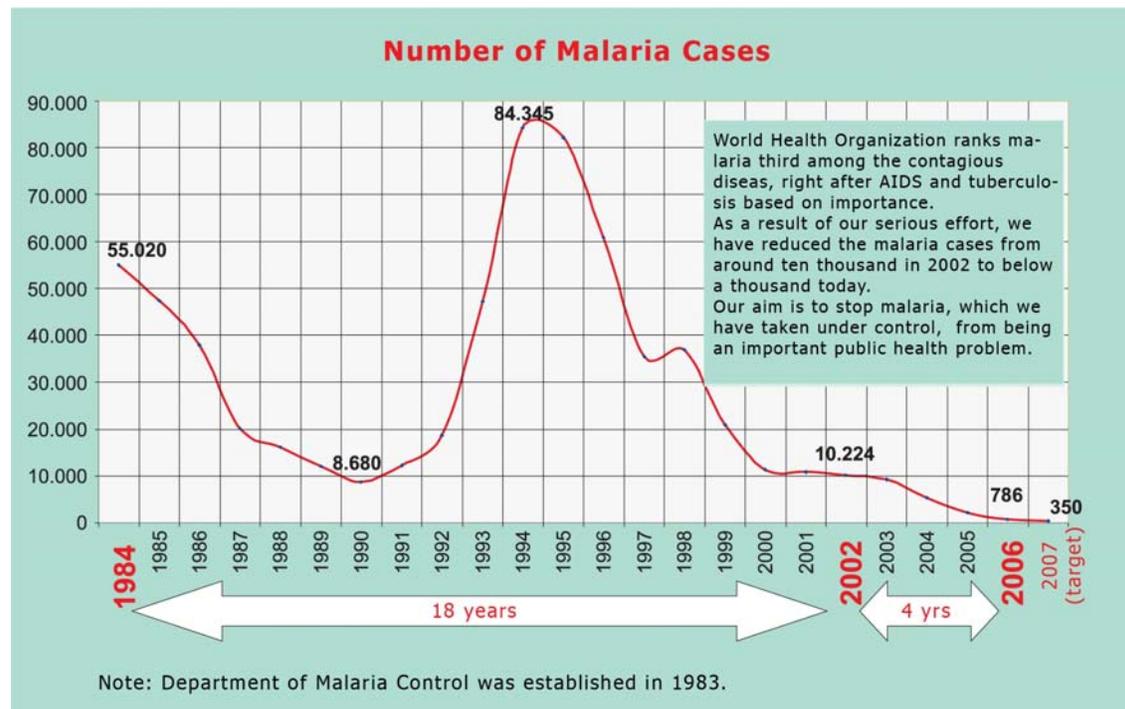
National Advisory Committee on Cancer was established with the aim of policy and strategy development in the planning of Turkey's cancer control program. "Cancer Screening and Training Centers" were opened in 49 provinces in the last four years. Citizens with no ability to pay can benefit from services at these centers free of charge.

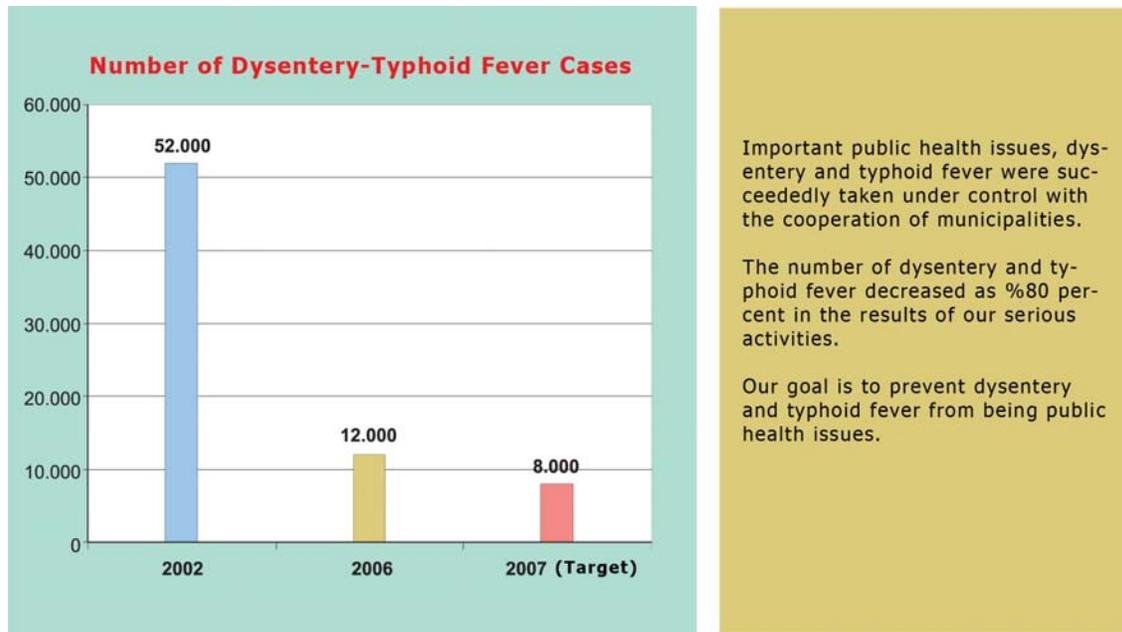
Effective Fight with Communicable Diseases:

A great achievement was made in the field of malaria control. The number of malaria cases was over 10.000 in 2002. In 2006, number of malaria cases was 786.

As a result of the effective activities, the number of the leishmaniasis cases which was approximately 5.000 in 2004, descended to 1.800.

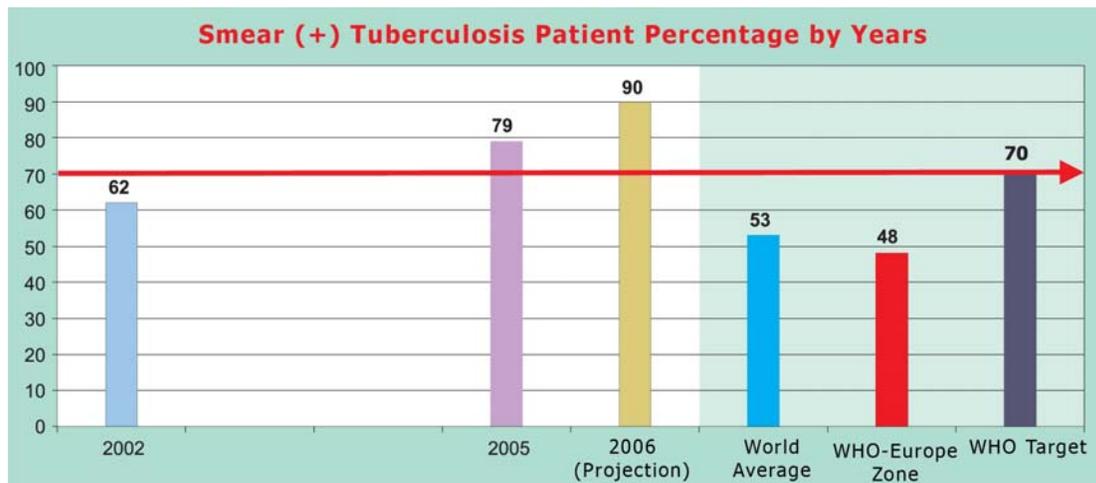
The number of dysentery – typhoid fever cases which was approximately 52.000 in 2002, descended to 12.000 in 2006.



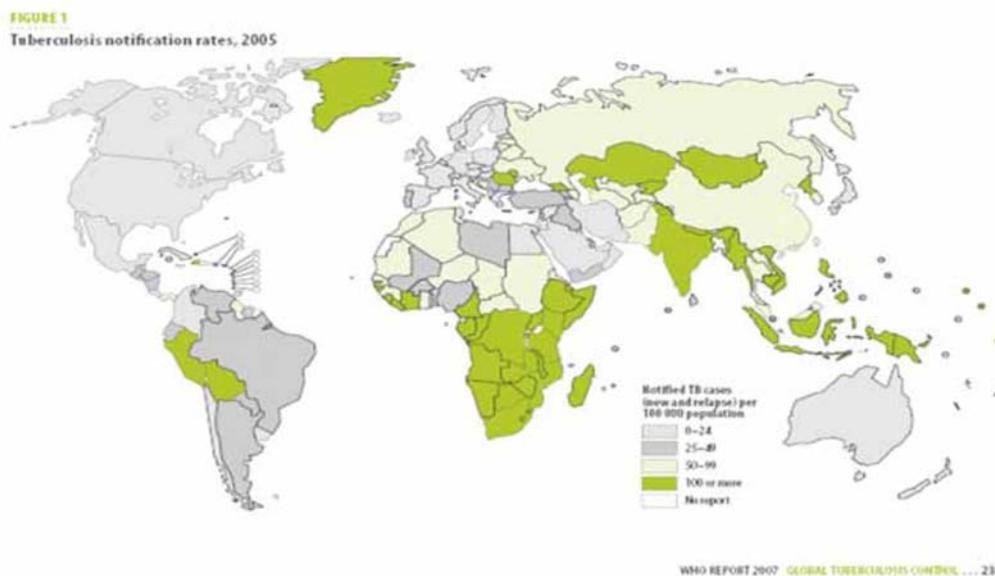


In the fight with tuberculosis, smear method is very important for keeping the record of the certain cases and cases communicating microbes. According to the WHO's 2007 Global Report on Tuberculosis, 62% of the patients with tuberculosis were reached with the smear (+) method in 2002. This rate reached up to 79% in 2007. Thus, 70% rate determined as minimum for the countries by the WHO was exceeded.

Since tuberculosis requires long term treatment, cooperation and control of the patient is important.



The practice of “Direct Observed Therapy-DOTS” started in 2003 for the fight with tuberculosis. Now, the treatment of the patients with tuberculosis is being conducted with this practice.



WHO groups countries into 5 categories based on malaria determined by the number of cases per 100.000 population
Our country is in the second best group of "25-49" cases per 100.000 population.

DOTS is the medicament of the tuberculosis patients directly by the physician until the treatment is concluded. We provided nationwide generalization of this practice in 2006.

The number of the notified measles cases was 7.804 in 2002. This number descended to 34 in 2006 as a result of the measles elimination program.

Concerning Avian Influenza, our preparations which have started 2 years ago, made it possible for us to control this disease with an appropriate intervention and in a short time. Our activities continue within the scope of "National Preparation Plan on Pandemic Influenza" which is prepared by scientists from training and research hospitals, representatives of the related public bodies, and around 60 experts from private sector.

Communicable Diseases Legal Basis

- Constitution (1982; Article 56)
- Law on General Hygiene (1930; No: 1593)

*** Law On General Hygiene**

Article 1

Responsibilities of the State:

- **improving** health conditions throughout the country

- **struggling** with all agents and threats to the community
- **ensuring** healthy growth of new generation
- **providing** the medical services to the population.

Article 2

- Public health care is the duty of MoH and local administrative structures and municipalities are responsible for implementing the related services.

Article 20

Responsibilities of municipalities regarding communicable diseases (CD):

- Providing healthy and safe water
- Establishment of the sewage system
- Contribution to the CD control activities

Article 57

List of communicable diseases (CDs) to be notified:

- Cholera, Dysentery (bacillary and amoebic), Typhoid fever, Paratyphoid fever, any other food-borne diseases; Plague (bubonic or pneumonic form), Epidemic typhus, Smallpox, Diphtheria, Epidemic meningitis, Scarlet fever, Anthrax, Poliomyelitis, Measles, Leprosy, Rabies and suspected contact, Brucellosis

Article 58

Notification Obligation:

- Having diagnosed as a confirmed or probable case, all clinicians should notify the cases stated in Article 57 to the Health Department within 24 hours.
- If there is no Health Department in the district, police or gendarmerie forces should be notified with the name and address of the case in written or oral form.

Article 64

MoH is also responsible for taking measures against outbreaks or threats caused by agents, other than those listed in Article 57.

Measures for controlling communicable diseases (CDs)

- quarantine or isolation conditions
- vaccination principles
- water sanitation and other precautions
- decontamination procedures

Although some of the following diseases has low incidence in Turkey. Within the context of this Law, specific measures have been taken for;

- malaria, trachoma, STDs, tuberculosis
- transborder CD threats.

Milestones Of Communicable Diseases (CD) Control In Turkey

- 1885; “Variola Law” was put into force as the first law on smallpox in the world
- 1892; variola vaccine was produced at the first time in Superior Hygiene Centre in Istanbul
- 1895; production of diphtheria antiserum was started by Prof. Maurice Nicolle in the Centre
- 1913; production of vaccines for cholera, typhoid and dysentery were started
- 1918; involvement of NGOs in CD control in tb
- 1920; foundation of the “Ministry of Health” by the Law No:3
- 1928; establishment of the “National Hygiene Center” by the Law No:1267 for monitoring and tracing the infectious diseases threats
- 1930; “Law on General Hygiene” No:1593. Obligation to notify the CDs by this Law.
- 1937; production of the univalent diphtheria, pertussis and tetanus vaccines was started
- 1953; BCG and influenza vaccine production laboratories were accredited by the WHO and awarded
- 1961; "Socialisation of Health Care” Law No:224.
- 1963; OPV implementation for poliomyelitis was started
- 1968; production and implementation of the trivalent Diphtheria-Pertussis-Tetanus vaccine
- 1970; vaccination against measles with attenuated vaccine was started
- 1980; the lowest level of diphtheria morbidity rates in the past 20 years from 20s to 0.2 per 100.000 population same as the trends in European countries
- 1981; “Expanded Program on Immunisation” was introduced
- 1985; “National Vaccination Campaign” increased the immunisation coverage from 20-30% to 80%
- 1989; “Polio Eradication Program” was started.
- 2000; “Neonatal Tetanus Elimination Program”
- 2002; Turkey eradicated polio and declared to be a polio free country in this year by the WHO
- 2003; “Measles Elimination Program”; the elimination of measles is planned to be achieved by the year 2010

Specific Health Issues

- “By-law on Hospital Infection Control” (OG No:25903, 11.08.2005)
- A “Focal Point” for monitoring “Hospital Infection Control” activities in Refik Saydam National Hygiene Centre, as of January 2006.

- Technical studies for setting up an “Antimicrobial Resistance Surveillance” still continue.

Zoonotic Infections

- Ministry of Agriculture is the responsible authority for controlling zoonotic infections.
- MoH and MoA established “National Zoonosis Committee” in 1991. Working procedures on monitoring of zoonosis and zoonotic agents; epidemiological investigation of food-borne outbreaks and Exchange of information related to zoonosis are being revised.
- A circular on “National Pandemic Influenza Action Plan” is issued on 15 June 2006, No: 2006/67

EU funded projects

- Strengthening Of Epidemiological Surveillance And Control Of Communicable Diseases System (ESCCDS) In Turkey
- 2 sequential Projects under 2004 and 2005 Pre-accession Financial Cooperation Programmes (Project-1 TR0403.06 and Project-2 TR0503.13)
- The projects foresee the strengthening of the institutional structure, capacity and the legal framework of the current system (CDSS) to be in conformity with the EU Directives, in terms of structure, function, capacity, effectiveness and resources.

NUCLEAR ENERGY - Radiation Protection

Regulatory Authority

Turkish Atomic Energy Authority (TAEK) is the regulatory body for safe use of sources of ionizing radiation, radiation protection, safe management of radioactive waste and safe transport of radioactive material.

Legal Framework

- **Turkish Atomic Energy Authority Law No. 2690** (Official Gazette: 13 July 1982, no. 17753)

- Regulation on Radiation Safety (Official Gazette: 7 September 1985, no. 18861)
- Regulation on Issue of Licences for Nuclear Installations (Official Gazette: 19 December 1983, no. 18256)
- By-Law on Radiation Safety (Official Gazette: 24 March 2000, no. 23999) (revised – Official Gazette: 29 September 2004, no. 25598)
- By-Law on Nuclear and Radiological Emergency Preparedness (Official Gazette: 15 January 2000, no. 23934)
- By-Law on the Licensing and Safety of Gamma and Electron Beam Irradiation Facilities (Official Gazette: 18 June 1994, no. 21964)

- By-Law on Licensing of the Facilities Including Ionizing Radiation Sources for Therapy Purposes in Medicine (Official Gazette: 21 July 1994, no. 21997)
- By-Law on the Safe Transport of Radioactive Materials (Official Gazette: 10 September 1997, no. 23106) (revised – Official Gazette: 8 July 2005, no. 25869)
- By-Law on Wastes Arising from Use of Radioactive Substances (Official Gazette: 2 September 2004, no. 25571)
- By-Law on Licensing and Radiation Protection in Industrial Radiography, (Official Gazette: 8 July 2005, no. 25869)
- By-Law on Quality Assurance and Inspection of Nuclear Installations (Official Gazette: 13 March 1997, no. 22932)

TAEK Law No. 2690

Article 4

TAEK is responsible for licensing, inspection, preparation of legislation and determination of principles concerning radiation protection, nuclear installations and radiation sources and practices, transportation and storage of the radioactive materials; and to perform other related tasks.

By-Law on Radiation Safety

- Covers the fundamental aspects of radiation safety, particularly authorization and inspection of practices.
- Mostly based on the IAEA and ICRP technical documents and the EURATOM Directives.
- Covers requirements related to occupational, public and medical exposures, transportation, waste and emergency preparedness.
- Revised by amending several articles on patient discharge levels and some requirements for setting local rules by the authorized establishments, etc.

Chapter I Scope, legal base, definitions and exemptions.

Article 1 and 2

- Governmental or private institutions and organizations or persons who keep, use, import, export, transport, store, and trade radioactive materials and radiation equipment are subject to reporting requirements.
- “By-Law covers the issues related to activities to be performed and measures to be taken for protecting people and the environment from harmful effects of all types of radiation sources and facilities that are subject to radiation safety.”

Article 5

- Radioactive substances of which concentrations or radioactivity levels do not exceed the levels given in Annex-I and the radiation producing devices that do not exceed the dose rates given in Article 5 are exempted from the provisions of the By-Law .
- It is prohibited to import, export, manufacture, hold, use and store toys, stationeries, clothes, cosmetics, products for household use and similar goods that contain radioactive substances, even within exemption limits.

Chapter II, Section I, Basic Principles of Dose Limitation System

Article 7

The dose limitation system used in radiation protection is based on the following three principles:

- **Justification of Practices:** Considering the health detriments of exposure, any practice involving ionizing radiation shall not be authorized, unless it produces a net benefit.
- **Optimization of Radiation Protection:** In all practices, radiation exposures shall be kept as low as reasonably achievable, considering economic and social factors.
- **Dose Limitation:** For all exposures to ionizing radiation of individuals under controlled working conditions, the equivalent doses to the related tissue or organ and the effective dose shall not exceed the annual dose limits provided in the Article 10 of the By-Law .

Dose limits for exposed workers, apprentices and students and members of the public are set in *Section II* of the By-Law . General rules for “Specially Authorized Exposures” are also placed in this section.

Chapter II, Section III, “Classification of Radiation Workplaces” and restrictions for workers, students and visitors.

Article 15

Radiation workplaces are described as the areas where the annual dose is likely to exceed 1 mSv, and are classified according to the radiation levels as follows:

- a) Controlled Areas:** the area with restricted access and with work carried out under the specific rules regarding radiation protection and the radiation worker likely to be exposed to radiation more than 3/10 of the average annual equivalent dose limits of five consecutive years.

Radiation warning signs shall be available at the entrances and inside of controlled areas.

b) Supervised Areas: the area where 1/20 of the annual dose limits for radiation worker likely to be exceeded but, 3/10 of the doses not expected to be exceeded and where individual dose measurements are not obligatory but environmental radiation monitoring is required.

Chapter III consists of four sections which are occupational, medical, public and emergency exposures and sets the requirements according to types of exposures to ionizing radiation.

- **Section I - Occupational Exposures**

Article 20 defines working conditions for persons who are subject to occupational exposure. In **Articles 22, 23, 24** requirements are given for using personnel dosimeter, protective clothing and equipment, and medical surveillance of workers.

Occupational Exposure Control

Dosimetry reading and registry services are provided by Sarayköy Nuclear Research and Training Center of TAEK.

Individual Monitoring Individual Monitoring

Individual monitoring for external radiation is carried out by using films and TLD dosimeters. The total number of workers receiving services are around 21000 per year.

Workplace Monitoring Workplace Monitoring

As part of the licensing procedure, initial workplace monitoring is made by TAEK experts.

Depending on the practice, the institutions have to be equipped with suitable devices for the monitoring of the working places.

- **Section II on “Medical Exposures”** consists of the Articles given below:

- Radiation protection of patients,
- Justification of medical exposures,
- Optimization of medical exposures,
- Quality assurance in medical exposures,
- Guidance levels for medical exposures,
- Exposures for medical research purposes,
- Dose limitation for volunteers and visitors,
- The patient discharge limits,
- Misadministration of patients.

- **Section III** regulates the “**Public Exposures**”

Articles 34 and 35 are related to the rules on discharge of radioactive substances and requirements for monitoring and inspection of radioactive materials discharged to the environment.

Article 36 sets the rules for sealed radioactive materials. According to this article used sealed radioactive sources shall not be disposed of directly or indirectly to the environment and shall not be transferred by the licensee to other persons or organizations without written notification to TAEK in advance.

On-site final deposition is not allowed for disused sealed radioactive sources. Procedures to return to the manufacturer are initiated, otherwise sources shall be sent to a waste processing facility.

Temporary storage of the radioactive materials in the facility due to obligatory reasons shall be in compliance with the procedures and principles determined by TAEK.

Examination and approval of plans for the discharge of radioactive effluents from nuclear installations

The operator should submit plans for radioactive effluent discharge as a part of the safety analysis report of the installation, which is subject to a thorough assessment and evaluation before granting an authorisation for operation (Articles 14(6) and 14(7) of the Regulation on Issue of Licences for Nuclear Installations, Articles 33-36 of the By-Law on Radiation Safety).

Article 14 - The Preliminary Safety Analysis Report must include the following information :

- (6) Measures for radiation protection, radwaste systems, in-service inspection, maintenance and decommissioning
- (7) Safety analyses of the facility during normal operation, anticipated operational occurrences and accident conditions.

Estimates of population doses due to discharges of radioactive effluents

According to Article 9(9) of the “Regulation on Issue of Licences for Nuclear Installations”, the Site Report should contain information regarding “Preliminary studies on radiation exposure of the public due to liquid and gaseous radioactive effluents during normal operation, anticipated operational occurrences and accident conditions. These studies should take into account dispersion patterns of radioactive effluents, present and prospective population distribution, public water supply from regional water sources, regional milk and food production, and radioecology of the region.”

Disposal of radioactive waste

TAEK Law Article 4(f) authorizes TAEK to regulate radioactive waste management activities.

Regulation on Radiation Safety, Article 8 states licensing obligation for radioactive waste facilities.

Radioactive waste is managed in the Cekmece Nuclear Research and Training Center of TAEK by treatment, conditioning and storage.

Source return policy is applied to decrease the amount of waste needs to be processed.

Planned disposal of waste at nuclear installations

Planned disposal of radioactive waste is part of the Safety Analysis Report according to the “Regulation on Issue of Licences for Nuclear Installations,” and subject to examination and approval before an authorisation.

Implementation of those plans are also subject to inspection by TAEK.

Article 37 is related to the “**Natural Radiation**”. Natural radiation levels are monitored, where required, by TAEK with the cooperation of the relevant ministries, institutions and organizations.

Article 38 concerns work activities that involve natural radiation sources and lead to a significant increase in the exposure of workers or members of the public and cannot be disregarded from the radiation protection point of view. Control measures are taken for the flight personnel and mine workers.

Workers are informed about the radiation they received and related health risks.

Chapter III – Section IV is related to “**Exposures during an Accident or an Emergency**” and consists of Articles 39 to 49.

The licensee is responsible for preparation of an “Emergency Plan” considering the characteristics of the radioactive sources used in the facilities.

In case of an emergency or an accident, measures shall be taken immediately, and TAEK shall be notified about the situation.

Emergency plans for nuclear installations

According to the Regulation on Issue of Licences for Nuclear Installations:

- The applicant should submit emergency plans as part of the application for an operating licence (Article 26 and 45)
- The applicant should submit instructions and procedures for anticipated operational occurrences and accidents as part of the application for an operating licence (Article 29 and 45).
- The applicant should immediately notify TAEK about accidents and anticipated operational occurrences (Article 34).

Safety of Radioactive Sources

Article 47: In case a radiation source is lost, stolen or damaged, the Licensee shall immediately take necessary precautions and notify TAEK about the situation through the fastest means of communication. An on-site investigation is performed by TAEK. Assistance and cooperation of relevant institutions shall be solicited, if required.

In **Articles 48 and 49**, “Intervention Levels” for acute and chronic exposures are given respectively.

Chapter IV covers the rules on authorization of practices and defines responsibilities, procedures and requirements concerning licences, permits, inspection and records.

Licence Obligation

Article 50

It is obligatory to obtain a licence from TAEK to produce, export, import, purchase, sale, transport, store, maintain, repair, install, dismantle, replace, possess and use radiation sources.

If any activity requires any other licence, permit or certificate from any other ministry and/or institution, a licence from TAEK is required as precondition for such licence, permit or certificate.

Chapter IV, Section I also includes procedures for licence application, evaluation of the applications, licence granting, licence renewal, expiration of licence, revocation of licence and termination of licence upon request.

Section II is related to import, export and transport permits and radioactive material delivery conditions.

The persons and organizations licensed to import, export and transport radiation sources are obliged to obtain permits for each transport, export or import activity.

Chapter IV, Section III covers general principles of inspection and evaluation of inspection results.

Chapter IV, Section IV Recording and record keeping obligations are set in **Article 69**. Real persons, public and private institutions or organizations within the scope of the By-Law are obliged to keep records relating to personnel, radiation sources, radioactive wastes and accidental exposures. These records shall be preserved for 30 years.

Chapter V covers the articles on violation of the legislation and insurance liability.

Enforcement

If it is determined that the activity is carried out **without a licence or the licence conditions are violated** or any other provision laid down in the By- Law are not complied with, TAEK applies to proper authorities to initiate **legal action**.

Protection against exposures or radioactive contamination beyond the perimeter of nuclear installations

The operating license of a nuclear installation requires the operator to demonstrate the adequacy of measures taken for protecting the public from undue exposure during normal circumstances.

There are several secondary legislation regarding the safety of nuclear installations that are mostly based on IAEA Safety Standards Series documents and the legislation of developed countries (e.g. USNRC 10 CFR 20, 50, 100 and USNRC Regulatory Guides).

Outside workers

A technical study to adopt an EU Directive on the operational protection of outside workers exposed to the risk of ionising radiation during their activities in controlled areas has been prepared and submitted for approval.

To make arrangements for implementation, coordination will be established with the Ministry of Labour and Social Security.

Emergency Management / Crisis Management

By-Law on Prime Ministry Crisis Management Center (Official Gazette: 9 January 1997, no. 22872) (Amended Official Gazette: 21 August 2002, no. 24853)

Crisis Management Center

- main responsible organization for wide scale emergency management

- operates under the supervision of Prime Ministry
- not a permanent organization
- acts as a coordination center among ministries and governmental authorities relevant to the disaster
- responsible for all kind of disasters including **large scale** nuclear and radiological emergencies.

TAEK is the leading organization for wide scale nuclear emergencies within **the Crisis Management Center (CMC)**.

TAEK gives advices for protective measures and the measures are implemented in coordination with the other relevant agencies. Protective measures like sheltering, evacuation, distribution of iodine tablets, decontamination are recommended by TAEK, decided by CMC and executed by the related ministries and other entities. All non-crisis nuclear and radiological emergencies are handled by TAEK Emergency Preparedness and Coordination Unit.

TAEK Emergency Response Center, operating under the Emergency Preparedness and Coordination Unit, is connected to the national and international information centers on-line, i.e., IAEA, INES and RESA (Early Warning Environmental Radiation Monitoring System of TAEK). At present, 67 on-line EWERMS stations are in operation.

By-Law on Nuclear and Radiological Emergenc (Official Gazette: 15 January 2000, no. 23934)

By-Law prescribes duties and responsibilities of different organizations which may participate in nuclear or radiological emergencies.

Referring to this by-law, implementation instructions of TAEK Emergency Response Center covers the following items:

- description of the emergency organization
- emergency preparedness activities
- protective measures
- intervention levels
- contact points of national and international organizations
- notification procedures

Other Related Legislation on Nuclear and Radiological Emergency

- Law on Civil Protection (Cabinet Decree: 9 June 1958, no. 7126; Official Gazette: 13 June 1958, no. 9931)
- By-Law on Individual Commitment, Evacuation, Deconcentration and Planning in Civil Protection, (Cabinet of Ministers: 5 June 1964, no. 6/3150) (Official Gazette: 18 July 1964 no. 11757)

- Instructions on the Establishment, Duties and Operations of Civil Protection Warning and Radiological Protection Organization (Date of Issue: 16 September 1974)

European Community Urgent Radiological Information Exchange ECURIE agreement was accepted and duly signed by EC and TAEK on 26 July 2005. The agreement is to be ratified.

After ratification CODECS system will be installed for the ECURIE purposes.

Environmental Monitoring

Samples (soil, water and foodstuffs) taken by the ministries of Environment and Forestry and of Agriculture are analysed in the laboratories of TAEK for the purpose of environmental monitoring. Sampling program covers the entire country and aims to compile all necessary data on the background environmental radiation which also enable necessary information to be used for dose assessments in case of an emergency.

67 EWERMS stations monitor the air dose rates continuously. Data taken from this system are planned to be posted to EURDEP (EUropean Radiological Data Exchange Platform).

Since the Chernobyl nuclear accident, monitoring of radioactive contamination of foodstuffs and feeding-stuffs has formed a routine part of monitoring, taking into account the limits recommended by the IAEA. TAEK also determines and assesses radon levels in residential and working areas

Foodstuff Regulations / Post-chernobyl Accident

After the Chernobyl nuclear accident, foodstuffs to be **exported** are monitored and certified for radioactive contamination by the research centers of TAEK, taking into account the limits recommended by the Council Regulation.

For the **import** of foodstuffs, there is a control mechanism established by Undersecretariat of Foreign Trade in coordination with TAEK, according to the principles laid down in the relevant EU legislation.

This issue has been included in the implementation instructions of TAEK Emergency Response Center.

Same provisions will be inserted into the By-Law on Nuclear and Radiological Emergency, which is under revision.

Appropriate mechanisms for sampling, monitoring and restricting the sale of contaminated foodstuffs or feeding-stuffs have been established in the By- Law on Nuclear and Radiological Emergency. According to this regulation, TAEK is responsible for monitoring, the Ministry of Agriculture is responsible for sampling and

the Governor of the province is responsible for the restriction of foodstuffs and feeding-stuffs in case of any nuclear accident or other radiological emergency.

Public Information

This subject is covered by the By-Law on Nuclear and Radiological Emergency.

“... TAEK performs all kinds of training activities by posters, brochures, magazines, books, etc. publications and mass media tools such as radio, television in order to inform the public on measures to be taken in case of dangerous situations, on the effects of radiation and similar issues.

TAEK cooperates with Ministry of Internal Affairs, Ministry of Health, Ministry of National Education, Ministry of Agriculture and Village Affairs, Ministry of Environment and other ministries, institutions and their affiliates during those activities...”

This subject is also covered by the implementation instructions of TAEK Emergency Response Center.

Food Safety, Veterinary And Phytosanitary Issues

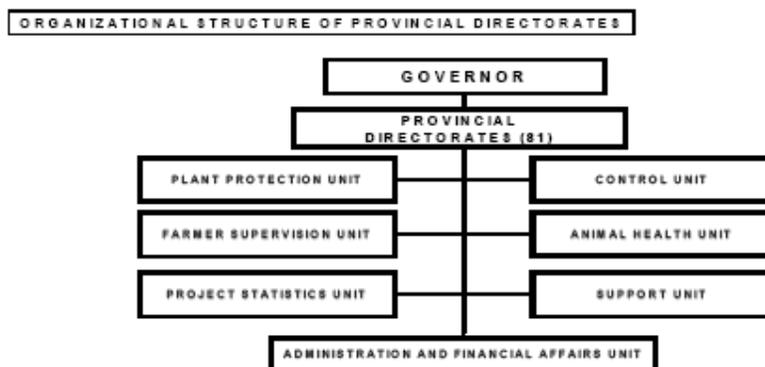
The Ministry of Agriculture and Rural Affairs (MARA) is the main decision making body in Turkey with respect to food safety, veterinary and phytosanitary issues.

The central body of MARA consists of 5 Directorate Generals as main service units. Among these service units, General Directorate of Protection and Control (GDPC) of MARA is the main unit responsible for food safety, veterinary and phytosanitary policies.

Units of Ministries at central level are responsible for the implementation of decisions and legislation. Implementation at the local level is done by the local units of those Ministries having local units. Implementation tasks are also carried out by Municipalities in cases where legislation so stipulates.

Local units of MARA and other institutions as well as municipalities implement the decisions taken in the areas of their jurisprudence.

There are 81 provinces with its districts in Turkey. The MARA is represented by local MARA offices in both provinces and districts. The local managers of MARA offices report to the governors and district governors who eventually report to MARA central administration. Municipalities report to Ministry of Interior regarding their activities.



GDPC is represented by the local MARA offices (Provincial Directorate). These local offices have sections as such, Animal Health, Food and Feed Control, Seed Certification, Slaughterhouse Services and Control Services. The phytosanitary part is represented by Plant Protection Section. Plant quarantine services are handled by special directorates in provinces called Agricultural Quarantine Sections. In smaller districts these are represented by Plant Protection Sections.

- **Legal Framework (Primary Legislation):**

- Decree Law no. 441 on Organisation and Duties of MARA (O.G. 09.07.1991, No. 20955)
- Food Law no.5179 (O.G. 05.06.2004, No.25483)
- Animal Health Control Law no. 3285 (O.G. 08.05.1986, No.19109)
- Animal Breeding Law no. 4631 (O.G. 28.02.2001, No. 24338)
- Feed Law no.1734 (O.G. 07.07.1973, No. 14557)
- Fisheries Law no. 1380 (O.G. 22.03.1971, No.13799)
- Law of 308 on Registration Control and Certification of Seeds (O.G. 29.08.1963, No.11493)
- Law on Protection of Breeder’s Rights of New Plant Varieties no. 5042 (O.G. 08.01.2004, No. 25347)
- Plant Protection and Quarantine Law no. 6968 (O.G. 08.05.1986, No. 9615)

Other Ministries And Public Institutions Involved And Their Area Of Competencies

- Ministry of Interior (via Municipalities and Special Provincial Administrations)

Issuing working licence and registration of food establishments in accordance with Law no. 5302, Law no. 5393 and Law no. 5197

- Ministry of Health (General Directorate of Primary Health Services)

The principles concerning water and foods intended for special medical purposes are specified by the Ministry of Health. Ministry of Health has the right of intervention in cases of emergency concerning public health in accordance with Law no.5179.

- Organized Industrial Areas

For food establishments within organized industrial areas, working licenses are issued by the administration of these organized industrial areas in accordance with Law no. 4562.

- Ministry of Environment and Forestry

Animal protection Law no. 5199 gives responsibility and competence to the Ministry of Environment and Forestry.

- Undersecretariat of Foreign Trade

UFT carries out export controls in accordance with the National Standards of Turkish Standard Institute in order to protect and improve the image of Turkish goods in accordance with Law no. 4059

Legislation related to Other Ministries and Public Institutions;

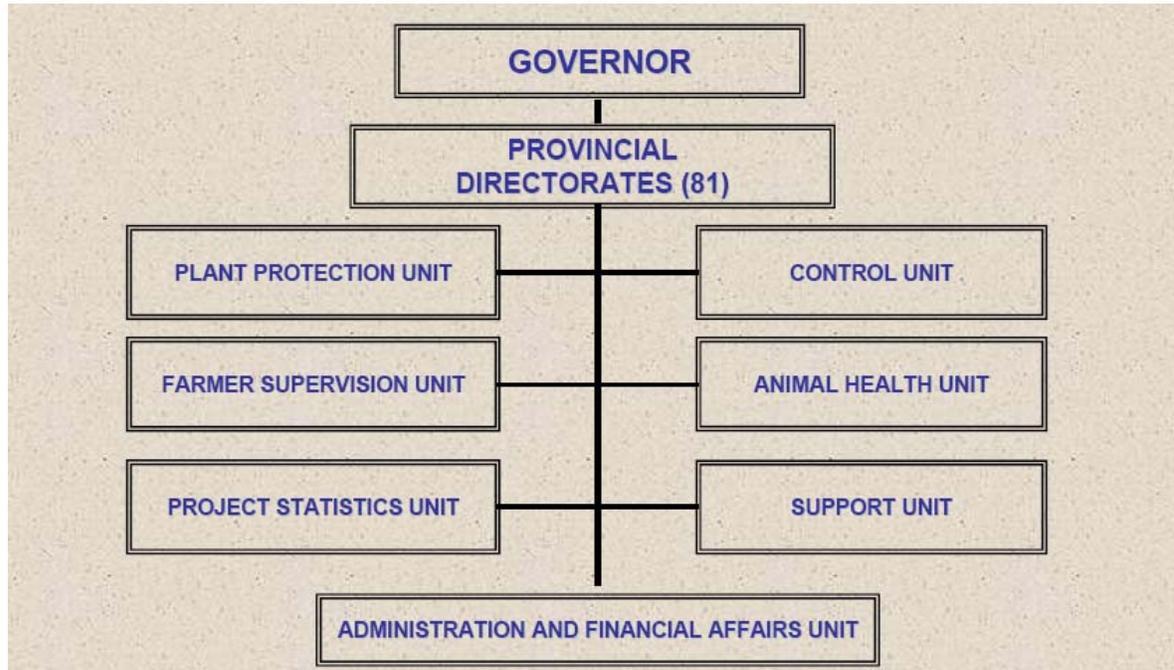
- Law no. 5216 on Metropolitan Municipalities
- Law no. 5393 on Municipalities
- Law no. 5197 on Special Provincial Administration
- Law No. 4562 on Organized Industrial Areas
- Law no. 5199 on Animal Protection
- Law no.1593 on General Hygiene
- Law no. 4077 on Consumer Protection and Competition
- Law no. 4703 on Preparation and Implementation of the Technical Legislation of the Products
- Law no. 4458 on Customs
- Law no.2872 on Environment

As regards the control system;

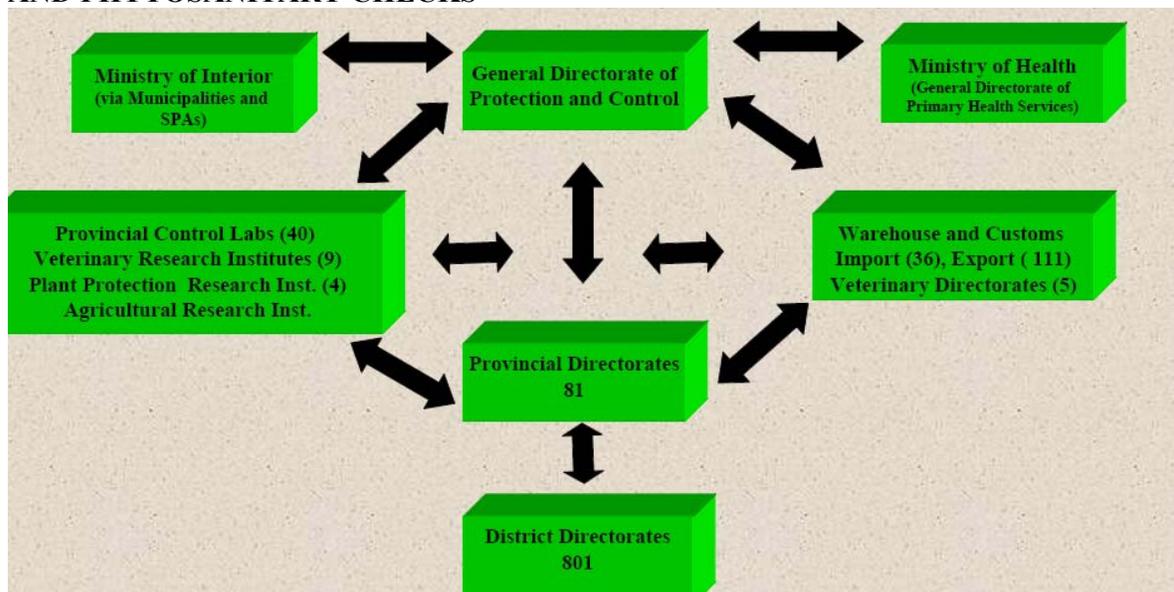
- General Directorate of Protection and Control (GDPC) is in charge of Food Safety, Veterinary and Phytosanitary areas through
 - 81 Province Agricultural Directorates
 - 803 District Directorates
 - 39 Provincial Control Laboratories
 - 8 Veterinary Control and Research Institutes
 - 1 Food Control and Central Research Institute
 - 4 Research Institute on Plant Protection

- MARA's Provincial Agricultural Directorates in 81 Provinces are responsible for food control/inspection, veterinary and phytosanitary checks.

ORGANIZATIONAL STRUCTURE OF PROVINCIAL DIRECTORATES



COMMUNICATION OF GDPC RELATED WITH FOOD CONTROL, VETERINARY AND PHYTOSANITARY CHECKS



Main Tasks And Responsibilities Of GDPC

- Adoption of EU legislation on food safety, veterinary and phytosanitary
 - Protection of animal health, control and eradication of diseases
 - Approval and control of clinics, polyclinics and animal hospitals
 - Set up and implement animal registration system
 - Sustain and protect the resources on fisheries
 - Animal movement controls and quarantine measures
 - Protection of plant health, quarantine measures
 - Development of environmental friendly and alternative plant protection techniques,
 - Encouraging the use of early warning system on plant protection,
 - Licensing machine and equipments for plant protection,
 - Registration and production permission of plant protection products and Veterinary Drugs,
 - Registration, approval and control of food establishments,
 - Risk based controls and inspections,
 - Export and import controls,
 - Establishing laboratories, authorization of private control laboratories.
 - Delegation of certain tasks is possible on veterinary sector;
- Private veterinarians can carry out vaccination to pets and follow up their health controls.
- Private veterinarians can participate in the vaccination programmes prepared by MARA
- Private veterinarians can work at slaughterhouses
- Ministry can delegate certain tasks to the appointed organizations on quality, risk analysis, certification and other subjects deemed appropriate by the Ministry (Article 24, Food law no.5179).

Delegation of specific tasks.

- Private control laboratories are appointed by the Ministry for the analysis of samples taken during export and import controls of foodstuffs in accordance with Law no. 5179.
- Control and Certification bodies are authorized for organic farming in accordance with Law no. 5262 on Organic Farming.
- Authorization is granted to private organizations for marking wooden packaging materials.

- Veterinary Control and Research Institutes
 - Animal Health Services Department of GDPC is responsible to appoint and control veterinary laboratories.
 - Laboratories;
 - 8 Veterinary Control and Research Institutes (regional labs.for animal diseases)
 - Ankara National FMD Institute
 - Reference Laboratories;
 - Ankara National FMD Institute
 - Etlik Central Veterinary Control and Research Institute
 - Pendik Veterinary Control and Research Institute
 - Bornova Veterinary Control and Research Institute
 - Konya Veterinary Control and Research Institute

- Provincial Control Laboratories
 - Public Health Services Department of GDPC is responsible to coordinate Provincial Control Laboratory Directorates and to appoint and control private laboratories.
 - Laboratories that carry out official controls of food and feed;
 - 39 Provincial Control Laboratories
 - Bursa Food Control and Central Research Institute
 - 25 Private Control Laboratories only for food analysis (appointed by the Ministry)
 - Reference Laboratories;
 - Ankara Provincial Control Laboratory
 - İzmir Provincial Control Laboratory
 - Bursa Food Control and Central Research Institute

- Plant Health Laboratories
 - Plant Health Laboratories;
 - 4 Plant Protection Research Institutes
 - 7 Agricultural Quarantine Laboratories
 - 5 Seed Certification Central Directorate
 - 1 Seed Registration and Certification Central Directorate of Ankara
 - Plant Protection Research Institutes also dealing with quarantine controls and monitoring programmes
 - Reference Laboratories;
 - Ankara Seed Registration and Certification Central Directorate for the plant health analysis.

- Accreditation of Laboratories

Laboratories are accredited in accordance with EN ISO/IEC 17025 on ‘General requirements for the competence of testing and calibration laboratories’

–Animal Health and food analysis;

Etlik Central Veterinary Control and Research Institute for 21 test methods

–Food and feed analysis;

İstanbul Provincial Control Laboratory
İzmir Provincial Control Laboratory
Ankara Provincial Control Laboratory
Mersin Provincial Control Laboratory
Samsun Provincial Control Laboratory
Bursa Food Control and Central Research Institute

– Private Laboratories on food analysis;

Aydın Exchange of Commerce Private Food Control Laboratory
Environmental Industrial Analysis Private Food Control Laboratory

- Other Governmental and University Laboratories

–Ministry of Health;

Department of Refik Saydam Hygiene Center

- 15 regional directorates

General Directorate of Primary Health Services

- Public Health Laboratories (68 provinces, 10 districts)
- Undersecretariat for Foreign Trade;
- 4 Laboratory Directorates in İzmir, Mersin, Trabzon, Malatya
- Turkish Standards Institute;
- 5 Laboratory Directorates in Ankara- Merkez, İzmir, Kayseri, Denizli and Çorum
- TUBİTAK Marmara Research Center;
- Research Centers in Ankara and Bursa
- Municipalities;
- 10 laboratory directorates in İstanbul, Ankara, Bursa, Giresun, Kocaeli, Manisa and Antalya provinces (7 provinces)
- University Laboratories;
- Faculties of Veterinary and Agriculture

Objectives of Food Safety Policies

- Adoption of EU legislation
- Ensure safe food supply

- Assurance of protection of human health and consumers' concern in relation to food
- Integration of food-related services within one competent authority
- Implementation of food safety rules effectively and efficiently

Responsible Authorities & Competencies:

- Ministry of Agriculture and Rural Affairs
 - Primary production
 - Approval and registration of establishments producing food of animal Origin
 - Production licence of foodstuffs and food contact materials
 - Registration of retails and consumption places
 - Official food controls through food chain
 - Inspection, monitoring, surveillance, traceability of foodstuffs
 - Export and import controls
- Ministry of Health
 - Natural spring and mineral water and foods for special medical purposes
 - Municipalities and Special Provincial Administration
 - Working licence and food register number for food establishments

Food Law No. 5179 : Content Of Food Law

- Food safety requirements and protection of health
 - The Food Codex
 - Registration and approval of establishments,
 - Food Business Responsibilities
 - Food Hygiene
 - Official Controls and Food Trade
 - Protection of consumers' interests
 - Reference Laboratories
 - Risk Analysis, Precautionary measures, Scientific Committees
 - Advertisement and Presentation
 - Principles of Transparency
 - Rapid Alert System, Traceability, Emergencies
 - Penalties, fines and objections
- Chapter Five (Provisions Concerning Protection of Health)
- Protection of Health (*Article 18*)

Food Businesses should;

- Comply with the minimum technical, hygienic and safety requirements
- Produce products in compliance with the food codex
- Produce foodstuffs not posing any risk to human health

CONTROL RULES:

Competencies:

Ministry of Agriculture and Rural Affairs (MARA)

- Food
- Feed
- Fisheries
- Animal welfare and health
- Slaughterhouses

Ministry of Health

- Natural spring and mineral water and foods for medical purposes

Ministry of Industry and Trade

- Evaluation of commercials through Board of Advertisement

Municipalities and Provincial Private Administration

- Controls for working permission

Official controls

- at any stage of the whole chain of food
- without prior notification and in working hours except particular cases
- with appropriate frequency and proportional to the risk
- Verification of information on registration and previous inspections
- no difference among the controls on internal market / import / export
- obliged to comply with the rules of secrecy
- on raw material, semi-product, final product, ingredient, labelling, equipment, process, food contact materials, areas and facilities
- for the purposes of traceability, auditing, monitoring, surveillance, certification, inspection, suspicion, complaint as well as control plans
- when needed, sampling and analysis methods

Control Procedures

Food Inspector

- checks whether minimum technical and hygienic requirements in place
- talks with the operator/employee
- checks the data like Quality Assurance
- keeps notes on the “*Business Operator Inspection Notebook*” and issues an “*Inspection Report*”
- if any obstruction faced against the control, legal action and the repeated control with the participation of security or local administrators

Sanctions Imposed

- banning from production
- administrative fines
- juridical fines
- imprisonment penalty
- withdrawing and confiscation of products
- destruction of products

Sampling and analysis procedures

- If sampled, one set of sample to the authorized laboratory under formal procedures, the other as replicate sample in proper conditions
- Parameters for analysis on the risk of fraud, adulteration, microbiological safety and hazardous substances
- “*Analysis Report*” and information of business operator is submitted to the authority by the laboratory in all cases

The checklist to control food processing facilities:

- numerical negative points (1-4)
- 4 and the sum of 3 points > 60 , banned from production until founded to correct by repeated inspection
- the product kept blocked, and released depending upon the positive control results
- 30 days (max) to correct deficiencies if the sum of 3 points < 60 or any 1 and 2 points; and repeated inspection.

The checklist to control sales points and mass consumption places

- confiscation if marking 4 point (shelf life)
- the place is banned, and
- legal action
- 1,2,3 points needs max 30 days (max) to correct deficiencies;
- repeated inspection

Right of objection to controls

- “*Analysis Results*” within 15 days or depending upon the shelf life
- replicate sample
- definite for legal action
- sanctions against the business operator in case of the negative evaluation results from “*Inspection Report / Analysis Report*”

Staff Performing Official Controls

- Qualified food inspectors are authorized and trained
- Inspection team
- A multidisciplinary approach
- HACCP audit by two food inspectors

Export Import Controls

- With the same care and without discrimination
- Requirement to comply of marketed foodstuffs with the national legislation
- Requirement to comply with the Turkish Food Codex unless demanding additional requirements with its own legislation by the destination country
- Employment of Turkish Standards to protect and improve the image of Turkish goods
- Identity check and release of returned export product if it does not threat public health
- Not placed on the market of the products not conforming to Turkish Food Codex

Controls On Feed

- without prior warning at the whole chain
- according to national feed legislation, each establishment is nspected twice a year by MARA and samples are taken
- Control Document before importation
- released when complying the national requirements
- export controls to meet importing country demands; if not, only documentation control

Controls On Animal Welfare

Law no. 3285 on Animal Health Control as amended in 2004 Implementing Regulation on Animal Health Control Circular No. 2006/11 on the Control of Animal Movements

- MARA entitled to control animal welfare conditions regarding keeping, feeding, transportation and slaughtering of farm animals

Controls On Slaughterhouses

- Commercial butchering in the closed or industrial slaughterhouses

(Law of 3285 on Animal Health Control)

- Exception of individual consumption by the Law
- Compulsory to have “*Origin Certificate*” or “*Veterinary Health Report*” for animals of industrial or closed slaughterhouses and identification card for cattles and mandates
- Implementation of butchering in appropriate technical and hygienic conditions and production of safe meat and poultry products by two separate regulations.

Controls on Fisheries

- routine checks in approved establishments prior to export in terms of technical, hygienic and HACCP requirements set by national legislation
- monthly inspection of the approved establishments, except particular cases
- bi-annually inspection for the establishments having registration for internal market
- “*Health Certificate*” for export issued by Veterinary Officials

3) Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases

TOBACCO CONTENT:

- Legal Basis
- Competent Authority
- Advertising and Sponsorship
- Manufacture, Presentation and Sale
- Market Surveillance and Control

Legal Basis

- Law No: 4733 concerning Establishment of Tobacco, Tobacco Products and Alcoholic Beverages Market Regulatory Authority (OG No: 24635, 9 January 2002)

Advertising And Sponsorship

- Law No: 4207 on The Prevention of Harmful Effects of the Tobacco Products (OG No: 22829, 26 November 1996)
- Communiqué on Principles and Procedures concerning the Sale Places and the Exhibition of Tobacco Products on Final Sale Points (OG No: 25579, 10 September 2004)
- Board Decision on Prohibition of Price Announcements of Tobacco Products to be Published in the Press (OG No: 25698, 12 January 2005)

Legal Basis:

Manufacture, Presentation And Sale

- By-law on Principles and Procedures concerning Production Type, Labelling and Controlling of Tobacco Products to Protect Against Their Harmful Effects (OG No: 25692, 6 January 2005)
- By-law on Principles and Procedures concerning Establishment of Factories related with Tobacco Products, and Manufacturing of These Products, Domestic and Foreign Trade of These Products and Control (OG No: 25075, 10 April 2003)
- By-law on Principles and Procedures concerning Manufacturing, Packaging and Market Supply of Roll-Your-Own Shredded Tobacco Products (OG No: 25964, 12 October 2005)

Legal Basis

- By-law on Wholesale and Retail Sale of Tobacco Products, Alcohol and Alcoholic Beverages and Sales Certificates (OG No: 24890, 31 December 2002)
- Communiqué concerning Rules on Labelling of Tobacco Products for Waterpipe and Management of the Places of Consumption (OG No: 25579, 10 September 2004)

TOBACCO CONTROL

- Law No: 5261 on Approval of the Framework Convention on Tobacco Control (OG No: 25656, 30 November 2004)

Competent Authority

Tobacco, Tobacco Products and Alcoholic Beverages Market Regulatory Authority

- Public legal entity having administrative and financial autonomy
- The Authority is the responsible institution for the tobacco products sector
- The Authority, Ministry of Health, Ministry of Industry and Trade and other relevant ministries cooperate in the preparation of legislation in tobacco sector.

Tobacco, Tobacco Products and Alcoholic Beverages

Market Regulatory Authority Responsibilities:

- preparing regulations to prevent all social or medical detrimental effects derived from tobacco and alcohol consumption,
- taking decisions about relevant sectors,
- making regulations relating the implementations of market surveillance and monitoring system in the related sectors.

Advertising And Sponsorship

Law concerning the Prevention of Harmful Effects of the Tobacco Products Law No: 5326 on Misdemeanours (OG No: 25772 bis., 31 March 2005)

Consumption of tobacco and tobacco products is prohibited:

- in healthcare, education and culture centers,
- in the indoor sport places,
- in every kind of public transportation vehicles and their waiting halls,
- in indoor workplaces of the public institutions
- in indoor areas of natural person owned buildings where everybody can enter, provided that there is a warning

• Moreover, it is required to allocate separate places within these areas for consumption of tobacco and tobacco products.

- Article 3

It is prohibited;

- To advertise and promote tobacco and tobacco products by using name, brand, or symbol,
- To launch campaigns to encourage and stimulate smoking,
- To sell tobacco products to the persons below 18 years of age.

- Article 4

It is obligatory;

- To place warning signs concerning consumption of tobacco and tobacco products as well as the sentences of breaches to this prohibition,
- To write the expression “Legal warning: Hazardous to health” on the tobacco products’ packages,
- To broadcast warning and educational programmes concerning the harms of tobacco and tobacco products addiction at least 90 minutes monthly on the TV channels.

Law No:4077 on Consumer Protection (OG No: 22221, 8 March 1995)

- Article 16

General Principle

- The commercial advertisements and notices must be fair and correct.
- They have to comply with the laws and principles determined by the Advertisement Board.
- They must comply with public morality, public order, individual rights.

Communiqué on Principles and Procedures concerning the Sale Places and the Exhibition of Tobacco Products on Final Sale Points (OG No: 25579, 10 September 2004)

- It is prohibited to advertise or promote a tobacco product by making use of name, brand or symbols; to use words, pictures, figures, colours, letters, etc. which can be reminiscent of a brand.
- It is required that the products should be exhibited fairly (vertically) in the shelves at the sales points.
- The retail prices of the tobacco products should be exhibited on an appropriate place within the sales points in a readable form.

Board Decision on Prohibition of Price Announcements of Tobacco Products to be Published in the Press: The announcements which are published under the name of price announcement by the way of visual media and e-media are prohibited, as they are being evaluated as tobacco product advertisement or promotion by using name, brand or symbols.

Manufacture, Presentation And Sale

By-law on Principles and Procedures concerning Production Type, Labelling and Controlling of Tobacco Products to Protect Against Their Harmful Effects

- The maximum yield values of the cigarettes are stated as 12 mg tar, 1 mg nicotine, 10 mg carbon monoxide as of 1 January, 2007.
- The measurements of yield values shall be conducted and tested in accordance with the ISO standards.
- The measurements shall be conducted or approved by the conformity assessment organisation determined by the Authority.
- Other tests may be required to assess the impacts of inputs of tobacco products on health and their addictive characteristics.
- Outcomes shall be announced to public by taking into account commercial secrets.
- Health warnings and labelling information:
 - The values of tar, nicotine and carbon monoxide yields of the cigarettes shall be printed on the lateral side of the cigarette packet covering at least 10% of the surface.
 - General warnings such as;
“Smoking kills/Smoking can kill”
“Smoking seriously harms you and others around you” shall be printed on the unit packet’s wide external surface covering at least 30% of the surface.
- 14 additional health warnings included in the European Union Directive no. 2001/37/EC shall be used as the additional warnings,

- These warnings shall be printed on the other wide external surface of the packet covering at least 40% of the surface.
- General and additional warnings shall be used alternately, and the alternation order and time shall be notified by the firms to the Authority and approved.
- The general and additional warnings mentioned above shall be located on all unit packets of tobacco products except from oral use tobacco and smokefree tobacco products,
- The warning that “This tobacco product may harm your health and is addictive.” shall be written on the unit packets of the oral use tobacco and smoke-free tobacco products.
- The warnings shall be framed with a black frame (minimum 3 mm, maximum 4mm thick),
- The frame shall not be included in the warning area,
- The warnings shall be written on each unit packets of retail sale,
- The writing formats of the warning texts is also explained.
- A batch number or similar marking stating the production place and time shall be pointed on the unit packet of the tobacco product in order to define and monitor the tobacco.

- Other product information:

The manufacturers of the tobacco product shall submit the list presenting all the inputs they use and their amounts in terms of brand and type, and their contents annually to the Authority. Moreover:

- addictive characteristics of these inputs,
- their toxicological impacts, shall be informed to the Authority.
- The list shall be written according to the descending weights of the inputs.
- The information concerning the contents shall be announced to the public, considering the commercial secret by the Authority.
- The restrictions on The Definitions of the Tobacco Products:
 - Any text, name, trade mark, figurative, or other symbols which may imply that a tobacco product is less harmful than the others shall not be used on the unit packets of the tobacco products.
 - A one year transition period until 1 January, 2007 is granted to the manufacturers for the products that were manufactured before 1 January, 2006.
- Existence of health warnings and information concerning cigarette yields in English on the unit packets of the tobacco products sold in the Duty-Free Shops is also ensured.

By-law on Principles and Procedures concerning Establishment of Factories related with Tobacco Products, and Manufacturing of These Products, Domestic and Foreign Trade of These Products and Control

- The aim is to reduce harmful effects of tobacco products and consumption .
- Establishment of factory and production are subject to permission of the Authority.
- With a view to preventing illegal trade, persons charged of smuggling cannot be founder or shareholder of the factory.
- By introducing sale permission based on trade mark system, licensed production is taken under control.

- Tobacco products are controlled before they are placed in the market by measuring their tar, nicotine and carbon monoxide yields.
- Moreover, the unit packets and outside packaging placed in the market are subjected to a preliminary analysis in terms of health warnings and other information, so the packets and outside packaging without health warnings are not permitted to be placed in the market.
- The transfer, change of establishment place and project amendments are subject to a permission.
- The records concerning tobacco and tobacco products are monitored by the Authority.

By-law on Principles and Procedures concerning Manufacturing, Packaging and Market Supply of Roll-Your-Own Shredded Tobacco Products

- The cigarette papers and the papers used in the macarons shall conform with standards
- The filters used in the macarons shall not be manufactured from a material other than cellulose acetate (tow)
- Ink conforming with the food legislation shall be used
- Sweeteners as glucose syrup, invert sugar, etc. and natural and synthetic fruit essences and aromatic additives shall not be added into the roll-your-own fine-cut tobacco
- By ensuring the presentation of the roll-your-own fine-cut tobacco product with the cigarette paper or macaron, prevention of uncontrolled production and consumption of fine-cut tobacco is targeted.

By-law on Wholesale and Retail Sale of Tobacco Products, Alcohol and Alcoholic Beverages and Sales Certificates

- The wholesale and retail sale of the tobacco products are subject to the sale certificates granted by the Authority.
- The sale certificates shall not be granted to the ones below 18 years of age and to the convicts of smuggling and counterfeiting of tobacco products.
- Words, figures, pictures, colours, letters, and any kind of symbols which may imply the trademarks of the tobacco products shall not be displayed on the external surface, interior and windows of the sale points.
- Selling of any kind of tobacco products via internet, television, fax and telephone from the workplaces or a virtual workplace are prohibited.

Communiqué concerning Rules on Labelling of Tobacco Products for Waterpipe and Management of the Places of Consumption

- The tobacco products for waterpipe shall be kept in cool places without damp and shall not be preserved in a cover except from its own package
- The warning that “Waterpipe does not eliminate the hazardous effects of the tobacco smoking to health” shall be put on the Waterpipe device with 20 point font type
- The tobacco products for waterpipe shall be consumed in the waterpipes which contain only water inside
- The water in the waterpipe and the equipment touching the mouth of the person shall be changed after every use

Control And Sanctions

Sanctions concerning the implementation of the Law No: 4207 on the Prevention of Harmful Effects of the Tobacco Products and Law No: 5326 on Misdemeanours

- Fines applied in case of:
 - not hanging warning sign,
 - not warning,
 - continuing smoking against warning,
 - conducting tobacco advertising, promotion and encouragement campaigns,
 - not writing “Legal warning: Hazardous to health” expression

Sanctions concerning the advertisement prohibitions in the Law No. 4077 on Protection of the Consumer

- According to the Law No. 4077, commercial advertisement and notices must be fair and correct and must comply with laws, principles adopted by the Board of Advertisement, public morality, public order and individual rights.
- Therefore, these general principles are also applied in case of existence of tobacco products advertisement.
- In this regard below listed sanctions are applied:
 - Suspension,
 - Correction,
 - Fines

Sanctions lay down in the Law No: 4733 concerning Establishment of Tobacco, Tobacco Products and Alcoholic Beverages Market Regulatory Authority

- producing and selling without permission
 - Penalty of imprisonment for 1-3 years and fines applied to the ones establishing a factory or facility to manufacture the tobacco products, or the ones producing and marketing these products in their workplaces or residences, without permission

By-law on Wholesale and Retail Sale of Tobacco Products, Alcohol and Alcoholic Beverages and Sales Certificates

- Measures concerning the ones who do not comply with the wholesale and retail sale rules
 - Warning
 - Temporary cancellation of sales permission

- Cancellation of permission
- Fines
- Market surveillance of tobacco products is made within the scope of Law No.4703 of 11 January 2002 on the Preparation and Implementation of the Technical Legislation on Products (OG No: 24459, 11.07. 2001)
- If a tobacco product is found unsafe after the market surveillance, the Authority shall take the measures below:
 - The temporary suspension of the product supply to the market
 - The prohibition of the product supply to the market, withdrawal the product from the market, removal
 - Fines

Framework Convention on Tobacco Control

- Law No: 5261 on Approval of the Framework Convention on Tobacco Control (OG No: 25656, 30 November 2004)
- Decree of Council of Ministers No:2004/8235 , 25 December 2004
- Turkey has become a party to this Convention.

Current Activities On Tobacco Control (Moh)

- Organizing TV and radio programs and seminars
- Conducting public education activities via posters, brochures and leaflets
- Training of health professionals
- Protecting second hand smokers
- Establishing quitting centers and supporting the potential quitters
- Cooperating with international organizations
- Global Youth Tobacco Survey (GYTS)
- Quit and Win Campaigns

National Tobacco Control Program

- A working group including NGO's, universities and other relevant institutions prepared "National Tobacco Control Program" in order to control the smoking epidemic.
- The aim of the Program is to increase the rate of non-smokers over 15 years of age to 80% until the year of 2010, and to attain 100% for population under 15 years of age in Turkey.

ALCOHOL LEGAL BASIS

- Law No: 3289, Establishment and Duties of the Youth and Sports Directorate General (OG No: 19120, 28 May 1986)
- Law No: 4250, Restraint of Spirit and Spirituous Drinks (OG No: 5130, 12 June 1942)

- Law No: 3984, Establishment and Broadcasting of Radio and Televisions (OG No: 21911, 20 April 1994)
- Law No: 4320, Protection of the Family (OG No: 23233, 17 January 1998)
- Law No: 222, Primary Education and Training, (OG No: 10705, 12 January 1961)
- Law No: 625, Private Education Institutions (OG No: 12026, 18 June 1965)
- Law No: 1593, Law on General Hygiene (OG No:1489, 06 May 1930)
- Law No: 5149, Prevention of Violence and Disorder in Sports Competitions (OG No: 25455, 07 May 2004)
- Law No: 1702, Promotion and Punishment of the Primary and Secondary School Teachers (OG No: 1532, 12 January 1961)
- By-law on Procedure And Basis Governing Domestic And Foreign Trade Of Alcohol And Alcoholic Beverages (OG No: 25130. 06 June 2003)
- By-law on Wholesale, Retail Sale and Selling Licences of Tobacco Products, Alcohol And Alcoholic Beverages (OG No: 24980, 31 December 2002)
- Communiqué on Principles for Alcoholic Beverages Advertisements (OG No: 25704, 18 January 2005)

Constitution Of The Republic Of Turkey

Article 58- The State shall take necessary measures to protect the youth from addiction to alcohol, drug addiction, crime, gambling, and similar vices, and ignorance.

Competent Authorities

- Tobacco Products And Alcoholic Beverages Market Regulatory Authority (TAPDK)
- Ministry Of Health
- Ministry Of Interior
- Ministry Of National Education
- Board Of Advertisement

Alcohol Control Policies

Age limits for buying alcoholic beverages		
	Off-premise, take-away (stores, shops, supermarkets)	On-premise, drinking on the spot (cafes, pubs, restaurants)
Beer	18 years	18 years
Wine	18 years	18 years
Spirits	18 years	18 years

Alcohol Control Policies

Sales restrictions regarding off-premise sale of alcohol						
	Beer		Wine		Spirits	
	Yes	No	Yes	No	Yes	No
Hours of sale are restricted		X		X		X
Days of sale are restricted (except on election days)		X		X		X
Places of sale are restricted (200 m educational or religious buildings)	X		X		X	
Density of outlets is restricted		X		X		X

Sales restrictions regarding on-premise sale of alcohol						
	Beer		Wine		Spirits	
	Yes	No	Yes	No	Yes	No
Hours of sale are restricted		X		X		X
Days of sale are restricted (except on election days)		X		X		X
Places of sale are restricted (200 m educational or religious buildings)	X		X		X	
Density of outlets is restricted		X		X		X

Restrictions on alcohol consumption in different public domains	Health Care Establishments	Ban
	Educational Buildings	Ban
	Government offices	Ban
	Parks, streets	Partially
	Sporting events	Voluntary
	Leisure events (concerts etc)	Voluntary
	Workplaces	Ban

Restrictions on advertising and sponsorship				
	Complete legal ban.	Partial legal restriction	Voluntary agreement	No restrictions
National TV	BWS (*)			
Cable TV	BWS			
National radio	BWS			
Local radio	BWS			
Printed newspapers/magazines				BWS
Bill boards		BWS		
Internet				BWS
Points of sale		BWS		
Cinema				BWS

(*) BWS: Beer, Wine, Spirits

Restrictions on advertising and sponsorship				
	Complete legal ban	Partial legal restriction	Voluntary agreement	No restrictions
Alcohol industry sponsorship of sporting events		BWS		
Alcohol industry sponsorship of youth events e.g. concerts		BWS		
Sales promotion in the form of serving FREE alcohol (complying with existing age and other sales restrictions)		BWS		
Sales promotion in the form of sales below cost e.g. two for one, happy hour (complying with existing age and other sales restrictions)		BWS		

- Drinking is much less frequent than smoking.
- Only 3 % of population aged 20 and older are alcoholic drink takers (excluding social drinkers)
- The proportion of drinkers among females is less than half of those males.
- According to the WHO Global Status Report on Alcohol 2004 World Health Organization Department of Mental Health and Substance Abuse Geneva 2004; total recorded alcohol per capita consumption (15+), of pure alcohol in Turkey is 1,48 litres.

BLOOD AND BLOOD COMPONENTS

Competent Authority: Ministry Of Health, General Directorate For Curative Services

Legal Basis

- Law No: 2857 On Blood And Blood Components (Og No: 18088, 25 June 1983)
- By- Law On Blood And Blood Components (Og No: 18088, 25 June 1983)
- Circular On Main Operating Principles Of Transfusion Committee (07 May 2004)
- Circular On Notification Form Related Monthly Activities Of Hospital Blood Banks And Blood Stations (Form 113) (04 August 1998)
- Circular On Testing Of Donations (21 August 1996)

Law No: 2857 On Blood And Blood Components Objective:

To regulate the basic principles and procedures relating to blood and blood components

By-Law On Blood And Blood Components Objective:

To determine the procedures and principles related to:

- Licensing of the blood establishments, blood centers, blood stations
- Production facilities for blood products
- Activities of the establishments ,centers, stations
- Inspection

Circular On Main Operating Principles Of Transfusion Committee Objective:

- To ensure the hospital policy on consuming, collection of blood and blood components, preparation, storage and safety of use

This committee holds meetings at least four times a year.

Circular On Notification Form Related Monthly Activities Of Hospital Blood Banks And Blood Stations (Form 113) Objective:

- To collect the notifications in order to maintain a database about the activities relating to the collection, testing, preparation, storage and distribution of blood and blood components and provide safety conditions of hospital blood banks and blood stations. (Within the framework of this Circular, Turkish Red Crescent also notifies about its monthly activities)

TISSUES, CELLS AND ORGANS LEGAL BASIS

Competent Authority: Ministry Of Health, General Directorate For Curative Services

Legal Basis

- Law No: 2238 On Transplantation Of Organ And Tissue (Og No: 16655, 03 June 1979)
- By-Law On Organ And Tissues Transplantation Services (Og No: 24066, 01 June 2000)
- By-Law On Cord Blood Banks (Og No: 25866, 05 July 2005) Legal Basis
- Instruction On Bone Marrow Transplantation Centers And Data Processing Centers (26February 2001)
- Instruction On Eye Bank And Cornea Transplantation Centers (26 February 2001)
- Instruction On Human Leucocyte Antigen (Hla) Typing Laboratories (26 February 2001)
- Instruction On Liver Transplantation Centers (26 February 2001)
- Instruction On Heart, Lung, Heart- Lung And Homograft Transplantation Centers (26 February 2001)
- Instruction On Kidney Transplantation Centers (26 February 2001) Legal Basis

- Instruction On The National Coordination System Of Organ And Tissue Transplantation (30 January 2001)
- Circular On Embryonic Stem Cells Research (19 September 2005)
- Circular On Non-Embryonic Stem Cells Research (01 May 2006)

Law On Transplantation Of Organ And Tissues

Objective:

To regulate donation, procurement, preservation, and transplantation of organs and tissues

This law includes :

- organs (kidney, heart, lung, liver),
- and tissues (heart valve, bone-marrow and cornea)

This law excludes:

- blood and blood products,
- stem cells, cord blood, auto-grefts, skin,
- reproductive cells (eggs, sperm), foetal tissues

By-Law On Organ And Tissues Transplantation Services Objective:

To regulate operating procedures and principles, licensing, activities and inspection of:

- Organ and Tissue Transplantation Centers,
- Eye Bank and Cornea Transplantation Centers,
- Human Leucocyte Antigen (HLA) Typing Labs

Instruction On The National Coordination System Of Organ And Tissue Transplantation Objective:

To regulate:

- the operating principles and procedures of the transplantation centers and
- the responsibilities, duties and training of the staff.

The National Coordination System covers donation procurement, distribution of organs and tissues.

By-Law On Cord Blood Banks Objective:

To regulate the procedures and principles related to:

- licensing Cord Blood Bank,
- its activities and
- its inspection

Objective Of Above-Mentioned Instructions:

To regulate the principles and procedures related to licensing, operating and inspection of organ and tissue transplantation centers and human leukocyte antigen typing laboratories.

The Number of Licensed Organ and Tissue Transplant Centers, Eye Banks and Laboratories in Turkey	
Transplant Centers	Number
	30
Kidney Transplant Centers	
Liver Transplant Centers	18
Heart- Lung Transplant Centers	12
Bone Marrow Transplant Centers	22
Human Leukocyte Antigen Typing Laboratories	24
Eye Banks	14

Information related with health education and health controls in schools and their frequency.

The Ministry of Education, the Ministry of Health and the Ministry of Agriculture conduct health programmes in schools together with the non-governmental organizations. In this context the Ministry of Education and the Ministry of Health signed “Cooperation Protocol on School Health Services”. The health situation of the students in primary and secondary schools is controlled throughout the country.

A circular dealing with the school canteens is published and their regularly inspections are organized through the common efforts of the General Directorate of Protection and Control affiliated to the Ministry of Agriculture.

The Ministry of Health conducts “The Action Plan for Struggle Against Tobacco Products”, “The Action Plan for Struggle Against Obesity”, efforts for struggle against toxicomania and aware raising studies dealing with HIV/AIDS to prevent toxicomania and to improve individual responsibility on the issues healthy nutrition, sexual education and environment.

The education programmes called as “Healthy nutrition in primary schools” still continues in 81 province.

The efforts aiming at renewing the parts of the health knowledge book dealing with AIDS, which studied in 9th class, continues with the support of the Ministry of Health and the Universities.

On the other hand teachers are given trainings on adolescent and genital health in provinces. These trainings will continue until 2010.

Vaccination Programmes in Turkey

National Vaccination Program applied according to Enlarged Vaccination Program with the number of 6111 is as follows:

National Vaccination Calendar For The Term Of Childhood

	After Birth	At the end of first month	At the end of 2 nd month	At the end of 4 th month	At the end of 6 th month	At the end of 12 th month	During the term of 18-24 months	First class in primary school	8 th class in primary school
Hep B	I	II			III				
BCG			I						
DaBT-İPA-Hib			I	II	III		R		
KKK						I		R	
OPA					√		√	√	
Td								√	√

Hep B: Hepatit B vaccine

BCG: Bacille Calmette-Guerin vaccine

DaBT-İPA-Hib: Diphteria, aselüler Whooping Cough, Tetanus, Inactiv Polio, Hemofilus influenza tip b vaccine (Fivefold Mixed Vaccine)

KKK: Measles, Rubella, Mumps vaccine

OPA: Oral Polio vaccine

Td: Adult Type Difteri-Tetanoz vaccine

R: Rapel

The Yearly Distribution of Vaccine Rates

Year	BCG	DBT 3	Polio 3	Hep B3	Measles/MMR*	TT2+	Hib3
2003	76	68	69	68	75	37	*
2004	79	85	85	77	81	41	*
2005	88	90	86	85	91	47	*
2006	88	90	90	82	98	52	*
2007	94	96	96	96	96	54	76

*In those years Hib vaccine did not take place in national programm.

* Measles, Rubella, Mumps

Besides Measles vaccine, Rubella and Mumps antigens in 2006; in 2007 Hib and combined form of existing vaccines (DaBT-IPV-Hib) are also added to Enlarged Vaccination Programm.

Hepatitis B and Rubella are also applied in addition to the routine vaccination program, in 2005-2006 academic year to the students of 8th class; in 2006-2007 academic year to the students of 7th and 8th class and in 2007-2008 academic year to the students of 3rd, 4th, 5th and 6th classes.

“The Surveillance System For Undesirable Effect After Vaccination” is also maintained in parallel with the Enlarged Vaccination Programm since 2003.

The Yearly Distribution of the Number of Cases which could be prevented via Vaccines (2003-2007)

Year	Tuberculosis*	Diphtheria	Whooping Cough	Neonatal Tetanus	Measles	Hepatitis-B	Polio
2003	17.923	1	255	41	5844	5206	-
2004	17.510	-	389	15	8929	6951	-
2005	18.753	-	72	32	1119	8365	-
2006	18.844	-	57	18	34	6612	-
2007	**	-	51	3	3	6451	-

* The number of new cases.

** It is not declared officially.

As a result of the vaccination in the context of the “Polio Eradication Programme”, which started in 1989, the last polio case occurred in 1998. The World Health Organization gave “Certificate of Purified Country from Polio” to Turkey in 2002.

The Elimination Programme of Maternal Neonatal Tetanus, which started in 1994 and revised in 2005, will be maintained so long as the eradication target is achieved. The First And Second Tetanus Vaccination Days in 2006 and the Third Tetanus Vaccination Days on May and June 2007 are realized in the context of MNT Eradication Programme. It is achieved to the rate of 68 % vaccination during the Third Vaccination Days. The vaccination operations of the children under the age of 1 and the school children still continues.

18.216.897 children under the age of 16 are vaccinated which corresponds to a vaccination rate of 96 % during the Measles Vaccination Days, realized in 2003 – 2005, in the context of the Measles Elimination Programme. It is planned to achieve to the target of elimination of measles until 2010. Routine vaccination efforts continues.

Vaccinations of the babies, schoolchildren in primary schools and the risky groups are realized in the context of the “Control Programm of Hepatit B” which was started in 1997. Hepatit B vaccine applied in 2005-2006 academic year to the 8th class schoolchildren; in 2006-2007 academic year to 7th and 8th class school children and in 2007-2008 academic year to 3rd, 4th, 5th and 6th class schoolchildren and so the primary vaccination of all the children is completed who were born in 1992 and after that year.

ARTICLE 12 - THE RIGHT TO SOCIAL SECURITY

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. To establish or maintain a system of social security;
2. To maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. To endeavor to raise progressively the system of social security to a higher level;
4. To take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
 - a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
 - b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

Appendix to Article 12§4

The words “and subject to the conditions laid down in such agreements” in the introduction to this paragraph are taken to imply *inter alia* that with regard to benefits which are available independently of any insurance contribution, a Party may require the completion of a prescribed period of residence before granting such benefits to nationals of other Parties.

Article 12§1

- 1) **Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

LEGAL PROVISIONS REGARDING THE RIGHT TO SOCIAL SECURITY

Constitutional provisions

The right to social security is safeguarded in Articles 60, 61, 62 and 65 of the Constitution.

Article 60

Everyone has the right to social security. The State shall take the necessary measures and establish the organization for the provision of social security.

Article 61

The State shall protect the widows and orphans of those killed in war and in the line of duty, together with the disabled and war veterans, and ensure that they enjoy a decent standard of living.

The State shall take measures to protect the disabled and secure their integration into community life.

The aged shall be protected by the State. State assistance to the aged, and other rights and benefits shall be regulated by law.

The State shall take all kinds of measures for social resettlement of children in need of protection.

To achieve these aims the State shall establish the necessary organizations or facilities, or arrange for their establishment by other bodies.

Article 62

The State shall take the necessary measures to ensure the family unity, the education of the children, the cultural needs, and the social security of Turkish nationals working abroad, and shall take the necessary measures to safeguard their ties with the home country and to help them on their return home.

Article 65 (As amended on October 3, 2001 – 4709/Article 22)

The State shall fulfil its duties as laid down in the Constitution in the social and economic fields within the limits of its financial resources, taking into consideration the priorities appropriate with the aims of these duties.

Other legislation

In addition to the Constitution, the following laws guarantee and regulate the right to social security.

- Social Insurance Act No. 506,
- Pension Fund Act No. 5434,
- BAG-KUR Act No. 1479 (for craftsmen, artisans and other self-employed),
- Social Insurance Act for Agricultural Employees No. 2925,
- Social Insurance Act for the Self-employed in Agricultural Sector No. 2926,

- Law No. 3201 on the Evaluation of the Stay Period of the Turkish Citizens Living Abroad With Respect To Social Security,
- Law No. 2022 on Putting Dependent and Weak Turkish Citizens over Sixty-Five Years of Age on Salary,
- Unemployment Insurance Law No. 4447,
- Law on the Social Services and Children Protection Agency (SHCEK),
- Law on the Fund for the Encouragement of Social Assistance and Solidarity,
- Law No. 5502 on Social Security Institution ,
- Law No. 5510 on Social Insurances and General Health Insurance. (Its entry into force postponed to 1 October 2008)

Social Security Institutions and Benefits

The social security system in Turkey was based on the principle of distribution implemented in accordance with five different laws by three different social security institutions which function under public control. These three social security institutions were:

- The Social Security Organisation (SSK),
- The Social Security Organisation for Craftsmen and Artisans and the Self-Employed (BAG-KUR),
- The Pension Fund (Emekli Sandığı)

These three institutions have been merged into one institution under a new umbrella institution entitled “Social Security Institution” pursuant to the Law No. 5502 on Social Security Institution, which was put into force in May 2006.

There is also the ISKUR as far as the unemployment insurance is concerned.

Main social security benefits in Turkey are as follows:

- Medical care,
- Cash sickness benefits,
- Maternity benefits,
- Old-age benefits,
- Invalidity benefits,
- Survivors' benefits,
- Employment injury and sickness benefits.

The coverage of the social security system

The SSK covers workers, agricultural workers, optional insurance holders, apprentices and package policy holders, and their titleholders.

Green card

Free medical care is provided by the State.

Conditions for receiving social security benefits

*** SSK**

Old-Age Benefits: For receiving old age benefits, the minimum age limit for women are 58, and for men 60. The insurance holder also needs to have paid old-age, invalidity and deceased insurance premiums for at least 7000 days, or he/she needs to be insured for at least 25 years and have paid old age, invalidity and decease insurance premiums for at least 4500 days.

Partial Retirement: The minimum age limit for this benefit is 58 for women and 62 for men. The insurance holder needs to be insured for at least 25 years and have paid his/her premiums for at least 4500 days.

Invalidity Benefits: In order to receive this benefit, the insurance holder must have lost two-thirds of his/her workforce, and he/she needs to be insured for at least 5 years or 1800 days and have paid old-age, invalidity and decease insurance premiums for at least 180 days a year.

Survivors' Benefits: The deceased insurance holder must have been insured for at least 5 years or 1800 days and have paid old-age, invalidity and decease insurance premiums for at least 180 days a year.

Medical Care: In order to benefit from the medical care, the insurance holder needs to have paid his/her premiums for at least 90 days.

Cash Sickness Benefits: The insurance holder needs to have paid medical care insurance premium for at least 120 days within the year before he/she has started to receive disability benefit.

Cash Maternity Benefits and Medical Assistance: The female insurance holder needs to have paid maternity insurance premium for at least 90 days within the year prior to the birth giving. The minimum time limit for the payment of maternity insurance premium for the male insurance holders to assist their spouses is 120 days.

*** BAG-KUR**

Old-Age Benefits: For receiving old age benefits, the minimum age limit for women is 58, and for men 60. The insurance holder also needs to have paid his/her premiums for at least 25 years.

Partial Retirement: The minimum age limit for this benefit is 60 for women and 62 for men. The insurance holder needs to have paid premiums for at least 15 years.

Invalidity Benefits: The insurance holder must have lost two-thirds of his/her workforce, and he/she needs to have paid premiums for at least 5 years or 1800 days.

Survivors' Benefits: The deceased insurance holder must have paid his/her premiums for at least 1800 days.

Medical Care: The minimum time limit for the payment of the medical care insurance premiums is 8 months for the insurance holders who have been insured for the first time, and 4 months for the insurance holders who have renewed their insurance.

*** Pension Fund**

Old-Age Benefits: For receiving old age benefits, the minimum age limit for women are 58, and for men 60. The insurance holder also needs to have paid his/her premiums for at least 25 years.

Partial Retirement: The minimum age limit for this benefit is 60 for women and 62 for men. Also, the insurance holder must have served for at least 15 years.

Invalidity Benefits: The insurance holder needs to have paid premiums for at least 3600 days.

Survivors' Benefits: The deceased insurance holder must have paid premiums for at least 3600 days.

Medical Care: Beside the working insurance holders, those who receive retirement, invalidity, widow and orphan salaries from the Fund, and the legal dependants of those receiving retirement and invalidity salaries can benefit from medical care.

IS-KUR

IS-KUR includes unemployment benefits, short work benefits, medical care and maternity benefits, and employment search and vocational training assistance.

Unemployment Benefits: The person must have worked and paid unemployment insurance premium for at least 600 days within 3 years prior to the termination of his last employment contract, and he/she must have worked continuously and paid his/her unemployment insurance premium for the last 120 days before he/she becomes unemployed.

Social Security Expenditures

As of 2006, the percentage of the expenditures of the social security institutions over the national income is 11,95 %. While the percentage of the budget deficits of the social security institutions over the national income in 1994 was 1,01 %, in 2006 this amounted to 3,8 %.

Experienced 2001 Economic crises, changes in the structure of the population, early retirement practices, unregistered employment, low rates of premium collection, debt relief, and payments done without receiving premium can be listed among the factors affecting the increase in the budget deficits of the social security institutions within the ten-year period. Furthermore, the fragmented structure of the social security system hinders the efficient use of resources and the deficiencies in data processing facilities weaken the auditing and control.

Private Social Security Systems

“Private pension system” has been put into force as a part of the “social security reform” introduced among the structural reforms in Turkey in 1999. This system aims at developing pension programmes supplementing the formal social security system, and is based on the establishment of a fund system depending on individual pension accounts.

Moreover, funds with character of foundations established by business organisations serve their members’ retirement and medical care services complementary to the formal social security system.

Social Security for The People in Need of Protection

In Turkey, medical care expenses of the people in need of protection who reside in Turkey and whose income is lower than the income level set by certain criteria are covered by the State.

75 % of the unemployed women are in the social security system through their spouses or their families.

Developments in The Social Security System

With the reform process, measures were taken against the unregistered employment, the weight of the premiums in the calculation of premium-based wage ceilings and the pensions was increased, and therefore it has become possible for those who pay more premiums to receive higher pensions. Furthermore, the minimum age for retirement has been gradually raised.

Since 2003, the reform process regarding the establishment of the institutional structure embracing the retirement insurance, general medical care insurance and social assistance has been under way. The Law No. 5502 on the Social Security Institution, which brings the SSK, the BAG-KUR and the Pension Fund under one roof, namely “the Social Security Institution”, was ratified on 20 May 2006.

In addition, “Unemployment Insurance System” has been introduced. Alongside the unemployment insurance and unemployment benefits, trainings for finding a new job and vocational trainings have also been put into effect.

Unemployment Insurance System

The unemployment insurance system was established by the Unemployment Insurance Law No. 4447, which entered into force on 8 September 1999.

According to the Law No. 4447, the unemployment insurance is defined as the compulsory insurance which averts any possible plight of the insured and family members, and which partially meets the income loss of those who have lost their jobs without their own will and fault, although they possess the will, the capacity, the health and the sufficiency required by the job. The unemployment insurance operates upon insurance technique and is established by the State.

The unemployment insurance covers the following groups:

- The insurance holders employed by one or more employers in the framework of a service contract in accordance with Article 2 of the Social Insurance Act No. 506,
- Those who do not work as civil servant or on contract, but who are subject to interim Article 20 of the Social Insurance Act No. 506,
- Those foreigners who work with insurance in Turkey in accordance with the agreement concluded in the framework of reciprocity principle,
- Watchmen who are employed in accordance with the Law No. 4081 on the Conservation of Farmer’s Assets,
- Wage earners and those who work permanently in housekeeping services,
- Wage earners in agriculture and forestry in public sector,
- Wage earners and those who work permanently in agriculture and forestry in private sector,
- Those who work in agricultural arts,
- Those who work in agricultural workplaces but provide non-agricultural services,
- Those who work in parks, gardens and plantations of the workplaces that are not deemed agricultural.

With the inclusion of the workplaces where less than 10 workers are employed into the unemployment insurance system, all workers have become to be protected by the unemployment insurance.

The following services are provided for the insured unemployed who are entitled to receive unemployment benefit:

- The insurance holder receives unemployment benefit. This benefit is directly related to the period that the insured unemployed has worked. The insured unemployed can receive unemployment benefit for at least 180 days and at most 300 days, depending on his/her premium payment period. Unemployment benefits are paid for a period of 180 days to the insurance holders who have paid premiums for 600 days. Those who have paid premiums for 900 days receive unemployment benefits for 240 days, and those who have paid premiums for more than 1080 days receive the benefits for 300 days.
- During the period in which the unemployed receives unemployment benefit, medical care and maternity insurance premiums are paid to the SSK or private pension funds to which the unemployed is affiliated. The insured unemployed and his/her dependants can thus enjoy medical care services.
- A temporary invalidity benefit for the period of rest determined by medical report is paid to the insured unemployed receiving unemployment benefit.
- The insured unemployed receiving unemployment benefit is provided with counselling services concerning workforce market and vocational training.
- They are also provided with training on vocational development and career making.
- Assistance is provided for the insured unemployed receiving unemployment benefit in order to help them find a new job.

As far as the conditions for receiving unemployment benefits are concerned, of the insurance holders who have paid premiums for at least 600 days within the last three years (120 days of this period should be uninterrupted) and who left their jobs without their own will or negligence,

- those whose employment contracts were terminated by the employer in accordance with the dismissal notices,
- those whose employment contracts were terminated by themselves due to health problems, the employer's immoral attitudes without goodwill, and factors requiring the business to stop for more than a week in the workplace,
- those whose employment contacts were terminated by the employer due to health problems and factors requiring the business to stop for more than a week in the workplace,
- those who had worked for a definite period of time with an employment contract and left their jobs at the end of this period,
- those who were dismissed because the workplace has been transferred to another owner or closed down, or the nature of the business or the workplace has changed,

Those whose employment contracts were terminated due to privatization are entitled to receive unemployment benefits.

The Formation of Social Security System:

Right to Social Security in Turkey, Article 60 of The Constitution of The Republic of Turkey stipulates that everyone has the right to social security. The state shall take the necessary measures and establish the organisation for the provision of social security. The right to social security is safeguarded as a constitutional right.

System Structure:

The Turkish Social Security Scheme has been arranged by different provisions of the Acts covering different employee groups. Various institutions are responsible for the implementation of these Acts.

These institutions are;

- 1- Social Insurance Institution (SSK): For the wage earners – Insured persons working in accordance with the Act No. 506 and Act No. 2925
- 2- <http://www.tureng.com/search/ba%C4%9F+kur> Social Security Organization for Artisans and the Self-Employed (BAĞ-KUR): For the self-employed - Persons working in accordance with the Act No.1479 and Act No. 2926
- 3- The Pension Fund (Emekli Sandığı): Generally for all civil servants under the Acts No. 5434, 657, 1005, 3292 and 2022.

After the entry into force of the Social Security Institution Act No. 5502, which was issued at the Official Gazette dated 20.05.2006, different social security institutions rendering service to persons working under different legislation were gathered under a single roof, which results in the establishment of Social Security Institution.

The Social Insurance Institution, which was established by the Act No. 4958, the Social Security Organization for Artisans and the Self-Employed, which was established by the Act No. 1479, and The Pension Fund, which were established by the Act No. 5434, were handed over to the Social Security Institution as of May 20, 2006.

The first Plenary Meeting of the Social Security Institution was held on November 24, 2006 and the Administrative Board was formed after the election of members.

After the formation of the Administrative Board, the Social Security Institution acquired its own legal personality. After this acquisition, legal personalities of three former institutions (The Social Insurance Institution, The Social Security Organization for Artisans and the Self-Employed, The Pension Fund) were terminated.

Social Security Institution Act No. 5502 stipulates that central and provincial organizations and its personnel shall be brought into line with the said Act gradually within three years at the latest, that three-year period could be prolonged up to two years by a Cabinet Decree, that the functions of the Institution shall be carried out by the personnel of the Institution and/or the new personnel of the former institutions employed at the central and provincial organization. Organization of the central units of the Institution has been completed.

A- ADMINISTRATION / ORGANIZATION

Organizations Under Contributory System

- . Pension Fund (ES-For Civil Servants)
- . Social Insurance Institution (SSK) (Workers and Agricultural Workers working with contracts)
- . Bag-Kur (For self-employed and farmers)
- . ISKUR (Unemployment Insurance)
- . Funds (for personnel of the banks, insurance and reinsurance companies, trade and industrial chambers, exchange markets and their unions under the Social Insurance Law for workers)

Organizations Under Non-Contributory System

Organizations Providing Social Assistance

Social Assistance; in kind (fuel, food, clothes, educational needs etc) ancash benefits.

- General Directorate of Social Assistance and Solidarity (SYDGM)
(Conditional cash transfer, health and educational material assistance, project supports)
- General Directorate for Social Services and Child Protection (SHCEK)
(in kind and cash benefits to poor people)
- Ministry of Health
(Green Card)
- Pension Fund
(educational material assistance to disabled children, payment to elderly and disabled etc)
- General Directorate for Foundations
(Payment to those in need, orphans and disabled and charitable services)
- Municipalities
(fuel, food, clothes, educational needs etc)

- NGOs
(various assistance in cash and kind)

Organizations Providing Social Service

Social services; protection and care, cure, rehabilitation, consultancy and bringing-up services etc.

- SHCEK
(orphanages for children and the youth, nursing homes for the old-aged , rehabilitation centers, woman protection homes, child care centers)
- General Directorate for Foundations
(Hostels for poor students)
- Some municipalities
(nursing homes for the old-aged , centers for children and the youth, centers for the disabled)
- Associations and Foundations
(nursing homes for the old-aged , rehabilitation centers, centers for children and the youth)
- Pension Fund, SSK (nursing homes for the old-aged)

Legal Structure

After the entry into force of the Social Security Institution Act No. 5502, which was issued at the Official Gazette dated 20.05.2006, different social security institutions rendering service to persons working under different legislation were gathered under a single roof and the Social Security Institution was established. The purpose of this Act is to regulate the principles and procedures regarding the establishment, organization, duties and authorities of the Social Security Institution.

In accordance with this Act, the Social Security Institution was established in order to apply the provisions of the other Acts which assign duties and give authority to the Institution as well. The Institution is endowed with legal personality, enjoying financial and administrative autonomy, and subject to provisions of private law in case of the absence of provisions in the said Act. The Institution is related body of the Ministry of Labour and Social Security and its headquarters is situated in Ankara.

The Institution is subject to auditing by the Court of Accounts.

The main purpose of the Institution is to establish an effective, easily accessible, actuarially and financially sustainable social security system with modern standards which is based on social insurance principles.

Administrative Structure

Administrative bodies of the Social Security Institution consist of the Plenary Committee, the Administrative Board and the Presidency.

As a decision-making body, the Administrative Board has the most important powers and responsibilities.

The Presidency comprises central and provincial organizations. The President, chief administrator of the Presidency, is responsible to the Administrative Board for the actions of the Presidency and the activities and operations carried out by the subordinates.

Organizational Structure

As it is pointed out that the Presidency of the Social Security Institution is composed of central and provincial organizations.

- Central Organization

Central Organization of the Presidency comprises main service units, advisory units and support service units.

- **Main Service Units**

Main service units consist of four general directorates (Social Insurance, Universal Health Insurance, Non-Contributory Payments, and Service Provision) and two departments (Guidance and Inspection, Actuaries and Fund Management).

The Act No.5502 envisages the establishment of 8 departments at most under each general directorate by the decision of the Administrative Board.

In total, 24 departments have been established according to the decision of the Administrative Board:

- 8 departments under the General Directorate of Social Insurance,
- 7 departments under the General Directorate of Universal Health Insurance,
- 4 departments under the General Directorate of Non-Contributory Payments,
- 5 departments under the General Directorate of Service Provision.

- **Advisory Units**

Advisory units consist of Strategy Development Presidency, Law Consultancy, and Media and Public Relations Consultancy. 4 departments stipulated by the Act have been set up under the Strategy Development Presidency by the decision of the Administrative Board.

- **Support Service Units**

Support service units comprise Human Resources Department, Support Services Department, and Internal Audit Department.

Departments in the central organization reached 31 after new departments have been established.

- Provincial Organization

Provincial organization of the Institution is composed of Social Security Provincial Directorates established in 81 provinces and Social Security Centres to be set up under the said Directorates.

Sufficient number of Social Security Centres can be established or closed down in provinces and counties, in line with population, number of the insured persons and the persons under universal health insurance, number of workplaces, density of procedures, and other criteria to be determined.

Restructuring work of the central and provincial organizations is under way. Provincial directors have been assigned to 81 Social Security Provincial Directorates.

a) Completed or Initiated Work

Social Insurance and General Health Insurance Act No. 5510, which was drafted within the framework of sustainability principles in order to ensure the unity in norms and standards in the insurance branches and applications of the social security institutions which were gathered under a single roof in the scope of Social Security Reform, was adopted in Turkish Grand National Assembly (TGNA) in 2006. The entry into of this Act was postponed due to some reasons. Currently, **some** of the provisions of this Act entered into force as of July 1, 2008. A major part of the said Act entered into force in October 2008.

The purpose of the Act No. 5510 is to cover all the citizens (also foreigners, stateless persons, and refugees who meet some requirements) in respect to social insurances and general health insurance, to determine the persons enjoying these insurances and the rights to be granted, the conditions for enjoying these rights, and financing methods, to

regulate principles and procedures with regard to operation of the social insurances and general health insurance.

The said Act covers the persons to benefit from social insurance and general health insurance, employers, medical service providers, real persons, legal personalities which are subject to public and private law, and other institutions and bodies which do not have legal personality with regard to application of the Act.

Because the entry into force of the Act No.5510 is envisaged in the beginning of October 2008, developments and amendments in the reference period which are mentioned here includes the information about the application of the former Acts.

- Personnel regulations

Civil servants, workers and contract personnel are employed in the social security institutions. There has been no change during the reference period.

- Payment Methods

Pensions and incomes are paid pensioners and survivors by the Institution by means of electronic file transfer in magnetic medium through various banks and the PTT offices (Post Office).

Medical service costs are paid through Medula program by means of online file transfer to the bank accounts of pharmacies and healthcare organizations.

Temporary incapacity benefits granted to the insured persons due to employment injury, occupational disease, sickness and maternity are paid by the provincial organization through electronic file transfer to the PTT offices by taking account of T.R. citizenship identity numbers. Provision amounts are transferred from the central accounts at once. By this way, the insured persons can receive allowances from the contracted PTT branch offices where they prefer.

- Utilization of Information Technologies

In order to meet the requirements of the Social Security Reform by establishing and operating Information Technologies infrastructure and introducing the applications to give high quality and fast service to the target group of the Institution, departments (Software Dept., Institutional Services Dept., Technology and Labour Development Dept., Hardware and Infrastructure Services Dept., Organization Services Dept.) have been set up under the General Directorate of Service Provision.

In order to aggregate social insurance programs of the former social security institutions, some studies have been done in the fields of registration of the insured, assessment, collection, calculation of contributions, pension procedures, and health.

Java-based application programs have been developed relating to the registration of the insured. Web service programs have been written in order to get notification records of the insured persons online from the related institutions.

In order to ensure the electronic transfer of the information about medical services provided for the insured persons and their dependents by the medical service providers in the scope of General Health Insurance (GHI), hospital automation project, MEDULA, is being carried out in the medical institutions and organizations. The project covers all the insured persons, their survivors and the green card (<http://www.tureng.com/search/ye%C5%9Fil+kart> health card for uninsured people who are in need of protection) owners.

MEDULA system has the following functions in transferring the information coming from medical institutions and organizations:

- Verification of entitlement to benefit and contract,
- Referral and prescription notification,
- Payment search,
- Invoice search,
- Downloading term termination documents and official papers used by head physicians of medical institutions and organizations or directors of hospitals.

The system works as web services to be integrated into hospital administration system without any intervention in internal processes of medical institutions and organizations.

Medical institutions and organizations were obliged to integrate the MEDULA system by July 15, 2007, after which the system has been used effectively.

Medical institutions and organizations contracted with the Institution started using the procedures related to “referral and prescription notification”, “payment search”, and “invoice search” as from September 1, 2007.

Medical institutions and organizations contracted with the Institution has been sending invoices related to services given to patients, who benefit from medical care provided by the Institution, to the Institution as hard copy through their own system and soft copy through the MEDULA since abovementioned date. Within the scope of the Act No. 5502 and Social Insurance and General Health Insurance Act No. 5510, pharmacy provision systems of the three social security institutions were transformed into one interface, resulting in a single system. Inquiries about beneficiaries’ entitlement to benefit are being made from databases of the related institutions through web services. Information about prescription and medicine is saved on database of the Institution. GHI Medical Checking System (for pharmacies) has been put into practice throughout Turkey since January 1, 2007, which enables the reimbursement units to check prescriptions electronically.

Optical Provision System was redeveloped so as to include the beneficiaries and survivors and put into operation under the name of MEDULA-Optik on June 4, 2008.

Prosthesis Provision System operates independently in terms of the former institutions. Medical Device Database is being built up by the Ministry of Health so as to cover beneficiaries of the three former institutions and is expected to put into service.

“Program for Aggregation of Periods” was designed in order to aggregate employment periods of the beneficiaries in electronic form and started to operate as from March 3, 2008.

General Documents Project was developed for tracking the documents of the Institution and put into practice.

Human Resources Personnel Project and Accounting Project were also put into practice.

T.R. identity numbers were entered into the Beneficiary Database to a great extent. Identity numbers are verified and updated every month by the General Directorate of Population and Citizenship Affairs.

While identity information of beneficiaries periodically sent on CD-ROMs by the General Directorate of Population and Citizenship Affairs was loaded to computer environment and utilized by Provincial Directorates, a program has been prepared jointly with the General Directorate of Population and Citizenship Affairs and thus it has been made possible to convey information electronically through Identity Share System.

Records about the retired workers coming from the pharmacies every month was transformed into the current deduction system and harmonized with it.

Programs have been designed for online and batch calculation of new pensions according to the invalidity degrees of the invalid male children.

Online pension allocation programs have been designed for the persons, whose old age pensions were suspended due to re-employment as an insured person, who reclaimed pension after October 23, 2007.

While debt procedures for military service have been carried out manually to date by Provincial Directorates of the Social Security Institution, these procedures are currently carried out through a new program to which the information about the debt of the insured persons is transferred.

Coordination and monitoring of data processing section of Hacettepe University Research Project (HUAP) are in progress.

Design and analysis studies are under way for joint operation of health activation system for the three former institutions.

Necessary steps are being taken for enabling online registration procedures of the insured persons in the framework of implementation of the Act No. 5510, establishing a common database relating to registration of the insured persons, and bringing all the programs related to registration and employment records of the three former institutions into alignment with the Act No. 5510.

Work on bringing into operation of the program prepared with a view to forming employment records of the agricultural insured is nearing completion.

- Training of the Social Security Personnel

Necessary trainings are provided for the personnel with regard to the application of the amended social security legislation through the seminars and courses arranged every year under in-service training program. By these training programs, it is aimed to have the personnel gain knowledge and skill and upgrade their service qualities and to eliminate the troubles encountered with during application and to provide uniformity and to speed up the work flow.

Information on the trainings provided by the Institution in the course of the reference period is given below.

Within the framework of Social Security Institution Accounting Training Program, 187 personnel were trained about accounting in 5 groups.

227 personnel were trained within the framework of Regional Training Program on Legislation, organized in 2 groups coming from provincial organization, so as to ensure uniformity in application by means of understanding amendments made in legislation and solving the problems faced in application.

203 personnel from provincial organization attended training program on improvement, extension and merging of wide area network (WAN) infrastructure.
298 personnel from central and provincial organization attended Assessment Training and Assessment Application Training Program.

242 personnel participated in the training held in provincial directorates within the framework of Restructuring Training.

19 personnel were trained on Optical Provision System in the framework of Optical Provision System Training Program held in central organization of the Institution.

238 personnel participated in the training program about the application of *Circular on Transfer of Arrears into Execution Repository Automatically, Restructuring of Execution Proceedings, Confiscation and Sale Services*.

77 personnel were trained in central organization of the Institution about internet based Document Registration and Monitoring System which will enable monitoring of correspondence in computer environment through one incoming document number.

208 personnel were trained about online registration procedures in the provincial organization of the Institution.

214 personnel attended training program on Disciplinary organized in provincial organization in 3 groups.

Within the framework of Job Training Program held in the provincial organization in 4 groups, 60 personnel were provided with job training about allocation of incomes and pensions within short time.

225 personnel attended Training Program for Officials of Registration and Check of Movables held in central and provincial organization of the Institution.

Other than these, 172 personnel were trained on various subjects in the training programs organized by the Institution.

- Providing Information and other Services for the Beneficiaries

Guidance services were established in each provincial directorate and thus the beneficiaries were informed fast and correctly. Moreover, information seminars were held in 50 provinces.

B - THE BENEFITS

Social Security Coverage

Social insurance services which cover old-age, unemployment, health care, invalidity, sickness, maternity, occupational injuries and diseases and survivors benefits are provided mainly by four institutions:

Retirement Fund (ES) for the civil servants; Social Insurance Institution (SSK) for the employees and agricultural employees; Social Insurance Institution for the self-employed and self-employed in agriculture (Bağ- Kur); Turkish Employment Organisation (ISKUR) for the employees covered by unemployment insurance. For all institutions, retirement age is 58 for women and 60 for men. In addition, there are occupational social security funds that cover some benefits. In accordance with the current social security legislation, in case the insured person died, while daughters who

do not work and have no income from social security institutions until getting married and sons until their 18 years of age or until 25 years of age in case they are continuing their education have the right to be paid death benefits.

Law No. 506 on Social Insurance For Workers -Awarding Of Pension to the Spouse and the Children (Art. 23)

The following provisions shall apply in the case of death caused by work accident or occupational disease.

I- Annual pension shall be awarded at the following rates out of the 70 % of the annual earnings of the deceased insured person determined in accordance with the provisions of Article 88;

A) 50 % to his widow or 75 % if she has no child drawing a pension.

...

C) Of the children:

a) “25 % to a son if he has not completed his 18th year, or, if receiving a secondary education his 20th year or, if receiving higher education his 25th year or, if disabled to the extent of being unable to work and if he is not drawing a pension to which he was entitled in respect of an employment covered by a retirement pension or social insurance scheme”

25 % to a daughter regardless of her age if she is not married or she is divorced or is a widow, provided that she is not employed in an occupation covered by Social Insurance Institution or under the Pension Fund for the Civil Servants or she is not drawing a pension from those institutions.

b) 50 % to each child referred to in subparagraph (a) if both parents were dead or they died subsequently or if there was no matrimonial tie between his father and mother, or if his mother remarries subsequently in spite of there being a matrimonial tie between his father and mother at the date of death of the insured father. The sons of the insured person who have completed their 18th or 20th years and have not been entitled to a pension, subsequently go to school for their education, shall be entitled to receive the benefits referred to in subparagraph (a).

II) In case of the death of the insured person whose pension for permanent incapacity for work has been paid in the form of a lump sum, his survivors shall be awarded a pension in accordance with the provisions of this Law regardless of payment of the lump sum to the deceased person.

III) Adopted children, acknowledged children, legitimised children or children recognised by court decision and posthumous children shall be eligible for a pension to be awarded according to the rules laid down in the foregoing paragraphs.

IV) The total amount of pensions to be awarded to the surviving spouse and children shall not exceed 70 % of the annual earnings of the insured person. In order not to exceed this limit, proportional reductions shall be made, where appropriate, in the pensions payable to the survivors.

V) Pensions awarded to the sons of the insured persons shall continue to be paid until they complete their 18th year, if receiving secondary education their 20th year and if receiving higher education their 25th year. The pensions payable to the sons who are disabled to the extent of being unable to work shall not be liable to suspension even after they complete the age limits referred to above. However, the sons who become disabled to the extent of being unable to work after their pensions are suspended shall again be awarded pensions to be paid as from the first day of the month following the date on which the medical report taken as a basis for the determination of the incapacity for work, provided that they not receiving a pension in respect of their employment covered by a social insurance or retirement pension scheme. The provision of Article 101 is not affected.

VI) (Amended: 20/3/1985-Law No.3168/art.1) If the widow of the deceased insured person remarries, her pension shall be suspended. If the marriage which was the cause of suspension of pension is dissolved, the pension shall be re-instituted. The widow who becomes entitled to a second pension after the death of her subsequent husband she shall be paid the higher of these pensions.

VII) (changed by Article 35 of Law No.4958) Payment of allocated benefits to the daughter of the insured is terminated at the beginning of the period following the date they start receiving income or pension from jobs subject to Social Insurance or Pension Funds of Civil Servants (Emekli Sandığı) or the date they get married. In the case of disappearance of the situation that causes the termination of allocation, from that date on the benefit is allocated again reserving the provision of paragraph (C) in Part One. If the marriage is terminated and wife earns the right to receive benefit from her husband, the person is allocated with the higher benefit.

VIII) (Supplement: 29/6/1978-Law No.2167/Art.2) In case of the death of a person while receiving a pension against permanent incapacity for work due to missing 50 % or more of his earning capacity, in his profession, as a result of an work accident or an occupational disease, the survivors of the person shall be awarded pensions not giving regard to whether the death was caused by the work accident or occupational disease which was the cause of the invalidity.

Law No. 506 on Social Insurance for Workers Pensions for Spouse and Children (Art. 68) (Amended: 21.6.1973-Law No: 1753/Art.2) A pension shall be awarded to the survivors of the deceased insured person entitled to a pension according to the following provisions:

I- of the pension of the deceased insured person to be determined in accordance with the provisions of Article 67:

A) (Amended: 20.3.1985-Law No: 3168/Art.2) 50 % to his widow; or 75% if he has no child drawing pension;

...

III. The total amount of pensions to be awarded to the surviving spouse and children shall not exceed the amount payable to the insured person. In order not to exceed this limit proportional reductions shall be made, where appropriate, in the pensions awarded to the survivors.

IV. Pensions awarded to the sons of the insured person shall continue to be paid until they complete their age of 18, if receiving secondary education their age of 20 and if receiving higher education their age of 25.

The pensions payable to the sons who are invalid to the extent of being unable to work shall not be liable to suspension even after they complete the age limits referred to above. If, however, the sons who become invalid to the extent of being unable to work after their pensions were suspended, shall again be awarded pensions to be paid as from the beginning of the month following the date on which the medical report taken as a basis in determining the State of invalidity, provided that they are not receiving a pension in respect of their employment covered by a social insurance or retirement pension scheme. The provisions of Article 101 shall not be affected.

V. (Amended: 20.3.1985-Law No. 3168/Art.2) If the widow of the deceased insured person remarries, her pension shall be suspended. If the marriage which was the cause of suspension of pension is dissolved, the pension shall be re-instituted. The widow, who becomes entitled to a second pension after the death of her subsequent husband, shall be paid the higher of these pensions.

VI). The pensions awarded to the daughters of the insured person shall be suspended as from the beginning of the quarter following the date on which they started to work in an occupation covered by the social insurance or retirement pension scheme (E.D.: 06.08.2003 changed by Article 35 of Law No.4958 dated 29.07.2003), receiving income or benefit from these places or on the date they marry. If the factor which was the cause of suspension of the pension is abolished, a new pension payable as from the date on which the causal factor was abolished shall be awarded, subject to the provisions of paragraph 1, subparagraph (C). If, however, she becomes entitled to a pension after the marriage is dissolved shall be paid the higher of these pensions.

Occupational Scheme

There is no occupational social security scheme regulated at national level. There are two mandatory second pillar type schemes for the armed forces (OYAK) and for the employees of the State-owned coal mining enterprise (TTK). These schemes operate under separate legislation, and combine defined benefit and defined contribution elements. On the other hand, there are 17 funds which replace statutory social security scheme as defined by the Directive, providing the personnel of Banks, Insurance and

Reinsurance Companies, Chambers of Commerce and Industry and Commodity Exchanges, with benefits that replace benefits provided by the Social Insurance Law.

Law No. 506 on Social Insurance For Workers - The personnel of Banks, Insurance and Reinsurance Companies, Chambers of Commerce and Industry and Commodity Exchanges shall not be considered as insured persons for the purposes of this Law if funds organised in the form of foundations or associations by the said organisations prior to the date of publication of this Law for the purpose of providing benefits in the case of invalidity, old-age and death to their personnel are individually transformed not later than six months after the date of publication of this Law into a Benefit Fund Foundation which:

- a) covers all the personnel of the bank, insurance or reinsurance company, chambers of commerce, industry and exchanges or of unions formed by them;
- b) provides as a minimum, the benefits specified in this Law in the case of industrial accidents, occupational diseases, sickness, maternity, invalidity, old age and death for such personnel, in the case of maternity for their spouses and in the case of sickness for their spouses and children;
- c) guarantees that the personnel subject to the constitution of such funds transferring from the one to another of these banks, insurance and reinsurance companies, chambers of commerce, industry and exchange or unions of same covered by the present Article, the rights acquired by the said personnel in their original funds shall be transferred to the fund to which they have transferred or to a Common Fund to be created among such institutions or organisations, And the constitution of which evidencing the action is filed with the Ministry of Labour and Social Security not later than six months after the date of publication of this Law.

However, the constitutions of these funds and amendments there to shall become final only after the approval of the Ministry of Labour and Social Security. Their financial status shall also be audited jointly by the Ministries of Labour and Social Security, Finance and Commerce. The Funds and organisations concerned shall have to take the measures deemed necessary by the Ministries jointly following the control of their financial status.

The periods of service completed under the regulations of the funds in question and periods completed under the Laws concerning pension funds or under invalidity, old-age and survivors' insurance shall be added together, if claimed by the insured person, in accordance with the provisions of Law 228 dated 5 January 1961 respecting the award of pensions (Transitional Art. 20). Law No. 5411 on Banking – However, these funds will be transferred to Social Insurance Institution within three years after publication date of this Article.

Personal Coverage

1- Wage Earners (Social Insurance Act No. 506 and Social Insurance Act for Agricultural Employees No. 2925)

Workers who have been employed by one or more employers based on to a contract of services, those who receive income or salary from the Institution, and their dependent family members, the apprentices subject to Act No. 3308, persons insured with Arbitrary Insurance or Collective Insurance and agricultural workers and their dependants employed under Act No.2925 are under the social security coverage of the Institution.

Social Insurance Institution provides health insurance services within the framework of short term (occupational diseases and work accident, maternity and sickness) and long term insurance services (old-age, disability, death pensions) in implementation of both Acts (The Act No: 3308 on Apprenticeship and Vocational Training and Social Insurance Act for Agricultural Employees No. 2925) for those covered under these Acts.

The Number of Those Covered By Social Insurance Institution By Years is indicated in the following Table:

SSK- Social Insurance Institution

Years	Number of Insured	Those who receive income and pension	Family Members	Total
2003	6.750.460	3.935.523	24.610.697	35.296.680
2004	6.952.848	4.120.866	26.771.763	37.845.477
2005	7.651.705	4.308.186	29.115.019	41.074.910
2006	8.582.395	4.510.701	18.040.101	31.133.197
2007*	9.159.894	4.763.434	20.308.731	34.895.817

(*) Figures are approximate due to fact that statistical data are in the process of compilation.

2- Self-Employed Workers (those covered by Act No.1479 and Act No. 2926)

According to Act No.1479, Act 2926 and the Act 2018, Bağ-Kur (Social Security Organization for Artisans and the Self – Employed) provides social security for the small businessmen, the craftsmen and the self-employed; agricultural self-employed workers; village and district elderlies respectively.

In addition, the below mentioned individuals can arbitrarily be insured:

- Housewives,

- Foreign citizens living in Turkey,
- Persons who are not under the coverage of any social security institution,
- Unemployed spouses of Turkish citizens living abroad,
- Those who have lost their compulsory insurance eligibility for Bağ-Kur.

Bağ-Kur provides health insurance services within the framework of short term and long term insurance services (old-age, invalidity, survivors' benefits) in implementation of both Acts (Social Insurance Law No. 1479 for craftsmen, artisans and other self-employed and Social Insurance Law No. 2926 for self-employed in agricultural sector).

The Number of Those Covered By Bağ-Kur (Social Security Organization for Artisans and the Self – Employed) By Years is indicated in the following Table:

Bağ-Kur (Social Security Organization for Artisans and the Self – Employed)

Years	Number of Insured	Those who receive income and pension	Family Members	Total
2003	3.438.167	1.486.073	11.236.283	16.160.523
2004	3.448.549	1.519.190	11.266.245	16.233.984
2005	3.354.372	1.600.294	11.655.966	15.990.253
2006	3.375.629	1.753.025	11.254.936	16.383.589
2007*	3.376.300	1.817.685	11.279.115	16.473.100

() Figures are approximate due to fact that statistical data are in the process of compilation.*

3- Civil Servants (Pension Fund Act No. 5434)

The Pension Fund provides social security for the civil servants and their family members in accordance with Act No.5434. In accordance with Act No.2022, Turkish Citizens over 65 and those who are not covered by any social security institution and needy, handicapped and destitute persons are paid monthly salary; in accordance with Acts No. 1005 and 3292, The Pension Fund also pays monthly salary to war veterans and Turkish Citizens for their eminent services to the Republic of Turkey.

The Pension Fund provides health insurance services within the framework of short term and long term insurance services (old-age, invalidity, survivors' benefits) in implementation of Act No.5434 for active insured (participants). The necessary medical care shall be extended to the passive insured persons (Those who receive old age pension and invalidity pension) and their family members and those who receive widow's and orphan's pension under the scope of sickness insurance.

Participants and dependent family members can not benefit from medical care. Medical care for these is covered by the institutions that participants work in.

In the Pension Fund Act No. 5434, incapacity allowance is not included under the scope of Sickness Insurance. In the case of temporary incapacity because of their sickness, active insured persons (participants) under the coverage of Act No. 5434, are paid monthly salary.

According to Social Insurance Act No. 506, an insured person suffering from temporary incapacity for work caused by a work accident or occupational disease shall be paid an allowance of temporary incapacity for each day of temporary incapacity for work.

A sickness cash benefit shall be paid for each day of temporary incapacity for work as from the third day of the incapacity for work and shall continue for a maximum period of 18 months to the insured persons who have paid sickness insurance contributions for at least 120 days in the course of the year preceding the date on which the temporary incapacity for work commenced. Because awarded income and pensions of the insured persons suffering from temporary incapacity for work caused by a work accident or occupational disease shall be stopped during their sickness period.

The Number of Those Covered By the Pension Fund Act No. 5434 By Years is indicated in the following Table:

Years	Number of Participants	Those who receive pension	Dependents	Total
2003	2.408.148	1.467.966	5.524.756	9.400.870
2004	2.404.091	1.534.592	5.580.498	9.519.181
2005	2.402.409	1.595.973	5.634.697	9.633.079
2006	2.420.897	1.649.998	5.597.672	9.668.567
2007*	2.444.680	1.698.325	5.343.434	9.486.439

() Figures are approximate due to fact that statistical data are in the process of compilation.*

Moreover, in accordance with Act No 2022, the number of the persons to whom pensions have been awarded by The Pension Fund, is indicated under Article 23 of European Social Charter.

Population Groups under the social security coverage of the Institution as at the end of 2007* are indicated in the following Table:

	Relevant Legislation	Number of Insured	Those who receive income and pension	Family Members	Total	Ratio to the General Population % **
SOCIAL INSURANCE INSTITUTION	Subject to Act No: 506 A-a) Obligatory Insured	8.497.824	4.763.434	19.537.931	33.461.259	47,40
	b) Optionally Insured	272.804	-	-	272.804	0,39
	c) Collective Insured	38.762	-	-	38.762	0,055
	B- The apprentices Subject to Act No: 3308	157.804	-	-	157.804	0,22
	C-The Insured Person in Agricultural Sector under the coverage of Act No: 2925	192.700	***	770.800	965.188	1,37
	Soc. Ins. Institution Total	9.159.894	4.763.434	20.308.731	34.895.817	49,44
BAĞ-KUR	A- The Insured Person under the coverage of Act No: 1479	2.283.059	1.528.909	7.947.193	11.759.161	16,65
	B- The Insured Person under the coverage of Act No: 2926	1.093.241	288.776	3.331.922	4.713.939	6,67
	Bağ-Kur Total	3.376.300	1.817.685	11.279.115	16.473.100	23,32

THE PENSION FUND	A- The Insured Person under the coverage of Act No: 5434	2.444.680	1.698.325	5.141.442	9.284.447	13,15
	B- The Insured Person under the coverage of Acts No: 1005 and 3292	-----	51.053	-----	51.043	0,07
	C- The Insured Person under the coverage of Act No: 2022	-----	1.244.174	-----	1.244.174	1,76
	Pension Fund Total	2.444.680	2.993.552	5.141.442	10.579.674	14,99
	General Total	14.980.874	9.625.724	36.729.288	61.948.591	87,75

(*) Figures are approximate due to fact that statistical data are in the process of compilation.

(**) Mid-year projection of the population which was estimated by TÜİK (Turkish Statistical Institute), Total Population was 70.586.256

(***)The data could not be compiled.

1 - Wage Earners (Acts No. 506 and 2925)

Financial Coverage

Insurance benefits set out in the Social Insurance Act No. 506 are financed by the contributions collected both from employees and employers. There has been no amendment on the contribution rates during the reference period. Contribution rates collected in accordance with article 73 of the said Act are indicated below.

Contribution rates paid by the employees and employers:

Insurance Branches	Employees' share (%)	Employers' Share (%)	Total
Sickness	5	6	11
Maternity	-	1	1
Employment Injury	-	1,5-7	1,5-7
Invalidity, Old Age, Survivors	9	11	20
Total	14	19,5-25	33,5-39

() Contribution rates are varied between 1,5 – 7 according to the risk level of the work branches.*

Contribution rate of % 20 determined for Invalidity, Old Age, Survivors insurance branches is arranged as % 22 for the persons employed in heavy and wearing jobs. The difference of % 2 is paid by the employer.

The Speeding Up of the Collection of Premiums:

By the issue of the amnesty acts, it was aimed to speed up the collection of the claims of the Institution.

Following Act No. 5458 regarding the restructuring of the social security premium claims, which was put into force in April 2006, the contributions of the employers that remained unpaid to the Institution have been restructured. According to this it has been stipulated the instalments of contribution that have not been paid on time to the institution should be paid on the last day of the following year at the latest.

The Transitional Articles 23 and 24 were introduced into the Act No. 5763, published in the Official Gazette dated 26/05/2008 and Social Insurance and General Health Insurance Act No. 5510. With these arrangements, a facility of payment has been provided for the collection of the accumulated premium claims of the institution. This facility concerns the collection of the unpaid contributions of employers and insured persons as well as the restructuring of the accumulated social security premium claims, especially those of the Social Insurance Institution, SSK, and the Social Security Organization for Artisans and the Self Employed, Bağ-Kur.

In this framework in accordance with the Provisional Article 24 the premium claims of the institution, which amounted to 20,7 billion YTL (New Turkish Lira), were restructured as of August 19, 2008. The sum to be collected has reached 13 billion YTL, 4 billion of which has been collected. This situation reveals how important the restructuring of the premium claims of the institution is.

On the other hand, the strengthening of the audit systems as well as the infrastructure of data processing that facilitate electronic processing are among the measures that have been adopted for collecting the accumulated premium claims of the institution.

Additionally a new unit called the Department of the Disputed Premium Issues and Legal Action for Collection of Debts has been established with the aim of following up the unpaid premium claims of the institution.

Besides these, all the notifications and payments regarding premiums have been carried out in electronic form, and agreements have been concluded with many banks that have broad branch networks across Turkey. These measures have provided for considerable convenience and speed in the collection of premiums.

Employment Injury and Occupational Disease Benefit

The following benefits shall be provided in cases of work accidents and occupational diseases:

- Daily cash benefits payable during temporary incapacity for work;
- Payment of pension in the case of permanent incapacity for work;
- Awarding pension to the survivors of the insured person in the case of his death.
- Payment of funeral expenses.

For the purpose of the provisions applied under Sickness Insurance;

A sickness cash benefit shall be paid for each day of temporary incapacity for work as from the third day of the incapacity for work. However, in order to receive sickness cash benefits for temporary incapacity for work the insured person must have obtained a medical report from a doctor or from a medical board designated by the Institution. The benefits indicated below shall be provided in the case of maternity for the insured woman;

- In case of maternity of the woman temporary invalidity for service allowance is paid.
- Examination of pregnancy and the provision of benefits in kind required for confinement;
- The provision of benefits in kind required for confinement;
- Payment of nursing allowance.

In case of maternity of the woman, temporary invalidity for service allowance is paid for every day she doesn't work for eight weeks each prior and after the delivery and for two weeks added to the eight week period prior to delivery in case of multiple pregnancy.

Limits of Daily Earnings

According to Social Insurance Act No. 506, minimum limit of the daily income shall be determined every year as of January 1st by applying the estimated increase of the development rate of the gross domestic product with constant prices, to the amount found by increasing up to the estimated increase rate of the latest consumer price index envisaged in the yearly program.

Calculation of the contributions and benefits are based on the daily earning determined by minimum wage for those over 16 years of age in respect of Labour Act No. 4857.

According to this, lower limit of daily earning has been the daily minimum wage for those over 16 years of age in respect of Labour Act No.4857 and the upper limit has been 6,5 times of the daily minimum wage since 01.07.2004.

In the reference period changes made in the minimum wage affected the daily earning limits.

According to this, the lower limit of the daily earning between 01.01.2007 and 31.12.2007 is the daily minimum wage which is 19,50 YTL and upper limit is 6,5 times of it ($19,50 \times 6,5 = 126,75$ YTL).

In the 01.01.2008 - 30.06.2008 period daily minimum wage for people over 16 was determined as 20,28 YTL, accordingly the lower limit of the daily earning based on the calculation of the contributions and benefits is 20,28 YTL and the upper limit is 6,5 times of this amount ($20,28 \times 6,5 = 131,82$ YTL).

Daily Earning Limits for the Reference Period:

Period	Daily Earning Lower Limit (YTL)	Daily Earning Upper Limit (YTL)
January-June/2003	13,10	65,52
July-December/2003	15,27	76,34
January-June/2004	18,32	91,60
July-December/2004*	14,81	96,23
January-December/2005	16,29	105,89
January-December/2006	17,70	115,05
01.07.2007–31.12.2007	18,75	121,88
01.07.2007–31.12.2007	19,50	126,75

* The daily minimum wage for those over 16 years of age in respect of Labour Act No.4857 and the upper limit has been 6,5 times of the daily minimum wage since 01.07.2004.

The cash benefit for temporary incapacity for work:

If beneficiary is cured in the healthcare facilities, the insured is paid the temporary incapacity payments in the amount of 1/2 and in case of out-patient in the amount of 2/3 of the daily income. For the reference period the amounts of temporary incapacity payments provided to the insured experiencing temporary incapacity are indicated as follows.

Period	Amount paid for in-patient treatment (YTL)	Amount paid for out-patient treatment (YTL)
January-June/2003	Min.: $13,10 \times 1/2 = 6,55$	Min.: $13,10 \times 2/3 = 8,73$
	Max.: $65,52 \times 1/2 = 32,76$	Max.: $65,52 \times 2/3 = 43,68$
July-December/2003	Min.: $15,28 \times 1/2 = 7,64$	Min.: $15,28 \times 2/3 = 10,18$
	Max.: $76,34 \times 1/2 = 38,17$	Max.: $76,34 \times 2/3 = 50,89$
January-June/2004	Min.: $18,32 \times 1/2 = 9,16$	Min.: $18,32 \times 2/3 = 12,21$
	Max.: $91,60 \times 1/2 = 45,80$	Max.: $91,60 \times 2/3 = 61,07$
July-December/2004	Min.: $14,81 \times 1/2 = 7,41$	Min.: $14,81 \times 2/3 = 9,87$
	Max.: $96,23 \times 1/2 = 48,12$	Max.: $96,23 \times 2/3 = 64,15$
January-December/2005	Min.: $16,29 \times 1/2 = 8,15$	Min.: $16,29 \times 2/3 = 10,86$
	Max.: $105,89 \times 1/2 = 52,95$	Max.: $105,89 \times 2/3 = 70,59$
January-December/2006	Min.: $17,70 \times 1/2 = 8,85$	Min.: $17,70 \times 2/3 = 11,80$
	Max.: $115,05 \times 1/2 = 57,53$	Max.: $115,05 \times 2/3 = 76,70$
01.07.2007–31.12.2007	Min.: $18,75 \times 1/2 = 9,38$	Min.: $18,75 \times 2/3 = 12,50$
	Max.: $121,88 \times 1/2 = 60,94$	Max.: $121,88 \times 2/3 = 81,25$
01.07.2007–31.12.2007	Min.: $19,50 \times 1/2 = 9,75$	Min.: $19,50 \times 2/3 = 13,00$
	Max.: $126,75 \times 1/2 = 63,37$	Max.: $126,75 \times 2/3 = 84,50$

Permanent Incapacity for Work:

If it is determined by the Institution on the basis of medical reports issued by the medical board of a health establishment owned and administered by the Institution or of any other health establishment where the insured person may be sent by the Institution after the temporary incapacity for work is terminated, that he has lost at least 10 % of his earning capacity as a result of work accident or occupational diseases, the insured person shall be entitled to a pension against permanent incapacity for work.

The lower and upper limits of permanent incapacity allowances calculated according to the changes occurred in the daily income limits within the period: (4,69 YTL Social Assistance increase included.)

Period	Increase Rates	Monthly Minimum Allowance (YTL)	Monthly Maximum Allowance (YTL)
January-June/2003	(*)	345,91	960,96
July-December/2003	(*)	363,86	1.010,83
January-June/2004**	%10	423,22	1.111,91
July-December/2004	%10	465,54	712,44
January-December/2005	%6	493,47	755,19
July-December/2005	%6	523,08	800,50
January-June/2006	%3	538,77	824,52
July-December/2006	% 4,37	562,31	849,25
January-June/2007	% 5	590,39	903,58
July-December/2007	% 3,87	613,25	938,55

* Monthly CPI Increase Rates were applied.

** The increment rates of pensions and/or incomes have been reassessed in conformity with determined rates in Central Government Budget Acts since 2004.

Invalidity Benefit

1 - Wage earners (Acts No. 506 and 2925)

The providing to benefits under invalidity insurance consists of an invalidity pension. Persons treated as Invalid were entitled to an invalidity pension.

The providing to benefits for the insured people under old-age insurance is as follows:

- a) old-age pensions;
- b) lump-sum payment.

Benefits provided under survivors' insurance are as follows:

- a) Pensions for the spouse, children and parents of the deceased insured person;
- b) lump-sum payments to the spouse, children and parents of the deceased insured person;
- c) Payment of funeral expenses of the deceased insured person.

The increment rates of Pensions awarded:

Minimum limit of the daily income shall be determined every year as of January 1st by applying the estimated increase of the development rate of the gross domestic product with constant prices, to the amount found by increasing up to the estimated increase rate of the latest consumer price index envisaged in the yearly program.

The increment rates of pensions and/or incomes have been reassessed in conformity with determined rates in Central Government Budget Acts since 2004.

Amounts of the pensions awarded in the course of the reference period in Mixed System

Period	Increase Rates	Monthly Minimum Allowance (YTL)	Monthly Maximum Allowance (YTL)
January-June/2003	(*)	332,05	570,48
July-December/2003	(*)	332,05	593,49
January-June/2004**	%10	364,79	652,83
July-December/2004	%10	400,80	989,10
January-December/2005	%6	424,56	1.183,60
July-December/2005	%6	449,75	1.177,70
January-June/2006	%3	463,10	1.219,30
July-December/2006	% 4,37	483,10	1.333,60
January-June/2007	% 5	507,10	1.423,20
July-December/2007	% 3,87	526,50	1.697,00

* Monthly CPI Increase Rates were applied.

** The increment rates of pensions and/or incomes have been reassessed in conformity with determined rates in Central Government Budget Acts since 2004.

Funeral allowances:

The amount calculated through multiplying the indicator number fixed by the Council of Ministers and civil servant salary coefficient is paid to the family of the deceased insured as funeral allowance.

Funeral allowances calculated according to indicator number (5000) are increased in parallel with coefficient increases during the period. The increased amounts are indicated below:

The amount of the funeral expenses paid during the reference period (YTL):

Period	Paid Amount (YTL)
January-June/2003	171,50
July-December/2003	182,10
January-June/2004**	193,05
July-December/2004	200,50
January-December/2005	208,00
July-December/2005	213,25
January-June/2006	223,73
July-December/2006	234,93
July-December /2007	241,75

2- Self-Employed Persons (Acts No. 1479 and 2926)

Financial Coverage

The financial assets of the Institution consists of the contributions and related incomes collected from the insured persons under the Acts No. 1479 and 2926; health insurance contributions incomes and penalties incurred in accordance with the Acts No. 3235 and 4386; interest and other revenues received from the funds composed by the contributions; revenues of immovable properties and assistance provided from the general budget. The expenses of the Institution are consisting of general administrative expenses, payments to the beneficiaries and, in case of their decease, to their survivors and benefits provided under sickness insurance. Major part of the revenues of BAĞ-KUR is consisting of the contributions paid by the insured persons.

The insured persons covered by the Acts No. 1479 and 2926 pay totally 40% contribution (of which 20% for invalidity, old age, and survivors' insurances and 20% for health insurance) based on the indicator numbers pertaining to their degrees.

Contribution rates paid by the insured persons under BAĞ-KUR:

Insurance Branches	Contribution Rates (%)
Invalidity, Old Age, Survivors	20
Health	20
Total	40

In case of the death of a person while receiving a pension against permanent incapacity for work due to missing 50 % or more of his earning capacity, in his profession, as a result of an work accident or an occupational disease, the survivors of the person shall be awarded pensions not giving regard to whether the death was

caused by the work accident or occupational disease which was the cause of the invalidity. Payment of funeral expenses shall be provided in cases of work accidents.
2- Self-Employed Persons (Acts No. 1479 and 2926)

According to Acts No. 1479 and 2926; The providing to benefits under invalidity insurance consists of an invalidity pension. Persons treated as Invalid were entitled to an invalidity pension.

The providing to benefits for the insured people under old-age insurance is as follows:

- a) old-age pensions;
- b) lump-sum payment.

Benefits provided under survivors' insurance are as follows:

- a) Pensions for the spouse, children and parents of the deceased insured person;
- b) lump-sum payments to the spouse, children and parents of the deceased insured person;
- c) Payment of funeral expenses of the deceased insured person.

The increment rates of Pensions awarded:

Minimum limit of the daily income shall be determined every year as of January 1st by applying the estimated increase of the development rate of the gross domestic product with constant prices, to the amount found by increasing up to the estimated increase rate of the latest consumer price index envisaged in the yearly program.

The increment rates of pensions and/or incomes have been reassessed in conformity with determined rates in Central Government Budget Acts since 2004.

Amounts of the pensions awarded in the course of the reference period

Period	According to Act No.1479		According to Act No.2926	
	Minimum Pension (YTL)	Maximum Pension (YTL)	Minimum Pension (YTL)	Maximum Pension (YTL)
01.01.2003-30.06.2003	242,81	791,03	165,82	470,02
01.07.2003-31.12.2003	242,81	791,03	165,82	470,02
01.01.2004-30.06.2004	267,10	870,14	182,40	517,02
July-December/2004	293,80	957,15	200,65	568,73
January-December/2005	317,30	1.014,59	216,70	608,53
July-December/2005	342,68	1.075,47	234,03	651,14
January-June/2006	352,98	1.107,72	241,05	670,67
July-December/2006	368,40	1.156,13	251,59	699,98
January-June/2007	386,81	1.213,93	264,17	734,98
July-December/2007	401,79	1.260,91	274,39	763,42

Funeral Allowances

In case of death of the insured person or death of person who receives old age pension or invalidity pension, funeral expenses are paid to real or legal persons who hold a funeral of deceased person according to Article 47 of the Act No. 1479 and Article 29 of the Act No. 2926. Funeral allowances were increased through the proposal of the Administrative Board and approval of the Ministry, however since 01.01.2003 it has been increased as much as the annually changing rate of the consumer price index (TÜFE) of the previous December and December of the year before.

The amount of the funeral allowances which were 234,93 YTL and paid since 01.07.2007 to the insured who are under the coverage of the Acts No.1479 and 4956 has been raised to 247,43 YTL beginning from 01.07.2008 with the decision of the Administrative Board.

The amount of the funeral expenses paid during the reference period (YTL):

Period	The amount of the funeral expenses paid (YTL)
January-December/2003	12970
January-December/2004	153,56
January-December/2005	167,87
January-December/2006	185.56
January-December/2007	234,93

3- Civil Servants (Act No. 5434)

Benefits provided in case work accidents and occupational diseases are as follows:

- awarding pension to the survivors of the insured person in case of death,
- Occupational invalidity pension,
- Payment of the funeral expenses.

The retirement (old age), invalidity, widows and orphan's pensions and health benefits are financed through deductions and provisions made from the employees and employer (State).

The Pension Fund provides social security for the civil servants and their family members in accordance with Act No.5434. According to Act No. 5434; the providing to benefits under invalidity insurance consists of an invalidity pension. Persons treated as Invalid were entitled to an invalidity pension.

The providing to benefits for the insured people under old-age insurance is as follows:

- a) old-age pensions;
- b) lump-sum payment.

Benefits provided under survivors' insurance are as follows:

- a) Pensions for the spouse, children and parents of the deceased insured person;
- b) lump-sum payments to the spouse, children and parents of the deceased insured person;
- c) Payment of funeral expenses of the deceased insured person.

The increment rates of Pensions awarded:

In the calculation of the salaries of the participants who are still on duty and covered by Civil Servants Act No.657 and in the calculation of their pensions, salary coefficients determined by the Council of Ministers and coefficient for the base salary are taken as a basis. These coefficients are increased by the Council of Ministers twice

in the course of the reference period. Salaries and pensions are increased according to the increments in these coefficients and the price increases during the reference period.

The minimum and maximum amounts of salaries calculated according to the coefficients in the course of the reference period:

Period	Minimum Salary (YTL)	Maximum Salary (YTL)*
January-June/2003	395,67	2.193,46
July-December/2003	448,47	2.242,96
January-June/2004	483,84	2.388,78
July-December/2004	512,93	2.532,40
January-December/2005	543,04	2.640,18
July-December/2005	577,01	2.751,37
January-June/2006	591,47	2.820,72
July-December/2006	620,40	2.959,16
January-June/2007	659,67	3.114,99
July-December/2007	688,87	3.214,89

* These salaries are calculated by taking as a basis the salary of the most senior civil servant (Prime Ministry Undersecretary) who has a 25-year of service.

Funeral expenses:

In case of decease of a person who received salary from The Fund, his/her spouse, if not, his/her children or the person who is pointed out on a statement filed by the deceased person in his/her lifetime are paid minimum funeral expenses. Funeral expense is at the amount of two times of the amount which is found by multiplication of current coefficient by total indicator (including additional indicator) applied to the Undersecretary of the Prime Ministry who is the highest ranked civil servant. This is the minimum amount. Persons whose salaries are higher are paid funeral expenses at the amount equal to their salaries.

The amounts of the minimum funeral expenses during the period:

Period	Funeral expense (YTL)
January-June/2003	651,70
July-December/2003	651,70
January-June/2004	691,98
July-December/2004	733,59
January-December/2005	761,90
July-December/2005	790,40
January-June/2006	810,36
July-December/2006	850,16
January-June/2007	892,72
July-December/2007	918,66

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Social Security Institution was established by the Social Security Institution Law No:5502 which was published in the Official Gazette No: 26173 dated 20.06.2006 and brings the Social Insurance Institution, General Directorate of Bağ-kur and General Directorate of Emekli Sandığı whose historical development are summarized above under a single roof in order to transfer five different retirement regimes which are civil servants, contractual paid workers, agricultural paid workers, self-employers and agricultural self-employers into a single retirement regime that will offer equal actuarial rights and obligations.

The Social Security Code No. 5502 merged the Social Insurance Institution, the Social Security Organization for the Self-Employed and the Pension Fund for Civil Servants into the Social Security Institution Administration.

Following the enforcement of the Institution Code, the Social Security and General Health Insurance Code No.5510 enacted in order to unite the legislation in relation to different social security system.

The enforcement of the Social Insurance Code postponed because of the Constitutional Court's decisions regarding the annulments of various Articles and following the arrangements done according to the Court's decision, the Articles in relation to general health insurance stipulated under Code No.5510 came into force on July 1, 2008 and the Articles in relation to social security transactions and other issues came into force on October 1, 2008.

The Social Insurance Code expands the definition of “insured” to include all insured parties who were previously subject to different social security system. As a consequence, three categories of workers are deemed to be insured: (i) employees working under a labour contract pursuant to Article 4/a, (ii) self-employed workers pursuant to Article 4/c, and (iii) civil servants pursuant to Article 4/c.

General Health Insurance

Pursuant to Social Insurance Code, the compulsory insured and arbitrarily insured are deemed to be eligible for general health insurance as of the registration date without needing further notification.

Employees and self-employed workers benefit from general health services, providing that 30 days of general health premium payment has been made prior to the application for the services. Additionally, self-employed worker do not owe any outstanding premium payments over 60 days or any other outstanding debts in relation to the premium.

Under the regulation in relation to general health insurance, employees residing in a foreign country as a consequence of temporary or permanent work are entitled to a health benefits in the foreign countries. Additionally, all of the general health insured shall be entitled to health benefits in the foreign countries if treatment is not possible in the country.

The Articles in relation to retirement stipulated under the Social Insurance Code do not apply to insured workers who have started working prior to the enforcement of the Code. Therefore, the Articles qualifying for a retirement pension stipulated under the previous legislation prevail for these workers.

Article 28 of the Social Insurance Code stipulates that those persons insured for the first time as per this code must meet following requirements in order to qualify for a retirement pension:

- (a) insured women qualify for a retirement pension at the age of 58, while the insured men qualify for a retirement pension at the age of 60. Both qualify for a retirement pension providing at least 9.000 days of invalidity, retirement and death premium. However, for insured employees, 7.200 days of premium is required.
- (b) The age limit to qualify for a retirement pension pursuant to sub-clause (a) will increase gradually as of the year 2036 until it reaches 65.

The age limits shall be taken into consideration on the date when the condition of premium days stipulated under sub-clause (a) is fulfilled.

Pursuant to the previous legislation, employees and self-employed workers must meet the following requirements in order to qualify for a retirement pension:

- (a) Female employees who started work before September 8, 1999 qualify for a retirement pension at the age of 58 , while male employees who started work before this date qualify for a retirement pension at the age of 60. Both qualify for a retirement pension providing at least 7.000 days of premium.
- (b) Female employees who started work before October 1, 1999 qualify for a retirement pension at the age of 58 , while male employees who started work before this date also qualify for a retirement pension at the age of 60. Both qualify for a retirement pension providing at least 9.000 days of premium.

Declaration of Insurance:

Pursuant to Social Insurance Code, employers are obliged to notify employees to the Institution prior to the commencement of employment, vocational education and

compulsory training. However, this declaration must be submitted to the Institution prior to the commencement of insurance in the following cases:

- (a) for insured employees on the contracted sites, on the commencement date at least,
- (b) for insured workers who commenced work during travel to foreign countries and for insured workers who commenced work within one month of the initial commencement of work at the workplaces that submit an insurance declaration to the Institution for the first time, within a month of commencing employment, and
- (c) for insured workers employed by public offices to work in foreign countries, within three months of commencing employment, even if they quit.

The legislation in relation to social security rights of employees, self-employed workers and civil servants has been unified in order to prevent various social security systems' complicated applications regulated under social insurance code.

General Health Insurance has been initially legislated in the Social Insurance Code and it has been stipulated that persons under the age of 18 are entitled to general health benefits regardless of their parents' situation.

Social Insurance and General Health Insurance Act No. 5510, which was drafted within the framework of sustainability principles in order to ensure the unity in norms and standards in the insurance branches and applications of the social security institutions which were gathered under a single roof in the scope of Social Security Reform, was adopted in Turkish Grand National Assembly (TGNA) in 2006. The entry into of this Act was postponed due to some reasons. Currently, some of the provisions of this Act entered into force as of June 1, 2008. A major part of the said Act entered into force in October 2008.

Therefore, the application of social security reform has been started. The said reform rearranging the whole social security system has been on the country's agenda for three years.

The purpose of the Act No. 5510 is to cover all the citizens (also foreigners, stateless persons, and refugees who meet some requirements) in respect to social insurances and general health insurance, to determine the persons enjoying these insurances and the rights to be granted, the conditions for enjoying these rights, and financing methods, to regulate principles and procedures with regard to operation of the social insurances and general health insurance. The Social Security Institution Act No. 5502 aims at maintaining an effective, equitable, accessible, actuarially and financially sustainable social security system, which based on social insurance principles and modern standards.

The said Act covers the persons to benefit from social insurance and general health insurance, employers, medical service providers, real persons, legal personalities which are subject to public and private law, and other institutions and bodies which do not have legal personality with regard to application of the Act.

The New Law on Social Security Reform:

consists of 4 main components that complement each other;

- The first component is the setting up of a single retirement insurance for all employees, employers, self-employed and civil servants other than health.
- The second is the creation of a General Health Insurance for all population.
- The third is the gathering of social benefits and services that are currently being carried out in a dispersed manner and establishment of a system where they are based on objective benefit criteria and can be reached by all groups who are in need.
- The fourth component is the creation of a new institutional structure, which will provide the opportunity to present services regarding to the three essential functions mentioned above.

Main Goals of the Reform;

- To create a system in which “Not the citizens but the information” will run among the institutions
- To create a sustainable social security system and achieve social solidarity,
- To establish a General Health Insurance to cover whole population,
- To develop the technological infrastructure and to strengthen the inspection capacity,
- To improve the local organizations and to increase the citizen access to the system.

Regimes and the Insurance Branches

Insurance Branch	506 SSK Workers	2925 SSK Agricultural Workers	1479 Bag-Kur Self-Employed	2926 Bag-Kur Farmers	5434 Pension Fund Civil Servants
Old Age	+	+	+	+	+
Invalidity	+	+	+	+	+
Death	+	+	+	+	+
Work Accidents- Occupational Diseases	+	*	*	*	No reduction from salary
Maternity					** No reduction from salary
Health Care	+	+	+	+	+
Sickness – Cash Benefits	+				No reduction from salary
Unemployment	+				
Family Benefits	Civil Servants and workers registered in a trade union get some payments from non-contributory system				

* There is no payment for temporary incapacity.

** Health care expenditures are paid through health care system

Insurance Branches According to The New Law on Social Insurance and General Health Insurance

	Workers with contracts		Agricultural workers		Self Employed		Farmers		Civil Servants	
	Old system	Reform	Old system	Reform	Old system	Reform	Old system	Reform	Old system	Reform
Old Age										
Invalidity	+	+	+	+	+	+	+	+	+	+
Death	+	+	+	+	+	+	+	+	+	+
Work Accidents- Occupational Diseases	+	+	*	+	*	+	*	+	+	+
Maternity	+	+	**	+	**	+	**	+	No reduction from salary	+
Health Care	+	+	+	+	+	+	+	+	+	+
Sickness – Cash Benefits	+	+		+		+		+	No reduction from salary	+
Unemployment	+	+								+
Family Allowances	It will be provided in the context of non contributory system									

* There is no payment for temporary incapacity.,

** Health care expenditures are paid through health care system

The Goals of New Social Insurance Regime

- To establish a regime in which all employees will be equal in benefits-liabilities
- To take on-time measures against the ageing of the society
- Not to create more liability on employment
- To redefine the statutory and voluntary insurance regimes in line with the realities of the society
- To simplify the system and reduce the bureaucracy

The Goals of General Health Insurance Regime

- Equal coverage and quality of the health insurance for all citizens,
- To attain a health insurance system with principles of statutory joining, income based premium and service according to needs,
- The payment of health insurance premium of poor people on behalf of them by the state with the resources allocated for social assistance,
- To support protective health programmes,
- To set up a system endowed with contemporary inspection/control systems to prevent abuses.

The objective of establishing a single social security institution;

- citizen satisfaction
- The least bureaucracy
- Not the citizens but the information run between institutions
- Fast and local service provision
- An increase of trust in the system as a result of transparency and certainty

Management skills

- On time and useful policy making as a result of data increase,
- A decrease in hierarchy, timely adaptation to the changes by means of flexibility,
- An increase in inspection powers and skills.

Finance

- An increase in the savings of the institution and multidimensional efficiency in income expenditure balances.

Basic Characteristics of Private Pensions

- Fully funded defined contribution system
- Individual accounts
- Private personal pension plans

- Voluntary participation (both for employers & employees)
- Complementary to state social security system
- Pension companies may optionally have a license in life insurance business
- Contributions invested in “pension mutual funds”
- Assets are managed by portfolio management companies
- Pension assets legally segregated from pension company’s assets
- Pension assets kept by the Istanbul Stock Exchange Settlement& Custody Bank

Replacement Rate and Indexation of Pensions

SOCIAL SECURITY INSTITUTIONS	Average Replacement Rate per year (for first 25 year)		Indexation of Pension	Valorisation of Contribution	Relevant Earnings
SSK		2.6%	CPI	CPI + Growth Rate	Yearly Earnings
BK		2.6%	CPI	Income Table determined by council of ministers	Income Level Table
ES		3.0%	Increase by civil servants' wages	The last earned wage	Various parameters according to status and the last earned wage.
After Reform Process	Btw 2006-2016	2.50%	CPI	0,5(CPI+Growth Rate)	Total Yearly Earnings
	After 2016	2.00%			

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

The Social Security System in Turkey is reformed. The new law has been accepted by Turkish Grand National Assembly. The figures for the reference period will be given below.

Coverage of Social Security Programs				
Institutions	2002	2003	2004	2005
<i>I-Civil Servants' Pension Funds (ES)</i>	8.974.414	9.169.493	9.269.916	9.283.886
1.Active Insured	2.372.777	2.408.148	2.404.091	2.402.409
2.Pensioners	1.408.941	1.467.000	1.534.576	1.595.973
3.Dependents	5.192.696	5.294.345	5.331.249	5.285.504
4.Active Ins./Passive Ins. (1)/(2)*	1,68	1,64	1,57	1,51
5.Dependency rate (3+2)/(1)	2,78	2,81	2,86	2,86
<i>II-Social Insurance Institutions</i>	33.304.490	35.296.680	37.845.477	40.975.777
1.Active Insured	6.563.187	6.750.460	6.952.848	7.544.167
2.Pensioners	3.747.573	3.935.523	4.120.866	4.308.186
3.Dependents	22.993.730	24.610.697	26.771.763	29.123.424
4.Active Ins/Passive Ins. (1)/(2)	1,75	1,72	1,69	1,75
5.Dependency Rate (2+3)/(1)	4,07	4,23	4,44	4,43
<i>III-BAG-KUR(Self-employed)</i>	15.547.991	15.881.624	16.233.984	16.036.392
1.Active Insured	3.321.332	3.383.849	3.448.549	3.354.372
2.Pensioners	1.393.670	1.445.820	1.519.190	1.600.294
3.Dependents	10.832.989	11.051.955	11.266.245	11.081.726
4.Active Ins./Passive Ins. (1)/(2)*	2,38	2,34	2,27	2,10
5.Dependency Rate (2+3)/(1)	3,68	3,69	3,71	3,78
<i>IV-Private Funds</i>	324.302	295.653	301.441	308.282
1. Active Insured	71.641	70.925	73.412	74.434
2. Pensioners	77.738	71.715	74.367	77.102
3. Dependents	174.923	153.013	153.662	156.746
4. Active Ins/Passive Ins. (1)/(2)	0,92	0,99	0,99	0,97
5. Dependency Rate (2+3)/(1)	3,53	3,17	3,11	3,14
<i>V- General Total</i>	58.151.197	60.643.450	63.650.818	66.604.337
1. Active Insured	12.328.937	12.613.382	12.878.900	13.375.382
2. Pensioners	6.627.922	6.920.058	7.248.999	7.581.555
3. Dependents	39.194.338	41.110.010	43.522.919	45.647.400
4. Active Ins/Passive Ins. (1)/(2)	1,86	1,82	1,78	1,76
5. Dependency Rate (2+3)/(1)	3,72	3,81	3,94	3,98
<i>VI-Total population</i>	69.626.000	70.712.000	71.789.000	72.844.000
<i>VII-Insured Population Rate(%)</i>	83,5	85,8	88,7	91,4

BALANCE OF REVENUE AND EXPENDITURES OF SKK

Revenue of SKK in 2005 %17.1 increased in comparison to 2004's revenue. The revenue in 2005 was about 22.739.770.000 YTL, and expenditure also increased %19,8 in comparison to 2004's expenditures. The expenditures in 2005 was about 30.151.437.000 YTL.

TABLE- Total Revenue and Expenditures of SKK (Excluding Financial Aid from Treasury)

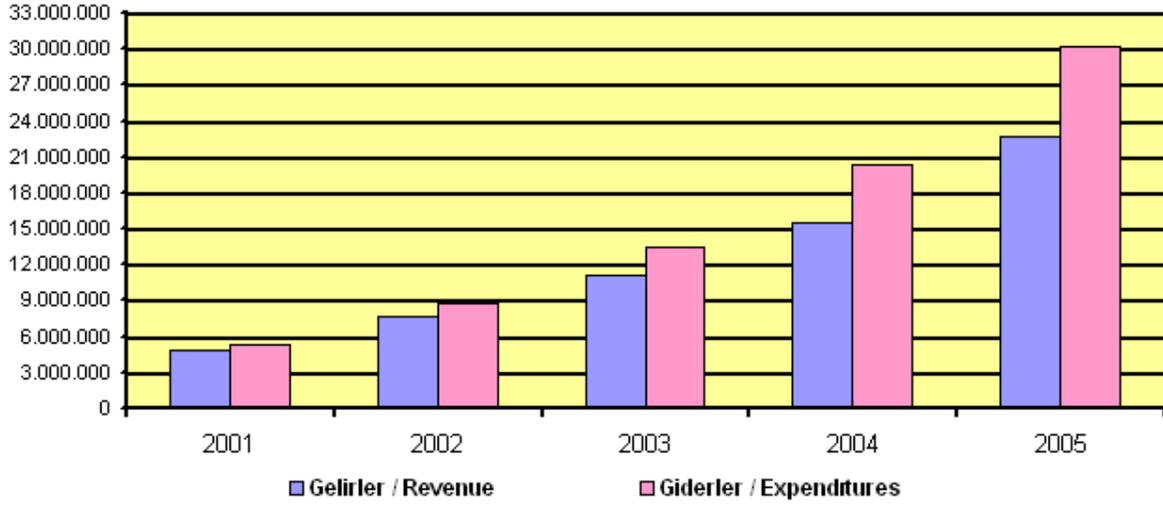
(Billion TL/Thousand YTL)

<i>Years</i>	<i>Revenue</i>	<i>Rate of Change</i>	<i>Expenditures</i>	<i>Rate of Change</i>	<i>Deficit</i>
2000	4.894.718	96,2	5.294.718	46,8	400.000
2001	7.698.531	57,3	8.806.531	66,3	1.108.000
2002	11.132.049	44,6	13.518.049	53,5	2.386.000
2003	15.450.060	38,8	20.258.677	49,9	4.808.617
2004	19.417.958	25,7	25.174.958	24,3	5.757.000
2005	22.739.770	17,1	30.151.437	19,8	7.411.667
January	1.721.565	3,6	2.307.565 -	1,6	586.000
February	1.805.500	4,9	2.136.500 -	7,4	331.000
March	1.945.000	7,7	2.739.000	28,2	794.000
April	1.708.125 -	12,2	2.179.625 -	20,4	471.500
May	1.893.117	10,8	2.723.617	25,0	830.500
June	1.897.328	0,2	2.466.328 -	9,4	569.000
July	1.908.136	0,6	2.530.136	2,6	622.000
August	1.853.027 -	2,9	2.703.027	6,8	850.000
September	1.960.200	5,8	2.578.200 -	4,6	618.000
October	1.965.379	0,3	2.569.379 -	0,3	604.000
November	1.844.720 -	6,1	2.593.987	1,0	749.267
December	2.237.673	21,3	2.624.073	1,2	386.400
(Total)	22.739.770		30.151.437		7.411.667

Resourse: SKK

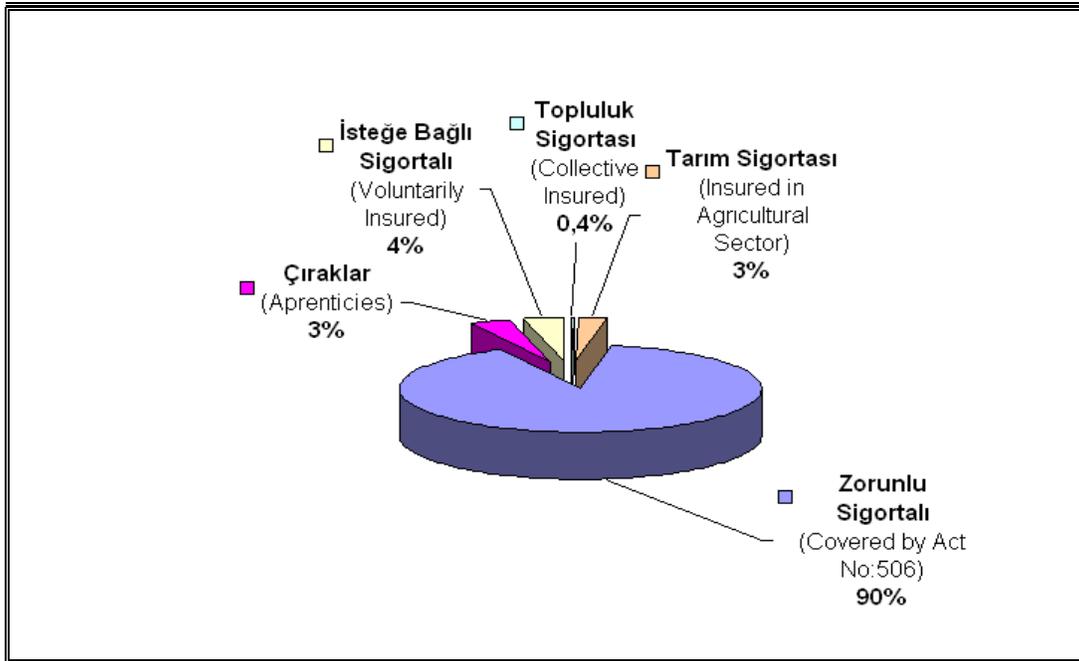
GRAFİK 1- SSK 'nın Toplam Gelir ve Giderleri

GRAPH 1- Total Revenue and Expenditures of SII



2001	2002	2003	2004	2005 (December)	Person
6.136.107	6.563.187	6.750.460	6.952.848	7.544.167	INSURED
4.886.881	5.223.283	5.615.238	6.181.251	6.803.862	<i>Compulsory Insured</i>
191.187	215.259	231.915	219.000	256.590	<i>Apprentices</i>
888.675	942.024	697.630	327.962	267.720	<i>Voluntarily Insured</i>
27.058	33.458	40.409	47.918	27.995	<i>Collective Insurance</i>
142.306	149.163	165.268	176.717	188.000	<i>Insured in Agricultural Sector</i>
3.560.638	3.747.573	3.935.523	4.120.866	4.308.186	PENSIONERS
21.592.466	22.993.730	24.610.697	26.771.763	29.123.424	DEPENDENTS
31.289.211	33.304.490	35.296.680	37.845.477	40.975.777	TOTAL
1,72	1,75	1,72	1,69	1,75	INSURED/PENSIONER

Table -Distribution of Insured Group Covered By SSK (October- 2005)

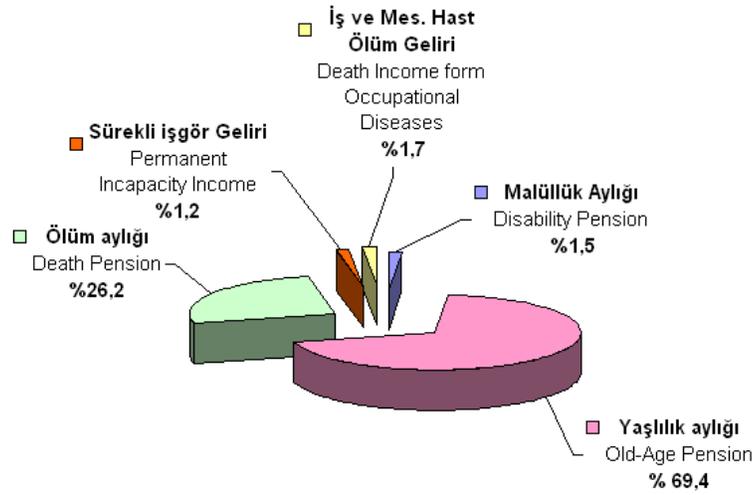


Graph -Distribution of Insured Group Covered By SSK (October- 2005)

DISTRIBUTION OF PENSIONERS IN SSK

Yıllar	2002	Toplam İçindeki Oranı %	2003	Toplam İçindeki Oranı %	2004	Toplam İçindeki Oranı %	2005	Toplam İçindeki Oranı %
Years		Ratio in The Total		Ratio in The Total		Ratio in The Total		Ratio in The Total
Disability Pension	62.542	1,7	62.709	1,6	63.071	1,5	62.700	1,5
Old-Age Pension	2.555.965	68,2	2.694.834	68,5	2.838.422	68,9	2.988.054	69,4
Death Pension	1.002.706	26,8	1.051.052	26,7	1.091.904	26,5	1.130.420	26,2
Permanent Incapacity Income	51.431	1,4	51.959	1,3	53.063	1,3	53.584	1,2
Death Income from Occupational Diseases	74.929	2,0	74.969	1,9	74.406	1,8	73.428	1,7
(Total)	3.747.573		3.935.523		4.120.866		4.308.186	

Table- Distribution of Pensioners in SSK



Graph - Distribution of Pensioners in SSK

Table.5.12: The Population Covered by Social Insurance Programs

Institutions	2000	2005
Civil Servants Pension Fund in Total (1000 Persons)	8,230	9,271
The Social Insurance Institution (SII) in Total (1000 Persons)	32,192	40,719
BAĞ-KUR in Total (1000 Persons)	15,036	15,990
The Private Funds in Total (1000 Persons)	324	306
General Total (1000 Persons)	55,782	66,286
Social Insurance Coverage with respect to Health Services (1000 Persons) (1)	54,939	66,018
Total Population (1000 Persons) (2)	67,893	72,520
Ratio of Insured Population, %	82.2	91.4
Ratio of Insured Population Covered by Health Services, %	80.9	91.0

Source: The Civil Servants Pension Fund, The Social Insurance Institution, BAĞ-KUR, SPO.

(1) Those who are voluntary insured by SII are excluded from the scope of health insurance.

(2) 2005 year-end population estimates based on the 2000 General Census of TURKSTAT, and the 2003 Demographic and Health Surveys of Hacettepe University Institute of Population Studies (HIPS).

THE NUMBER OF INSURED AND PENSIONERS

	People							
	2001	Increase (%)	2002	Increase (%)	2003	Increase (%)	2004 (July)	
1479 Sayılı Kanuna Göre / According to Law No.1479 (BAG-KUR)								
Muhtar	30.689	8,7	28.705	6,5	23.239	19,0	22.911	Chief Alderman
Zorunlu	2.167.511	1,1	2.163.850	0,2	2.245.732	3,8	2.262.909	Compulsory
İsteğe Bağlı	238.456	16,9	228.086	4,3	181.437	20,5	180.138	Voluntarily
Malüllük Aylığı	15.054	3,7	15.059	0,0	14.643	2,8	14.730	Disability
Yaşlılık Aylığı	698.559	4,5	717.326	2,7	733.984	2,3	759.208	Old-Age
Ölüm (Hak Sahibi)	481.714	2,7	494.423	2,6	509.996	3,1	525.057	Death (Survivors)
Toplam	3.631.983	1,6	3.647.449	0,4	3.709.031	1,7	3.764.953	Total
2926 Sayılı Kanuna Göre/According to Law No. 2926 (in Agriculture)								
Zorunlu	889.149	1,5	890.976	0,2	923.234	3,6	994.244	Compulsory
İsteğe Bağlı	10.850	13,2	9.715	10,5	10.207	5,1	11.664	Voluntarily
Malüllük Aylığı	1.627	7,7	1.690	3,9	1.748	3,4	1.838	Disability
Yaşlılık Aylığı	90.275	25,2	103.220	14,3	118.997	15,3	129.352	Old-Age
Ölüm (Hak Sahibi)	56.611	8,4	61.952	9,4	66.452	7,3	71.569	Death (Survivors)
Toplam	1.048.512	3,4	1.067.553	1,8	1.120.638	5,0	1.208.667	Total
Aile Bireyleri	10.601.159	1,5	10.832.989	2,2	11.053.580	2,0	11.331.871	Dependents
GENEL TOPLAM	15.281.654	1,6	15.547.991	1,7	15.883.249	2,2	16.305.491	GENERAL TOTAL
Aktif/Pasif Oranı	2,48		2,38		2,33		2,33	Insured/Pensioners

Resource: BAĞ-KUR

BALANCE OF REVENUE AND EXPENDITURES OF BAĞ-KUR

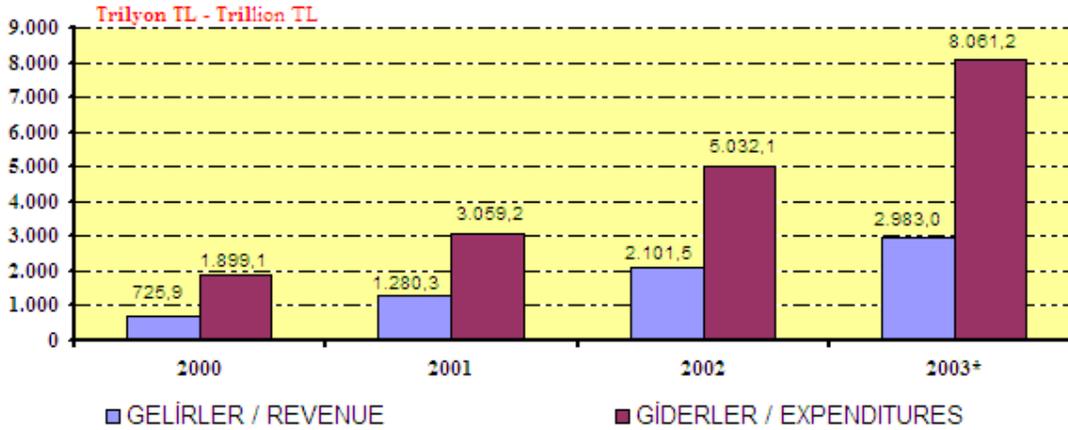
Total Revenue and Expenditures of BAĞ-KUR (Excluding Financial Aid from Treasury)

Milyar TL- Billion TL

Aylar	Gelirler	Artış Oranı (%)	Giderler	Artış Oranı (%)	Açık (-)
Aylar/Months	Revenue	Rate of Increase	Expenditures	Rate of Increase	Deficit (-)
Jan.	285.190	-14,0	596.685	-45,6	311.495
Feb.	335.545	17,7	845.385	41,7	509.840
Marrch	350.296	4,4	722.023	-14,6	371.727
April	326.124	-6,9	778.939	7,9	452.912
May	329.160	0,9	771.280	-1,0	442.120
June	317.251	-3,6	755.418	-2,1	438.167
July	314.454	-0,9	875.642	15,9	561.188
August	304.372	-3,2	777.520	-11,2	473.148
TOTAL	2.562.392		6.122.892		3.560.500

Resourse: BAĞ-KUR

GRAFİK 6- BAĞ-KUR'un Toplam Gelir ve Giderleri
GRAPH 6- Total Revenue and Expenditures of BAĞ-KUR



PREMIUM INCOMES AND TOTAL PENSION PAYMENTS OF BAĞ-KUR

Premium Incomes and Pension Payments of Bağ-Kur

2004 / Aylar	Prim Gelirleri	Emekli Aylığı
Months	Premium Incomes	Pension Payments
Ocak - January	272.170	319.836
Şubat - February	313.064	392.586
Mart - March	338.354	363.123
Nisan - April	316.107	366.110
Mayıs - May	311.010	359.225
Haziran - June	305.328	361.457
Temmuz - July	300.831	401.419
Ağustos - August	290.099	401.420
Eylül - September		
Ekim - October		
Kasım - November		
Aralık - December		
TOPLAM - Total	2.446.963	2.965.176

Resourse: BAĞ-KUR

Unemployment Insurance Fund

Total Revenue and Expenditures of Unemployment Insurance Fund

Milyar TL- Billion TL

GELİRLER	TOPLAM (31 Temmuz 2004 Tarihi İtibariyle)	Ağustos	TOPLAM (31 Ağustos 2004 Tarihi İtibariyle)	REVENUE
	Total (by July 31, 2004	August	Total (by August 31, 2004)	
İşçi İşveren Primleri	3.570.146	113.566,65	3.683.713,11	Employee, Employer Premium
Gecikme Zammı	64.117,44	2.642,17	66.759,61	Default Interest
Devlet Katkısı	1.268.133,40	37.829,34	1.305.962,74	Government Contribution
Faiz	6.901.291,61	260.784,80	7.162.076,41	Interest
İdari Para Cezası	4.874,46	179,60	5.054,06	Administrative Money Fine
TOPLAM	11.808.563,37		12.223.565,93	TOTAL
GİDERLER	342.959,84	21.437,25	364.397,09	EXPENDITURES
ÜCRET GARANTİ FONU	9.788,47	997,42	10.785,89	WAGE GUARANTEE FUND
TOPLAM FON VARLIĞI	11.465.603,53		11.859.168,84	TOTAL ASSETS OF FUND

Resource: İŞ-KUR

Unemployment Insurance Payments

First unemployment payments done in March 2002.

Unemployment Insurance Payments in 2004

2004 / Aylar	İşsizlik Ödeneği Alan Sayısı	Ödeme Miktarı (MilyarTL)
Months	Number of Person Benefited	Amount of Payment
Ocak - January	56.145	12.794,4
Şubat - February	64.579	15.285,1
Mart - March	66.627	14.963,7
Nisan - April	68.345	15.817,9
Mayıs - May	70.031	16.585,0
Haziran - June	70.739	16.852,3
Temmuz - July	70.554	17.249,2
Ağustos - August	73.827	18.020,8
Eylül - September		
Ekim - October		
Kasım - November		
Aralık - December		

Resource : İŞ-KUR

PENSION FUND FOR CIVIL SERVANTS

NUMBER OF CONTRIBUTORS - PENSIONERS and SURVIVORS

YEAR	# OF CONTRIBUTORS	# OF CONT. FILES	PENSIONERS AND SURVIVORS	ACTIVE/PASSIVE RATIO	NEWLY RETIRED	NEW SURVIVORS
1999	2.129.085	1.099.336	1.239.314	1.9	67.537	26.585
2000	2.156.176	1.154.515	1.296.935	1.9	61.157	23.653
2001	2.236.050	1.210.761	1.355.558	1.8	75.829	28.457
2002	2.372.777	1.260.058	1.408.941	1.9	69.772	29.302
2003	2.408.148	1.314.574	1.466.679	1.8	85.566	24.849
2004	2.404.091	1.381.745	1.534.576	1.7	86.168	40.337

Resource : Pension Fund for Civil Servants

HEALTH EXPENDITURES

	# of beneficiaries	Expenditure (billion TL)	Expenditure (Thousand \$)	Per capita exp. (TL)	Per capita exp. (\$)
Public Sector (Civildservants+pensioners)	9.283.596	4.527.259	3.373.265	487.662.216	363
Social Insurance Institution	27.795.128	6.405.528	4.772.765	230.455.064	172
Bağ-Kur	9.780.672	3.660.100	2.727.144	374.217.641	279

Exchange Rate: 1\$= 1.395.835 TL

Statistical Data For Contributory System

End of 2005;

- 40 829 110 people in SSK,
- 16 036 392 people in Bag-Kur,
- 9 283 886 people in ES
- 308 282 people in Fund

66 457 670 are insured, pensioners or their dependents.

- The ratio of active insured to pensioners is 1.81
- Dependency ratio: 3.97
- a sum of 91.2 % of the population is under the coverage of socialinsurance institutions.

Social Services and Social Assistance in Numbers

Pension Fund

End of 2005,

-pays monthly income to 65 and older, also disabled person in need, who are not covered by social insurance institutions (940 000 old aged and 350 000 disabled)

SHCEK

End of 2005,

-provides care and protection services for 20 000 children in 205 orphanages-offers 1 400 of the children, who reach 18 years of age, a job in the public sector each year.

-serves for 42 000 children living on the streets in 42 children and youth centers.

-pays an average of 103 Euros for 16 000 people in need per month.

SYDGM

End of 2005,

-periodic benefits, health assistance, educational material and fuel assistance and project supports

-organized in cities and districts as 931 foundations

-is working on a database including poverty

Others

– 66 nursing homes provide services for the elderly

– 65 public care and rehabilitation centres serve for 5 000 disabled people

– 511 private rehabilitation centres serve to 30 000 disabled people

– 5 000 abused women and 4 000 children benefited from sheltered house service, 1 000 women found a job

– 61 society centers in slum areas provide education and rehabilitation services to women and children

– General Directorate for Foundations paid an average of 137 Euros to 2 500 disabled, poor and orphan in 2005

– 94 alms house provide 80 000 people with meals annually. Approximately 5 000 people get food assistance

– 47 000 people are served a time of meal in a day at their homes

The Status of Social Security Services and the Service Users

Old Age Pension;

• After 1999 Reform, the qualifying age for old age pension is on increase and it will become 58 for women and 60 for men gradually.

• There are special conditions that should be satisfied for the entitlement to a pension depending on different social security institutions.

As of 2005

Number of old age pensioners;

- 2 998 054 in SSK
- 1 061 509 in Pension Fund
- 982 803 in Bag-Kur

5 042 336 Total

3 % of the pensioners from agricultural sector.

Invalidity Pension;

- The insured should prove that s/he has lost a certain amount of working capacity as stipulated in relative acts and must have required premium days within a certain period.

Invalidity pensioner; as of 2005;

- 62 700 in SSK,
- 16 877 in Bag-Kur
- 22 116 in Pension Fund.

101 703 Total

Death Pension;

- For the survivors to entitle a death pension, the insured must have required premium days within a certain period.

Number of survivors; as of 2005;

- 1 051 052 in SSK
- 620 379 in Bag-Kur
- 441 408 in Pension Fund

2 884 270 Total

Work Accident– Occupational Disease Insurance

SSK, as of 2005;

- Permanent incapacity income; 53 844 pensioners,

- Death income; 73 428 pensioners

Pension Fund, as of 2005

- 10 006 pensioners

137 278 Total

General Indicators of Private Pensions

	February 2006
Number of Pension Companies	11
Number of Pension Mutual Funds	101
Number of Pension Contracts	768 698
Portfolio Value of Pension Mutual Funds	940 billion Euros

While the proportion of the population covered by social insurance programs was 82.2 per cent and the proportion of population covered by social insurance coverage regarding health services was 80.9 per cent in 2000, these rates rose to 91.4 per cent and 91 per cent, respectively in 2005.

The most important problem of social security institutions is that their revenues cannot meet their expenditures. While the ratio of the transfers from the budget to social security institutions to GDP was 2.6 per cent in 2000, this ratio increased to 4.8 per cent in 2005. In addition, the social security system also has problems such as the inability to cover the entire population, different rights and obligations provided by institutions, inadequate information system infrastructure, lack of a shared database, and ineffective operation of the supervision mechanisms in the system.

One of the purpose of the New Law on Social Security Institution and the Law on Social Insurance and Universal Health Insurance Law is to eliminate these problems in the social security system.

The need for social services and assistance in Turkey increases because of reasons such as migration, urbanization, change in family structure, population increase and unemployment. While the ratio of total social assistance expenditures to GDP was 0.48

per cent in 2000, this ratio increased to 0.86 per cent in 2005. In this context, aids such as the salaries granted to the disabled and the old, education and health aids to children and support to families, in need of care, for heating and income generating project, are provided.

These types of assistance, which facilitates the access of poor segments to services such as education and health, raise their quality of life.

Efforts for setting up sound criteria in the determination of persons and groups to benefit from social services and assistance have been started.

Article 12§2

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

It was already mentioned.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

It was already mentioned.

3) Please provide pertinent figures, statistics or any other relevant information, in particular on the extent to which the branches of social security in your country fulfils (or goes beyond or falls short of) the requirements of the European Code of Social Security.

It was already mentioned.

Article 12§3

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Basic Targets, Principles and Policies of the 8th Five Year Development Plan (2001-2005)

- The fundamental aim is to extend public insurance programs so as to cover the whole population.

- The ratio of active insured population within the social insurance scheme shall be increased and unregistered employment prohibited.

- The administrative and financial efficiency of social insurance institutions shall be increased. Fundamental principles shall be set up in order to provide norm and standard uniformity. Besides, arrangements towards increasing revenues and decreasing expenses shall be made.
- The fund management areas and principles of social insurance institutions, laid down by law, shall be rearranged in accordance with actual portfolio administration conditions.
- Insurance services shall be met by own financing capacities of the social insurance institutions within the principle of a contribution-benefit balance, without distorting their actuarial structure. Additional obligations for which no premium is envisaged shall be avoided.
- Unpaid premiums shall not be tolerated. Penalty payment remises regarding unpaid premium and taking into account uninsured service periods by way of indebtedment, shall not be practised.
- Long term insurance programs and short term insurance programs and health insurance programs and provision of health services shall be separated from each other.
- The Pension Fund (Emekli Sandığı) shall be restructured according to insurance principles. Duties, other than insurance activities on the other hand, shall be transferred to relevant institutions.
- Actual and nominal service periods for retirement shall be rearranged in line with economic and technological developments.
- The unemployment insurance program shall be implemented in an efficient way; hereby generated funds shall be turned to account within the principles of the fund management. Legal arrangements shall be made in order to enable the smooth implementation of the unemployment insurance program and to utilise the hereby generated funds within the principles of the fund management.
- The technological level and human resource qualifications of social insurance institutions shall be upgraded. The ‘smart card’ application that will be valid for all social insurance institutions shall be initiated to enable the orderly follow up of rights and obligations of the insured person.
- The private pension insurance program shall be implemented within the scope of long-term social security policies. This program shall be of a voluntary nature and function under the supervision of the state. It shall have an autonomous structure and be organised within the financial sector, equipped with incentive systems and implemented towards preventing unregistered employment. This program shall also support compulsory insurance systems and have a complementary function.

- Necessary legal and institutional arrangements shall be made in order to ensure norm and standards uniformity by reorganisation of the administration and financing structure of the Pension Fund, SSK and Bağ-Kur.

Basic Targets, Principles and Policies of the 9th Development Plan (2007-2013)

- The social security system will be provided with a structure, which will cover the entire population, can meet the changing needs of the society, have financial sustainability, and provide good quality services.

- The social insurance system will be extended in a way to cover the entire working population and informal employment will be prevented.

- Financial sustainability of the social security system will be achieved considering the actuarial balances. A structure, which will prevent loss of rights and repeated benefits and provide effective, accessible and sustainable services, will be established through transition to full automation in the information processing infrastructure of the social security system.

- With the aim of efficient and harmonized implementation of social security programs, communication and collaboration among institutions will be ensured.

- The principles of equality, social justice, efficiency and effectiveness will be the basis of the social services and assistance system. A common database will be set up in order to determine the individuals that will benefit from the system, and an objectively operating detection mechanism will be established.

- The shortage of qualified personnel in the area of social services and assistance will be eliminated and the qualifications of the existing personnel will be improved.

- Activities of local administrations and non-governmental organizations in the area of social services and assistance will be supported.

Changes made between 2003-2007

- Whereas the percentage of the population covered by the social insurance programs was 72.4 by 2003, this percentage has reached 81.9 by 2007.

- The private pension system, whose legal infrastructure was established during the 8th Plan period and which was launched in 2003, is important as a complementary element of the social security system and in terms of creating long-term funds. The private pension insurance program shall be implemented within the scope of long-term social security policies. This program shall be of a voluntary nature and function under the supervision of the state. It shall have an autonomous structure and be organised within

the financial sector, equipped with incentive systems and implemented towards preventing unregistered employment. This program shall also support compulsory insurance systems and have a complementary function.

- Various steps were taken in 2004 and 2005 to introduce the universal health insurance. In this context, significant easiness is provided to meet the outpatient treatment of poor citizens in health institutions. By the Law No. 5283 promulgated on January 19, 2005, health units of Social Security Institutions and some public agencies and all of their duties, rights and obligations along with movable and immovable property and vehicles were transferred to the Ministry of Health.

- Unemployment benefit system was introduced in 1999 in order to prevent the risk of income for those losing their jobs. Turkish Labour Institution was established with the Turkish Employment Agency Law No. 4904 to assist in protection, development and spreading of employment and activities related to unemployment prevention and to perform unemployment insurance services.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

It was already mentioned.

3) Please provide pertinent figures, statistics or any other relevant information on the improvement of the social security system as well as on any measures taken to restrict the system.

It was already mentioned.

Article 12§4

1) Please describe the general legal framework, in particular the complete list of bilateral and multilateral agreements or any other means such as unilateral, legislation proposed or adopted, or administrative measures and indicate how they allow for the various social benefits the implementation of the principles provided in sub-paragraphs a) and b).

Turkey signed social security agreements with 22 countries. Bilateral social security agreements signed with Germany, The Netherlands, Belgium, Austria, France, Turkish Republic of Northern Cyprus, Macedonia, Azerbaijan, Romania, Czech Republic, Bosnia Herzegovina, Albania and Luxembourg cover short and long term insurance branches while bilateral social security agreements signed with The United Kingdom, Switzerland, Libya, Denmark, Sweden, Norway, Georgia, Canada, and Quebec cover only long term insurance branches.

Country	Date of Signature	Date of entry into force	Coverage	
			Long term	Short term
01. The United Kingdom	09.09.1959	01.06.1961	+	-
02. Germany	30.04.1964	01.11.1965	+	+
03. The Netherlands	05.04.1966	01.02.1968	+	+
04. Belgium	04.07.1966	01.05.1968	+	+
05. Austria	12.10.1966	01.10.1969	+	+
06. Switzerland	01.05.1969	01.01.1972	+	-
07. France	20.01.1972	01.08.1973	+	+
08. Denmark	22.01.1976	01.02.1978	+	-
09. Sweden	30.06.1978	01.05.1981	+	-
10. Norway	20.07.1978	01.06.1981	+	-
11. Libya	13.09.1984	01.09.1985	+	-
12. Turkish Republic of Northern Cyprus	09.03.1987	01.12.1988	+	+
13. Macedonia	06.07.1998	01.07.2000	+	+
14. Azerbaijan	17.07.1998	09.08.2001	+	+
15. Romania	06.07.1999	01.03.2003	+	+
16. Georgia	11.12.1998	20.11.2003	+	-
17. Bosnia Herzegovina	27.05.2003	01.09.2004	+	+
18. Canada	19.06.1998	01.01.2005	+	-
19. Quebec	15.10.1998	01.01.2005	+	-
20. Czech Republic	28.06.2001	01.01.2005	+	+

21. Albania	15.07.1998	01.02.2005	+	+
22. Luxembourg	08.12.2004	01.06.2006	+	+

Turkey signed bilateral social security agreements with Slovakia on 25.01.2007. This agreement has not entered into force yet.

On the other hand, Turkey is going to sign bilateral social security agreements with 12 more countries. Preparation and negotiations are under the way.

List of Countries to be signed Bilateral Social Security Agreement

1-	Australia
2-	Belarus
3-	China
4-	Croatia
5-	Israel
7-	Egypt
8-	Moldova
9-	Uzbekistan
10-	Russia
11-	Serbia
12-	Ukraine

In accordance with Act No.4958, which came into force as of 06.08.2003, foreigners working for an employer benefit from all the insurance branches (work accidents, occupational diseases, sickness, maternity, invalidity, old-age and death) since the beginning of their work day. Foreigners working in our country can enjoy the rights granted in the Act No. 506 just like a Turkish citizen.

On the other hand, by the amendment regarding Social Insurance and General Health Insurance Act No. 5510, since 01.10.2008, foreigners working in our country have been covered under the scope of unemployment insurance. The insured mentioned in Article 2 of Social Insurance Act No. 506 and the insured subject to the funds described in temporary Article 20 of the said Act and the foreign workers employed according to the agreements based on reciprocity are included.

The purpose of the Act No. 5510 is to cover all the citizens (also foreigners, stateless persons, and refugees who meet some requirements) in respect to social insurances and general health insurance, to determine the persons enjoying these insurances and the rights to be granted, the conditions for enjoying these rights, and financing methods, to regulate principles and procedures with regard to operation of the social insurances and general health insurance.

The said Act covers the persons to benefit from social insurance and general health insurance, employers, medical service providers, real persons, legal personalities

which are subject to public and private law, and other institutions and bodies which do not have legal personality with regard to application of the Act.

The citizens of the states which are contracting parties of European Social Charter and/or Revised European Social Charter and do not contract any agreement with our country benefit from all insurance branches (short and long term- work accidents, occupational diseases, sickness, maternity, invalidity, old-age and death).

Citizens of Countries with which Turkey has signed bilateral or multilateral agreements, can work under the Social Insurances Act No: 506. Persons who work according to the Act No: 506 can benefit from rights derived from the Act, whatever their nationalities are.

With the abolishment of Article 3/II-A of the Act No: 506 which envisages the registration of foreigners with the social security system in a voluntary basis, foreign nationals are now automatically insured under long-term insurance programmes.(invalidity, old-age and survivor pensions).

All foreigners who get work permit and contribute the unemployment insurance according to the Work Permit for Foreigners Law No.4817 have also right to get unemployment benefit. In sum, if a foreigner has worked legally in Turkey by getting work and residence permit according to Law No.4817 and contribute the unemployment insurance has right to get unemployment benefit.

Apart from bilateral agreements, there are several social security international documents which our Country has signed. These are as follows:

- 1- European Social Security Code
- 2- European Social Charter
- 3- European Convention on Social and Medical Assistance
- 4- Agreement on Legal Status of Migrant Workers
- 5- European Convention on Social Security of International Transport Workers.
- 6- European Social Security Convention

Multilateral agreements signed by Turkey are;

- 1- European Interim Agreements (For Short Term Insurance Branches)
- 2- European Interim Agreements (For Long Term Insurance Branches)

3- European Social Security Convention

Conventions No: 102 and 118 of International Labour Organisation (ILO) on social security have been also approved by our Country.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

It was already mentioned above.

3) Please provide pertinent figures or any other relevant information, Please, indicate also the length of residence requirements when applicable.

In accordance with Act No.4958, which came into force as of 06.08.2003, foreigners working for an employer benefit from all the insurance branches (work accidents, occupational diseases, sickness, maternity, invalidity, old-age and death)since the beginning of their work day. Foreigners working in our country can enjoy the rights granted in the Act No. 506 just like a Turkish citizen.

Work permits given to foreigners in Turkey classified as temporary work permits, permanent work permits, permits for independent work and permits for exceptional situations.

1 -- Temporary work permits

Unless stipulated by bilateral or multilateral agreements to which Turkey is party, temporary work permits are issued by the Labor Ministry for the duration of up to one year. In doing so, the ministry considers the overall situation of the labor market, developments in the work environment, conjectural economic changes in employment, the validation period of the foreigner's residence permit and the duration of the work in question.

Following the maximum one year of employment, this type of permit may be extended upon request to three years, with the condition of employment in the same profession and by the same employer; and following the completion of three-year period, it may once again be extended to six years with the condition of employment in the same profession (the employer may be different this time).

Spouses or other dependents of foreigners who have been working in Turkey may be granted a temporary work permit provided that they, along with the foreigner himself, have been legal residents in the country for five years without interruption. The duration of the residency includes time spent studying, annual leave, sick leaves and unemployment insurance; however, in this case, the foreigner in question should not be a student. The foreigner's absence from Turkey for a period less than six months does not annul the work permit.

Time spent outside Turkey does not count toward working time; however, those who are sent abroad by the employer and whose Social Security premiums have been paid by the Turkish Social Security Authority (SSK) are entitled to count the time they spent abroad toward employment. The residence of foreigners who failed to renew their residence permits are discounted from work permits.

If necessary, compliance with the legal residency conditions may be proven by a document obtained from security authorities.

2 -- Permanent work permits

Permanent work permits, unless otherwise stipulated by bilateral or multilateral agreements, are granted to foreigners who have been in Turkey as legal residents for at least eight years without interruption and as worker for at least six years. Fulfillment of the condition sought with regard to residency is proven through official documents obtained from relevant security directorates. Likewise, fulfillment of the condition with regard to labor is proven through documents obtained from relevant public institutions or professional unions.

Study time does not count toward the eight-year residency duration. However study times of dependents of foreigners are exceptions. Nevertheless, in any case, foreigners who meet the above conditions should not be students in order to be employed.

3 -- Permits to work independently

Foreigners seeking independent employment whose five-year legal residency in Turkey without interruption can be proved by official documents endorsed by security authorities are granted independent work permits provided that the relevant public authorities and professional unions find this employment to contribute to the economy.

A foreigner whose request is approved is given a Document of Application for Independent Work, which remains in effect for three months and grants the right to file an application to initiate independent work with the ministry.

4 -- Exceptional work permits

Unless otherwise stipulated by bilateral or multilateral agreements to which Turkey is party, foreigners referred to in Article 8 of Law No. 4817 may be given work permits under more flexible conditions. These include:

a- Foreigners who are married to a Turkish citizen and live in Turkey with their spouse,

b- Foreigners who have been married to a Turkish citizen for at least three years and lived in Turkey as legal resident and their children. Non-Turkish citizens may also apply for a work permit in exceptional cases provided that they are legal residents in Turkey.

Those who have settled in Turkey by purchasing real estate or made a substantial economic investment in Turkey also fall into the same category. Foreigners in this category may prove their status through the security directorate. Because Turkey does not recognize permanent residence status for foreigners, those in this category are considered foreigners who settled in Turkey.

c- Those who lost their Turkish citizenship because of legal excuses or renounced their Turkish citizenship by their own decision when choosing between different citizenships may be given work permits in exceptional cases. Those in this category may prove their status by the documents issued by Population and Citizenship Affairs General Directorate.

Another case is foreigners born in or later came to Turkey before the age of legal capacity as determined by his or her own national legislation, or if stateless, by Turkish legislation, and graduated from a higher education institution in Turkey.

d- Turkish-origin foreigners who are considered immigrants, refugees or nomads under Settlement Law No. 2510, but are not yet Turkish citizens,

e- Citizens of the EU and their spouses and children who are not EU citizens,

f- Those who work for diplomat, administrative and technical staff employed in foreign missions in Turkey -- embassies and consulates -- and the representative offices of international organizations based in Turkey, and spouses and children of diplomats and administrative and technical staff employed in Turkey-based embassies, consulates and international organizations within the framework of the principle of reciprocity,

g- Foreigners who will arrive in Turkey for scientific and cultural purposes of more than one month and for the purposes of sporting activities of more than four months,

h- Foreigners who are employed by ministries, public institutions and other relevant state authorities acting under the power vested by the relevant legislation as company partner, board member, general director, vice president, or other similar positions for the purpose of service and goods procurement, fulfillment of the conditions stipulated in a public tender or agreement or operation of an establishment, may be granted an exceptional work permit.

ARTICLE 13– THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;
2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;
3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;
4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

Appendix to Article 13§4

Governments not Parties to the European Convention on Social and Medical Assistance may ratify the Charter in respect of this paragraph provided that they grant to nationals of other Parties a treatment which is in conformity with the provisions of the said convention.

Article 13§1

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Legal provisions regarding the right to social security and social assistance

Constitutional provisions

The right to social security is safeguarded in Articles 60, 61, 62 and 65 of the Constitution.

Article 60

Everyone has the right to social security. The State shall take the necessary measures and establish the organization for the provision of social security.

Article 61

The State shall protect the widows and orphans of those killed in war and in the line of duty, together with the disabled and war veterans, and ensure that they enjoy a decent standard of living.

The State shall take measures to protect the disabled and secure their integration into community life.

The aged shall be protected by the State. State assistance to the aged, and other rights and benefits shall be regulated by law.

The State shall take all kinds of measures for social resettlement of children in need of protection.

To achieve these aims the State shall establish the necessary organizations or facilities, or arrange for their establishment by other bodies.

Article 62

The State shall take the necessary measures to ensure the family unity, the education of the children, the cultural needs, and the social security of Turkish nationals working abroad, and shall take the necessary measures to safeguard their ties with the home country and to help them on their return home.

Article 65 (As amended on October 3, 2001 – 4709/Article 22)

The State shall fulfil its duties as laid down in the Constitution in the social and economic fields within the limits of its financial resources, taking into consideration the priorities appropriate with the aims of these duties.

Other legislation

In addition to the Constitution, the following laws guarantee and regulate the right to social security.

- Social Insurance Act No. 506,
- Pension Fund Act No. 5434,
- BAG-KUR Act No. 1479 (for craftsmen, artisans and other self-employed),
- Social Insurance Act for Agricultural Employees No. 2925,
- Social Insurance Act for the Self-employed in Agricultural Sector No. 2926,

- Law No. 3201 on the Evaluation of the Stay Period of the Turkish Citizens Living Abroad With Respect To Social Security,
- Law No. 2022 on Putting Dependent and Weak Turkish Citizens over Sixty-Five Years of Age on Salary,
- Unemployment Insurance Law No. 4447,
- Law on the Social Services and Children Protection Agency (SHCEK),
- Law on the Fund for the Encouragement of Social Assistance and Solidarity,
- Law No. 5502 on Social Security Institution ,
- Law No. 5510 on Social Insurances and General Health Insurance. (Its entry into force postponed to 1 October 2008)

Relevant Legislation

Law on General Directorate of Social Assistance and Solidarity No.5263

Law on Social Assistance and Solidarity Fund No. 3294

General Directorate of Social Assistance and Solidarity (*hereafter* SYDGM) was established under Prime Minister's Office by the *Law on the Organisation and the Duties of the General Directorate of Social Assistance and Solidarity No.5263*, issued in Official Gazette on December 1, 2004 and entered into force, so as to ensure the application of the *Law on Encouraging Social Assistance and Solidarity No. 3294* dated May 29, 1986.

According to Law No.5263, among the duties of SYDGM are ensuring the application of the Law No. 3294, ensuring the collection and utilization of revenues of the Fund, auditing expenditures of foundations, and performing researches and studies, drawing up and implementing projects in the field of duties of the Directorate.

Provincial activities of SYDGM are being implemented by the Social Assistance and Solidarity Foundations established in 931 provinces and districts under the presidency of governors and district governors in provinces and districts respectively. These foundations, thus, act as a bridge between the Government and the citizens in order to provide citizens with social assistance directly and within the shortest time.

Social Assistance and Solidarity Foundations provide assistance in various fields: food, fuel, accommodation, one-time or periodical cash benefit, benefit to meet the needs of students, accommodation for students, medical assistance. The said foundations help handicapped citizens who are not under the social security coverage by providing them with medical equipment and accessory equipment. Cost of equipments provided for the handicapped is paid by Social Assistance and Solidarity Foundations. Moreover, unpaid part of cost of accessory equipment used by the handicapped persons under the social security institutions could also be paid by the said foundations.

Law on Payment of Salaries to the Old Aged (65 Years Old and Over), Needy, Weak and Homeless People No. 2022

Ministry of Finance and Ministry of Labour and Social Security are responsible for the implementation of the Law on Payment of Salaries to the Old Aged (65 Years Old and Over), Needy, Weak and Homeless People No. 2022 which aims at ensuring that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance.

Article 25 of the Law on the Handicapped Persons and Amendments to Some Laws and Legislative Decrees dated July 01, 2005 and numbered 5378 made an amendment to Law No. 2022 and rearranged amounts of monthly salaries to be allocated to the handicapped and the requirements for such allocation.

The purpose of this amendment is to provide the handicapped with equal opportunities in benefiting from basic rights and services by increasing the salaries and to set certain standards in services for the handicapped individuals in need of nursing.

Moreover with the abovementioned amendment, the handicapped under the age of 18 were also included in the scope of beneficiaries. Additionally according to the said amendment, of the handicapped persons who are paid orphan's pension by the social security institutions, the ones who are paid lower pension than the amount of salary determined by Law No. 2022 are paid the difference between. Another important amendment made by Law No. 5378 put an end to the implementation of the payment of the salary only to the husband with an increase of 50% in case that the couple is entitled to the salary paid to the persons in need or the handicapped. In the new application, the salary is allocated to each spouse separately.

As a result of the aforementioned amendments, the salary paid to the handicapped persons has been expanded and increased 2 or three times depending on the handicap degree.

Law on Green Card for the citizens who are incapable to pay for Health Care Services No.3816

Within the framework of the Law on Green Card for the citizens who are incapable to pay for Health Care Services No.3816 dated June 18, 1992 and the Implementing Regulation with the same title, the following expenses incurred by the citizens who are not under the coverage of any social security institutions will be covered: treatment services and the expenses to be incurred for all treatment services in case of inpatient treatment; consultation, medical examination, analysis, medical dressing, tooth extraction, dental prosthesis, optical services and medicine cost in the scope of outpatient treatment.

Medical cost incurred for the handicapped citizens receiving salary in accordance with

the Law No. 2022 is also covered by the Government via Green Card.

According to Article 60 of Social Insurance and General Health Insurance Act No. 5510, a citizen who has monthly income per capita in the family which is lower than the 1/3 of the minimum wage is considered under the General Health Insurance. According to this Article, the citizens with Green Card in accordance with the Law No.3816 have been covered by General Health Insurance. However, Law Amending Social Insurance and General Health Insurance Act and Some Laws and Legislative Decrees No. 5754 dated April 17, 2008 has added a provisional article to the relevant Act and regulated that the Green Card Application would continue two more years as from the entry into force of the said Act. Green Card holders will be covered by the General Health Insurance after the end of two years provided that there is no change in their situations.

Law on Foundations No. 5737

Article 52 of the Law on Foundations No. 5737 dated February 27, 2008 regulates “Department of Charity Services”. Among the duties of the said Department are: a) establishing and managing facilities such as education facilities, student hostels, social and medical assistance institutions, and soup kitchens etc., providing students with educational assistance, providing social assistance for needy persons, allocating salary for needy and handicapped persons with a view to fulfilling requirements and implementing the services stipulated in the foundation charts; b) working in cooperation with the social assistance organisations and institutions; c) implementing social policy and social assistance projects in cooperation with the international organisations.

In accordance with the regulations included in the said Law a draft implementing regulation has been prepared so as to deal with services such as soup kitchens, salary for needy persons, educational assistance, and medical assistance for poor patients.

Law on General Directorate of Social Services and Child Protection (SHÇEK) No. 2828

General Directorate of Social Services and Child Protection (*hereafter* SHÇEK) was established with the Law No. 2828 dated May 24, 1983. Social assistance services are carried out by SHÇEK in accordance with the “Implementing Regulation on in-Kind and Cash Benefit” based on the Law No. 2828.

The following persons are determined to be the beneficiaries of the services carried out by SHÇEK on the ground of their families’ economic deprivation:

- Children and the young persons who are cared for in their families with the support of in-kind and cash benefit while they were cared for by the institutions;
- Children and the young persons who can be cared for in their families with the

support of in-kind and cash benefit until a place can be found in the institution they applied for;

- Children who left the orphanages and do not have a job;
- Children who can be cared for in their families or by their relatives with the support of in-kind and cash benefit in despite of an application to an institution.

The handicapped are given service in accordance with Article 4/1 of the Law No. 2828 which stipulates that all necessary measures shall be taken so as to ensure that needy, handicapped and old-aged persons live in healthy, peaceful, and safe conditions, that the needy handicapped receive care and rehabilitation services which enable them to live on by themselves and to become productive persons in the society, and that those who are untreatable are cared constantly.

Law No. 5378 introduced some new regulations on the services provided for the handicapped by SHÇEK. The relatives and guardians who care for the handicapped individuals in need of nursing in their residences are paid a minimum wage under the Law No. 5378. This service called “Home Care Service” is an important development so as to care the handicapped individuals in their own families. According to Law No. 5378, the coordination, development and dissemination of the care services are implemented by SHÇEK.

According to Implementing Regulation more than two persons from the same family can not receive permanent cash grant. With an amendment to this Implementing Regulation, if more than two children are under the care of the institution, all the children can be sent back to their families, however cash grant is allocated to only two children and the other grants related to education, dressing, pocket money and, if needed, transportation assistance are provided for each child separately.

Supplementary Article 7 of the Law No. 2828 stipulated that care services for the handicapped persons shall be provided by real and juristic persons from public and private sectors which are certified by SHÇEK. Under this Article, care services are provided in public or private institutions or in their own home for the needy handicapped persons who have a monthly income lower than the 2/3 of monthly net minimum wage. The income level is calculated taking into consideration of the total of all incomes.

The implementing regulations based on the Law No.2828 were issued in the Official Gazette No. 26244 dated July 30, 2006. *Implementing Regulation on Care Centres of Governmental Organizations or Institutions for the Needy Handicapped* covers other care centres to be established at the Governmental Organizations and Institutions.

The purpose of *Implementing Regulation on Private Care Centres for the Needy Handicapped* is to regulate the principles and procedures regarding the opening permit, working principles and procedures, personnel standards, inspection, and wage determination and payments of private care centres.

Implementing Regulation on Determining of the Handicapped Persons in Need of Nursing and Principles of Care Service aims at specifying the principles regarding notification, determination, evaluation of the handicapped, and principles on care services, care charges and payments.

The said Implementing Regulations are implemented by the Ministry which SHÇEK is affiliated with.

Social Protection

The social protection in Turkey consists of the social insurance system and the social services and assistance system. The social insurance system aims at providing insurance to the society at large, mainly in the form of health care services and pensions, with the principle of self- financing, whereas the second system targets alleviating poverty and providing social care for needy persons and groups.

With regard to the organisational chart of the social protection system in Turkey, a functional division is observed in that institutions can be divided, broadly speaking, into two categories, the first being those institutions that provide social insurance and the second those that provide social services and assistance.

Institutions providing social insurance

- Pension Fund (Emekli Sandığı)
- Social Insurance Institution (SSK)
- Social Security Organisation of Craftsmen, Tradesmen and Other Self- Employed (Bağ-Kur)
- Private Funds

As of 2000, the proportion of the population covered by the social insurance system was approximately 90 percent (86 percent of the population were covered by insurance schemes that provide health care).

These institutions are under the legal obligation to provide insurance services to the population at large. With regard to private funds, on the other hand, one can observe a set of institutions providing additional coverage to either single individuals/families or members of institutions/organisations (OYAK being an important one, formed by the members of the Turkish Armed Forces).

The social security system in Turkey is based on the principle of distribution implemented in accordance with five different laws by three different social security institutions which function under public control. These three social security institutions are:

- The Social Security Organisation (SSK),
- The Social Security Organisation for Craftsmen and Artisans and the Self-Employed (BAG-KUR),
- The Pension Fund (Emekli Sandığı)

These three institutions have been merged into one institution under a new umbrella institution entitled “Social Security Institution” pursuant to the Law No. 5502 on Social Security Institution, which was put into force in May 2006.

There is also the ISKUR as far as the unemployment insurance is concerned.

Main social security benefits in Turkey are as follows:

- Medical care,
- Cash sickness benefits,
- Maternity benefits,
- Old-age benefits,
- Invalidity benefits,
- Survivors' benefits,
- Employment injury and sickness benefits,
- Unemployment benefits

The Coverage Of The Social Security System

The SSK covers workers, agricultural workers, optional insurance holders, apprentices and package policy holders, and their titleholders.

The BAG-KUR covers craftsmen and artisans and other self-employed workers, farmers, optional insurance holders, housewives and village headmen, and their titleholders.

The Pension Fund covers civil servants and their titleholders.

The “Green Card” is given to the citizens who have no social security insurance and the poor.

Unemployment insurance covers the workers with social security.

Social Security For The People In Need Of Protection

In Turkey, medical care expenses of the people in need of protection who reside in Turkey and whose income is lower than the income level set by certain criteria are covered by the State.

75 % of the unemployed women are in the social security system through their spouses or their families.

The Law No. 5502 on the Social Security Institution, which brings the SSK, the BAG-KUR and the Pension Fund under one roof, namely “the Social Security Institution”, was ratified on 20 May 2006.

In addition, “Unemployment Insurance System” has been introduced. Alongside the unemployment insurance and unemployment benefits, trainings for finding a new job and vocational trainings have also been put into effect.

Unemployment insurance system

The unemployment insurance system was established by the Unemployment Insurance Law No. 4447, which entered into force on 8 September 1999.

According to the Law No. 4447, the unemployment insurance is defined as the compulsory insurance which averts any possible plight of the insured and family members, and which partially meets the income loss of those who have lost their jobs without their own will and fault, although they possess the will, the capacity, the health and the sufficiency required by the job. The unemployment insurance operates upon insurance technique and is established by the State.

The unemployment insurance covers the following groups:

- The insurance holders employed by one or more employers in the framework of a service contract in accordance with Article 2 of the Social Insurance Act No. 506,
- Those who do not work as civil servant or on contract, but who are subject to interim Article 20 of the Social Insurance Act No. 506,
- Those foreigners who work with insurance in Turkey in accordance with the agreement concluded in the framework of reciprocity principle,
- Watchmen who are employed in accordance with the Law No. 4081 on the Conservation of Farmer’s Assets,
- Wage earners and those who work permanently in housekeeping services,
- Wage earners in agriculture and forestry in public sector,
- Wage earners and those who work permanently in agriculture and forestry in private sector,

- Those who work in agricultural arts,
- Those who work in agricultural workplaces but provide non-agricultural services,
- Those who work in parks, gardens and plantations of the workplaces that are not deemed agricultural.

With the inclusion of the workplaces where less than 10 workers are employed into the unemployment insurance system, all workers have become to be protected by the unemployment insurance.

The following services are provided for the insured unemployed who are entitled to receive unemployment benefit:

- The insurance holder receives unemployment benefit. This benefit is directly related to the period that the insured unemployed has worked. The insured unemployed can receive unemployment benefit for at least 180 days and at most 300 days, depending on his/her premium payment period. Unemployment benefits are paid for a period of 180 days to the insurance holders who have paid premiums for 600 days. Those who have paid premiums for 900 days receive unemployment benefits for 240 days, and those who have paid premiums for more than 1080 days receive the benefits for 300 days.
- During the period in which the unemployed receives unemployment benefit, medical care and maternity insurance premiums are paid to the SSK or private pension funds to which the unemployed is affiliated. The insured unemployed and his/her dependants can thus enjoy medical care services.
- A temporary invalidity benefit for the period of rest determined by medical report is paid to the insured unemployed receiving unemployment benefit.
- The insured unemployed receiving unemployment benefit is provided with counselling services concerning workforce market and vocational training.
- They are also provided with training on vocational development and career making.
- Assistance is provided for the insured unemployed receiving unemployment benefit in order to help them find a new job.

As far as the conditions for receiving unemployment benefits are concerned, of the insurance holders who have paid premiums for at least 600 days within the last three years (120 days of this period should be uninterrupted) and who left their jobs without their own will or negligence,

- those whose employment contracts were terminated by the employer in accordance with the dismissal notices,
- those whose employment contracts were terminated by themselves due to health problems, the employer's immoral attitudes without goodwill, and factors requiring the business to stop for more than a week in the workplace,

- those whose employment contracts were terminated by the employer due to health problems and factors requiring the business to stop for more than a week in the workplace,
- those who had worked for a definite period of time with an employment contract and left their jobs at the end of this period,
- those who were dismissed because the workplace has been transferred to another owner or closed down, or the nature of the business or the workplace has changed,

Those whose employment contracts were terminated due to privatization are entitled to receive unemployment benefits.

The Formation of Social Security System:

Right to Social Security in Turkey, Article 60 of The Constitution of The Republic of Turkey stipulates that everyone has the right to social security. The state shall take the necessary measures and establish the organisation for the provision of social security. The right to social security is safeguarded as a constitutional right.

The Turkish Social Security Scheme has been arranged by different provisions of the Acts covering different employee groups. Various institutions are responsible for the implementation of these Acts.

These institutions are;

- 1- Social Insurance Institution (SSK): For the wage earners – Insured persons working in accordance with the Act No. 506 and Act No. 2925
- 2- <http://www.tureng.com/search/ba%C4%9F+kur> Social Security Organization for Artisans and the Self-Employed (BAĞ-KUR): For the self-employed - Persons working in accordance with the Act No.1479 and Act No. 2926
- 3- The Pension Fund (Emekli Sandığı): Generally for all civil servants under the Acts No. 5434, 657, 1005, 3292 and 2022.

After the entry into force of the Social Security Institution Act No. 5502, which was issued at the Official Gazette dated 20.05.2006, different social security institutions rendering service to persons working under different legislation were gathered under a single roof, which results in the establishment of Social Security Institution.

The Social Insurance Institution, which was established by the Act No. 4958, the Social Security Organization for Artisans and the Self-Employed, which was established by the Act No. 1479, and The Pension Fund, which were established by the Act No. 5434, were handed over to the Social Security Institution as of May 20, 2006.

The Goals of New Social Insurance Regime

- To establish a regime in which all employees will be equal in benefits-liabilities

- To take on-time measures against the ageing of the society
- Not to create more liability on employment
- To redefine the statutory and voluntary insurance regimes in line with the realities of the society
- To simplify the system and reduce the bureaucracy

The Goals of General Health Insurance Regime

- Equal coverage and quality of the health insurance for all citizens,
- To attain a health insurance system with principles of statutory joining, income based premium and service according to needs,
- The payment of health insurance premium of poor people on behalf of them by the state with the resources allocated for social assistance,
- To support protective health programmes,
- To set up a system endowed with contemporary inspection/control systems to prevent abuses.

The objective of establishing a single social security institution;

- citizen satisfaction
- The least bureaucracy
- Not the citizens but the information run between institutions
- Fast and local service provision
- An increase of trust in the system as a result of transparency and certainty

Management skills

- On time and useful policy making as a result of data increase,
- A decrease in hierarchy, timely adaptation to the changes by means of flexibility,
- An increase in inspection powers and skills.

Organizations Under Contributory System

- . Pension Fund (ES-For Civil Servants)
- . Social Insurance Institution (SSK) (Workers and Agricultural Workers working with contracts)
- . Bag-Kur (For self-employed and farmers)
- . ISKUR (Unemployment Insurance)
- . Funds (for personnel of the banks, insurance and reinsurance companies, trade and industrial chambers, exchange markets and their unions under the Social Insurance Law for workers)

Organizations Under Non-Contributory System

Organizations Providing Social Assistance

Social Assistance; in kind (fuel, food, clothes, educational needs etc) and cash benefits.

- General Directorate of Social Assistance and Solidarity (SYDGM)
(Conditional cash transfer, health and educational material assistance, project supports)
- General Directorate for Social Services and Child Protection (SHCEK)
(in kind and cash benefits to poor people)
- Ministry of Health
(Green Card)
- Pension Fund
(educational material assistance to disabled children, payment to elderly and disabled etc)
- General Directorate for Foundations
(Payment to those in need, orphans and disabled and charitable services)
- Municipalities
(fuel, food, clothes, educational needs etc)
- NGOs
(various assistance in cash and kind)

Organizational Structure

As it is pointed out that the Presidency of the Social Security Institution is composed of central and provincial organizations.

- Central Organization

Central Organization of the Presidency comprises main service units, advisory units and support service units.

- **Main Service Units**

Main service units consist of four general directorates (Social Insurance, Universal Health Insurance, Non-Contributory Payments, and Service Provision) and two departments (Guidance and Inspection, Actuaries and Fund Management).

The Act No.5502 envisages the establishment of 8 departments at most under each general directorate by the decision of the Administrative Board.

In total, 24 departments have been established according to the decision of the Administrative Board:

- 8 departments under the General Directorate of Social Insurance,
- 7 departments under the General Directorate of Universal Health Insurance,
- 4 departments under the General Directorate of Non-Contributory Payments,
- 5 departments under the General Directorate of Service Provision.

- **Advisory Units**

Advisory units consist of Strategy Development Presidency, Law Consultancy, and Media and Public Relations Consultancy. 4 departments stipulated by the Act have been set up under the Strategy Development Presidency by the decision of the Administrative Board.

- **Support Service Units**

Support service units comprise Human Resources Department, Support Services Department, and Internal Audit Department.

Departments in the central organization reached 31 after new departments have been established.

- Provincial Organization

Provincial organization of the Institution is composed of Social Security Provincial Directorates established in 81 provinces and Social Security Centres to be set up under the said Directorates.

Sufficient number of Social Security Centres can be established or closed down in provinces and counties, in line with population, number of the insured persons and the persons under universal health insurance, number of workplaces, density of procedures, and other criteria to be determined.

Restructuring work of the central and provincial organizations is under way. Provincial directors have been assigned to 81 Social Security Provincial Directorates.

Because the entry into force of the Act No.5510 is envisaged in the beginning of October 2008, developments and amendments in the reference period which are mentioned here includes the information about the application of the former Acts.

Main Actors of Social Services

- General Directorate of Social Assistance and Solidarity (SYDGM) (Conditional cash transfer, health and educational material assistance, project supports)
- General Directorate for Social Services and Child Protection (SHCEK) (in kind and cash benefits to poor people)
- . Directorate General for Family and Social Research
- . The Administration for Disabled People
- Ministry of Health (Green Card)
- Pension Fund (educational material assistance to disabled children, payment to elderly and disabled etc)
- General Directorate for Foundations (Payment to those in need, orphans and disabled and charitable services)
- Municipalities (fuel, food, clothes, educational needs etc)
- Charity Organisations and other NGOs working on social protection (various assistance in cash and kind)

In addition to these institutions, the following public/private institutions offer services towards the provisioning of social protection, either as their main or secondary task:

- Ministry of Justice
- Ministry of Youth and Sport
- Interior Ministry
- Justice Ministry
- General Directory of Foundations

Of these, the Ministry of Youth and Sport has, as of 1999, 107 youth centres, in which approximately 55 thousand young people have benefited from off-curriculum activities; the Ministry of Youth and Sport also offers camps, sport activities and cultural festivals. The Justice Ministry offers supportive activities to prisoners. The General Directory of Foundations (Vakıflar Genel Müdürlüğü) gives social support mainly to needy people.

Municipalities have been given the responsibility of providing social services and aid to the needy, though an aggregate figure with regard to these activities is not available. Additionally, at the central level, there exist a set of bodies, as the Family Research Institution (Aile Araştırma Kurumu), the General Directorate of Women's Status and Problems (Kadının Statüsü ve Sorunları Genel Müdürlüğü) and the General Directorate of Handicapped Persons (Özürlüler İdaresi Başkanlığı), the main task of which is to help coordinate various activities in their fields. And finally, the Interior Ministry has the duty of overseeing and auditing the activities of NGOs.

At the civic engagement level, approximately 73 thousand associations and 4 thousand trusts are currently active in Turkey, some of which are in the areas of social assistance. Of the active associations, around 34 percent can be categorised in the area

of “social assistance”, 23 percent in the area of “charity” and 29 percent in the area “culture”. The majority of trusts are in the areas of charity (31 percent) and education (22 percent).

Attention should be given to the efforts of providing services to disabled persons, improving women’s status, taking care of the children and elderly who are in need of support, and of giving support to inmates following their imprisonment terms. Especially there have been attempts and institutional reformations to improve the status of women (e.g. the *Directorate General on the Status and the Problems of Women*).

- The Social Aid and Solidarity Encouragement Fund (Sosyal Yardımlaşma ve Dayanışmayı Teşvik Fonu, or in short SYDTF)
- The General Directorate of Social Services and Child Protection (Sosyal Hizmetler ve Çocuk Esirgeme Kurumu, or in short SHÇEK).

SYDTF was legally established in May 1986 (Law No 3294) with a mandate of “assisting citizens in absolute poverty and need and other persons that have been admitted to or entered Turkey, to ensure a fair distribution of income by taking measures for strengthening social justice, to promote social assistance and solidarity”. SYDTF is an extra budgetary fund that is financed by earmarked taxes (e.g. 50 percent of proceeds from traffic fines, 0.02 percent of proceeds from fuel oil consumption tax), and it Works in conjunction with 931 regional Social Aid and Solidarity Associations (Sosyal Yardımlaşma ve Dayanışma Vakıfları, or in short SYDVs) that are given the task of implementation (SYDTF only provides funds to these 931 affiliated SYDVs). On the whole, resources are allocated at the beginning of each year on a regional basis with attention paid to population and socioeconomic indicators.

Benefits are of two sorts: In-kind benefits include food, clothing, fuel, medicine and small productive projects (e.g. greenhouses); cash benefits are in the form of grants and scholarship programs and emergency and after-disease assistance. SYDVs apply individual criteria to define those in need; each SYDV is thus independent in the decision-making process in granting social assistance (SYDVs are chaired by governors or district governors, and the rest of the running committee consists of the mayor, the provincial head of finance, the provincial director of social services, a health official and three private citizens.)

Performs its functions through 931 foundations established in provinces and sub-provinces, governed jointly by relevant public institutions, local administrations and NGOs; provides conditional cash transfers, health and education benefits and project supports

-periodic benefits, health assistance, educational material and fuel assistance and project supports

-organized in cities and districts as 931 foundations

-is working on a database including poverty

Sources of SYDTF Funds:

- 2,8 % of the total amount of income and corporate income taxes;
- 50 % of the traffic penalties
- 15 % of advertisement revenues (Higher Council for Radio and TV)
- Allocations from the general budget
- Donations and supports of any kind

The “green card” program, enacted in 1992 following a protocol between SYDTF and the Ministry of Health, provides free health-care services to all citizens of Turkey who are not covered by any social security system and who have a monthly income of less than one-third of the minimum wage amount. As of July 2002, “green cards” have been granted to a total of 12 million persons.

SHCEK

Main institution in the field of social services with 81 provincial and 35 sub-provincial directorates; has orphanages for children and the young, nursing homes for the old-aged, rehabilitation centres for disabled people, women shelter houses, child and youth centres.

- provides care and protection services for 20 000 children in 205 orphanages
- offers 1 400 of the children, who reach 18 years of age, a job in the public sector each year.
- serves for 42 000 children living on the streets in 42 children and youth centers.
- pays an average of 103 Euros for 16 000 people in need per month.

SHÇEK has provided assistance services in kind and in cash to 19735 persons in total, temporary assistance service in kind and in cash to 4416 person and families, 6 monthly assistance in cash to 7187 persons, assistance in cash for one year to 4360 persons, and assistance in cash for 2 years to 3772 persons, who are in poverty, can not meet their basic needs and hardly continue their lives even in the lowest level.

Approxiametly 20.000 children are being kept under care in the Institution. It is predicted that 12.000 of them were taken under protection only for economic reasons, and they can go back to their family or relatives with the social service and social assistance support which will be provided for them. In 2005, 1830 of these children have been sent to their families or relatives by the Institution care gaining support with assistance service in cash with duration. It is planned to send nearly all of them to their families within next 4 years.

SHÇEK, on the other hand, is a general directorate with a budget and a public legal entity, providing services and aid to vulnerable groups, including children, the young,

the disabled, women, the aged and families in need of protection, care and assistance. Although the law that set forth regulations affecting the social services for children dates back to 1926, there have been promulgations since then, and SHÇEK's establishment dates back to 1983. SHÇEK gives 24-hour services to more than 30 thousand people (mostly children and the elderly) and to more than 75 thousands citizens during the daytime.

Apart from these two main institutions, there are a set of public institutions that are given the task of alleviating poverty and dealing with the social exclusion and discrimination problem. Among these, the General Directory of Foundations (Vakıflar Genel Müdürlüğü) can be singled out in that it provides meals every day in its 40 kitchens to approximately 11 thousand needy people, it provides monthly cash aid to approximately one thousand needy and handicapped persons, and it lodges more than 12 thousand students in more than 60 dormitories.

Finally, at the central level, one can observe institutions such as the Family Research Institution (Aile Araştırma Kurumu), the Directorate General on the Status and the Problems of Women (Kadının Statüsü ve Sorunları Genel Müdürlüğü) and the General Directorate on Handicapped Persons (Özürlüler İdaresi Başkanlığı), whose main tasks are to help coordinate various activities in their respective fields and to conduct research. Municipalities, at local levels, have been given the responsibility of providing social services and aid to the needy. One should of course note a long list of community-based and non-governmental organisations whose main or secondary aims are to alleviate poverty, provide social assistance, and reduce social risk and exclusion.

Others

- 66 nursing homes provide services for the elderly
- 65 public care and rehabilitation centres serve for 5 000 disabled people
- 511 private rehabilitation centres serve to 30 000 disabled people
- 5 000 abused women and 4 000 children benefited from sheltered house service, 1 000 women found a job
- 61 society centers in slum areas provide education and rehabilitation services to women and children
- General Directorate for Foundations paid an average of 137 Euros to 2 500 disabled, poor and orphan in 2005
- 94 alms house provide 80 000 people with meals annually. Approximately 5 000 people get food assistance
- 47 000 people are served a time of meal in a day at their homes

Financing sources

The main financing sources of the three social insurance institutions (SSK, Emekli Sandığı and Bağ-Kur) consist of premiums paid by their members, the state's contributions, and the returns on their investments. Municipalities make their expenses through their budgets, consisting of local taxes, local people's voluntary contributions,

and the state's contributions. NGOs and private insurance companies are financed through private contributions.

And finally, central government institutions (such as SHÇEK) are financed mainly through the central government's budget, advertisement revenues of the state television, traffic fines, taxes on petroleum, and income taxes.

Financing principles

One can observe three principles: The first is a voluntary basis (as in the case of contributing to an NGO or of joining a private insurance company's scheme). The second is a compulsory basis (as in the case of SSK, where insurance premiums are deducted from gross salaries). The third is an eligibility basis (as in the case of elderly people in need of support). One may finally include international support and assistance.

Draft Law On Social Assistance

The recently enacted social security reform law actually had three pillars: social security system, general health insurance, and social transfers that are not based on contributions. First two pillars has been already approved and put in force, but studies on the third pillar are still continuing. Draft law on social assistance involves bringing social assistance under the Social Security Institute along with the other two pillars of the system, thus making The Ministry of Labor and Social Security responsible for combating poverty and social exclusion.

The government is planning to connect social aids to a new law with a new approach and to prevent making of the financial aids and aid-in-kind by numerous different institutions substantively. The draft law has 51 articles.

According to the draft law, the State will make the definition of the term "poverty". A "Data base for those who are in need" will be built up that belong to those who take place in this definition. The aids made by both the municipalities and all the public institutions will be gathered in single hand. Aid can be made to those taking place in the above mentioned data base and according to the definition of poverty.

The General Directorate of Social Development which will be established within the body of SSI will carry out all the procedures concerning social aids. Also, "Social Development Fund" will be established which is the only public authority responsible for helping poor people. All the aids including health aid carried out via old-age benefit and green card will be distributed from one center, from the Fund in the new term. All the institutions including municipalities will be able to make aid according to the measures of the Fund.

Non-governmental organisations and private funds and associations having the authority of delivering social aid legally will be able to make aids under the supervision of the State.

The draft law will constrain the aids which the institutions make according to the criteria that they determine. In case of this draft law become a law, municipalities and all the institutions will have to notify the list of people receiving aid and the information about them to the General Directorate of Social Development.

In the justification of the draft law which changes the existing system entirely, it was stated that the most important lack of the existing social aid system are multi-headed institutional structure, dividedness and lack of coordination between the institutions carrying out social aids. By being emphasized that it was contrary to the principle of using public resources efficiently in social aids, it was expressed that a new “people in need criteria” will be determined in Turkey in the new system, thus repeated aids will be prevented.

Draft law on social assistance, which will hopefully be enacted in near future, includes child benefits, assistance for the elderly and the disabled, noncontributory access to health services, and assistance to the unemployed. This institutional framework could easily accommodate conditional child benefits and social pensions that form part of the total assistance package.

Health Care :

All health care and related social welfare activities are coordinated by the Ministry of Health. Article 60 of the Turkish Constitution quotes: "Every individual is entitled to social security. The State takes the necessary measures to create this confidence and organizes the organization". Therefore, the Ministry is responsible to provide health care for the people and organize preventive health services, build and operate state hospitals, supervise private hospitals, train medical personnel, regulate the price of medical drugs nationwide, control drug production and all pharmacies.

The health care system in Turkey (both preventive and curative services) is composed of four layers:

The first layer consists of private individual units, health posts and centres, mother and child care centres, and dispensaries; the second is composed of provincial state hospitals; the third consists of urban state hospitals and private hospitals; and the fourth is composed of university and training hospitals. Mainly the Ministry of Health, SSK, the universities with medical schools, the Ministry of Defence, and private health personnel and hospitals provide health services in Turkey. Sources of funds are the state budget contributions, compulsory insurance, private insurance funds, and out-of-pocket payments. The principle of uniting all hospitals under single roof aims to use all sources for the sake of public. In this period, SSK hospitals were transferred to state hospitals, obstacles on the accessibility of the patients to health care access were eliminated and discrimination was stopped among people.

As noted above, 86 percent of the total population is said to be covered by a health insurance scheme.

The eligibility requirement to be protected during illness is simply to be a member of any public insurance institutions that have been listed above. The public insurance system (*i.e.* SSK, Emekli Sandığı and Bağ-Kur) covers members as well as their dependents. Active civil servants (and their dependents) are, however, covered by their institutions. Private insurance coverage during illness varies from one scheme to another.

The public insurance system is comprehensive, covering expenses such as consultation, examination, operation, care, and prosthesis; drug expenses are also largely funded by these institutions. The public health insurance system covers 80 percent of health related expenses consisting of medicine and prosthesis of eligible members and their family members; the coverage goes up to 90 percent if members are retired. The contribution asked from members will be waived in case the member is faced with an occupationrelated illness or injury. SSK also finances all the expenses of its members who must be sent to a foreign country in case there is such a need (*e.g.* in some cancer cases).

The private system's coverage depends on the specific contract one has chosen, though the share of the private insurance case in the overall system is minimal for the time being.

After the entry into force of the Social Security Institution Act No. 5502, which was issued at the Official Gazette dated 20.05.2006, different social security institutions rendering service to persons working under different legislation were gathered under a single roof, which results in the establishment of Social Security Institution.

Health Transformation Program was initiated during the 8th Plan period with the aim of facilitating access to health services, increasing the quality of service, strengthening the planning and regulatory role of the Ministry of Health, developing health information systems, ensuring rational use of medications and materials, and establishing the universal health insurance system. Health Transformation Program aimed at developing a social insurance model which will enable the citizens to contribute in proportional with their abilities to pay and take health services they need in the framework of equity principle.

All state hospitals were gathered under the umbrella of the Ministry of Health with the aim of separating provision and financing of services and considerable progress was achieved in accessibility to health services.

As it has already mentioned above, the social security system in Turkey is composed of three different major organizations;

- Social Insurance Institution (SSK)
- Pension Fund for Civil Servants (Emekli Sandigi)
- Social Security Institution for the Self-employed (Bag-Kur)

Employers pay insurance premiums to cover work-related injuries, professional job diseases, or maternity leave. Both employers and employees contribute specified proportions to cover premiums for illness, disability, retirement, and death benefits. A new law will provide health care also to unemployed people if they match certain criteria.

SSK

SSK is a social security organization for private sector and blue-collar public sector workers. The law entitles all persons who are employed by a contract of service to benefit from social insurance and health care. Agricultural workers, Self-employed, and Persons contributing to one of the pension funds established by law are excluded from the coverage of the SSK. Ministry of Health can do special contracts with University and Private hospitals in order for their members to use such hospitals besides the SSK hospitals. There are co-payments on medical drugs for outpatients; retired pay 10% and employed pay 20%.

SSK members are insured for work injuries and professional job diseases, medical care, illness, disability, and maternity. When the insured person paid all his/her contributions for a specified period and have reached a specified age, they're entitled for Old Age Pension. If the insured person dies, widow, children, or close parents of the deceased are paid for funeral expenses and get his/her Pension payments.

Emekli Sandigi

This is a Government Employees Retirement Fund for retired civil servants, it also includes health insurance. Retired Government employees pay only a 10% co-payment for medical drugs and all the rest for their health care is paid by this Fund. There is no specific health insurance premium collected from active civil servants therefore this Fund has huge expenditures with very little control on it, it's completely financed by Government allocations only, causing a big gap in the Ministry's budget.

Besides retirements pension after completing a specific period of state service, the Fund offers other benefits such as a retirement bonus and a death grant payable to the survivors of a pensioner, and many other privileges.

Bag-Kur

This institution covers the self-employed outside the coverage of the Social Insurance (SSK) Law. These would be craftsmen, artisans and small businessmen, technical and professional people who are registered to a chamber or professional association, shareholders of companies other than co-operatives and joint stock companies, and self-employed in agriculture.

Members of Bag-Kur can choose the step at which they make their contributions between scales of 1 to 24, being 1 the lowest premium payment level with certain medical care limits. They are covered for all outpatient and inpatient diagnosis and treatment. Bag-Kur does not operate its own health facilities, but contracts with other public providers, including the SSK hospitals. Therefore the patient pays for the medical expenses and then get reimbursed by Bag-Kur. Pensioned members have to pay 10%, and active members and their dependants pay 20% of drug costs.

Green Card System

The Green Card system was established in 1992 and is directly funded by the Government. Poor people earning less than a minimum level of income which is defined by the law, are provided a special card giving free access to outpatient and inpatient care at the state and some university hospitals, and covering their inpatient medical drug expenses but excluding the cost of outpatient drugs. The expenditure for the almost 11 million Green Card holders has exceeded Government allocations thus causing big gaps in the budget. Only the Ministry of Health is authorized to issue Green Cards.

The coverage of the green card implementation widened and provided to be more realistic and effective. Thus, the citizens with low income were covered by a health insurance which is not different from the Social Security Institution, Social Security Institution for Artisans and Self-employed, and the Government Employees' Retirement Fund.

The purpose of the Green Card law is to meet the health expenditures of Turkish citizens whose total income level is one-third below the minimum wage. An economic coordination group was set up under the leadership of the state minister of economic relations in addition to the ministers of internal affairs, finance, labor, and social security. Based on the per capita health expenditures of green card holders, the coordination group meets to determine the amount of money needed in the government budget, and to coordinate with other government and private institutions to ensure that all green card holders receive the health care they need. shows the number of green card holders and their utilization of health services.

Years	Number of applications	Percent	Given green cards	Percent	Inpatient service utilization	Percent	Outpatient service utilization	Percent
1992-1993	2,971,722	23.4	2,211,341	21.8	127,420	2	27,975	0.5
1994	1,498,213	11.8	1,460,111	14.4	620,485	8	236,956	4.6
1995	1,674,712	13.2	1,325,276	13.1	1,242,000	17	301,903	5.9
1996	970,889	7.6	716,338	7.1	867,673	12	390,872	7.6
1997	1,298,526	10.2	953,912	9.4	835,897	11	626,552	12.2
1998	1,345,953	10.6	1,093,465	10.8	942,176	13	844,461	16.5
1999	1,352,148	10.6	961,186	9.5	1,092,592	15	1,184,896	23.1
2000	1,610,828	12.7	1,404,677	13.9	1,576,856	22	1,510,736	29.5
Total	12,722,991		10,126,306		7,305,099		5,124,351	

SOURCE: Ministry of Health (Turkey). Statistical information on green card holders. Ankara (Turkey): Republic of Turkey, Ministry of Health; 2000.

Other Health Services

Private health insurance is well developed in Turkey, many people pay their premium to these private companies besides their regular contribution to state insurance systems, in order to get a better quality health service if they're ill. Also private pension funds have been started a couple of years ago and growing very fast. These private funds are usually private banks that offer this service. Depending on the pension plan you choose, after 10 or 15 or 20 years you can get an accumulated bonus when you retire from these private funds or get your monthly pension until your death.

There are many pharmacies all over Turkey, or Eczane in Turkish, which are concentrated especially near hospitals but also in every neighborhood. Certain drugs are sold with green or red prescriptions permitting the Ministry to control sale of some medicines, and there are also many sold over the counter (OTC) without the need of a prescription.

The Red Crescent, equivalent of the Red Cross, is a humanitarian aid organization and covers the widest range of welfare services in Turkey, especially in times of war or natural disaster such as earthquakes.

Private hospitals lately do a better job raising their quality of their physicians and medical equipment investing more money on this sector. Besides state and private sector, also universities and Ministry of Defense establish and operate hospitals in the country.

Health reform

Health care through family physicians, currently offered in 11 cities, will be implemented nationwide. General health insurance, the most important element of Social Security reform, has started to be implemented in October 2008. Under the new system, everyone residing in Turkey -- including stateless persons, refugees and foreigners resident in the country for more than one year -- will benefit from the health services. Discriminatory health care practices will be eliminated.

Under the general health insurance, the premiums of the poor will be paid by the state. Children under the age of 18 will benefit from health services free of charge, regardless of whether their parents have social security or not.

Health records and visitors cards will no longer be used in patient admission as they will be replaced by smart cards. The Social Security reform, whose implementation was postponed to 2008 because of the cancellation of some of its provisions by the Constitutional Court, will become fully effective by 2009. Patients will be given electronic prescriptions. The first campus hospitals will operate in Ankara, Bursa, Istanbul, Kocaeli, Izmir, Eskişehir, Antalya and Konya. Campus hospitals are expected to increase Turkey's efficiency in healthcare. In addition to campus hospitals, the government also plans to take action to increase the number of small health units, which will serve as providers of basic health services.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

In the 8th Five-Year Development Plan it was indicated that “due to urbanisation, migration, high inflation, the deterioration of income distribution, poverty and changes in the cultural structure of families, the need for social assistance and social services is increasing fast”.

To alleviate poverty, the Plan targeted, first, to reduce inequalities in income distribution and between regions to enable each segment of society to have a fair share of an increase in welfare benefits. Secondly, the Plan aimed at making social services and assistance more accessible to the poor and the needy ones. With regard to the first target the Plan did not provide a detailed path, and with regard to the second it acknowledged “there were important problems stemming from disorganised institutional and financial structures, a lack of co-ordination and collaboration among institutions, constituting hindrances to the smooth implementation of social services”. In both the 8th Five-Year Development Plan and 2002 Government Programme, the central government, after reiterating the increased importance of the poverty issue and the problems associated with the lack of co-ordination and collaboration, underlined the need to establish a so-called “Social Services Master Plan”. Combating poverty certainly occupied a place among social policy aims, at least at the discursive level.

Furthermore, local governments and a set of NGOs have also been echoing the importance of the poverty issue in the case of Turkey.

With regard to social exclusion, this said, however, the central government has been providing services and aid to, and taking measures for, those people who are excluded, or are at the margin of being excluded, from society.

9th Development Plan :

Improving Income Distribution, Social Inclusion and Combating Poverty

The main objective is to enable the individuals and groups, who are under the risk of poverty and social exclusion, to participate more actively in economic and social life and to secure social integration through upgrading their quality of life. Within this framework;

- i) Transfer policies shall be made effective in order to improve the redistribution of income in favour of the poor.
- ii) Major services such as education, health, employment and social security shall be made more accessible and equally beneficial for the disadvantaged groups.

- iii) The activities aiming at poverty reduction shall be effective enough to prevent the formation of a culture of poverty, through diversification according to the conditions of the poor. For the poor, who have emerged as a result of the structural transformation in agricultural sector, income generating and entrepreneurship encouragement activities in non-agricultural sectors shall be supported.
- iv) Active employment policies shall be elaborated for the unqualified and poor segments of immigrants in order to enable them to integrate into the society by increasing their employability.
- v) Women's employability shall be increased in order to improve their participation in economic and social life by developing vocational education possibilities.
- vi) Necessary measures shall be taken with a view to prevent violence against women.
- vii) Training shall be provided, for the families concerned, on child-care, and care for the elder and the disabled.
- viii) Activities, which are directed towards improving the status of children who live under depressed conditions and preventing child labour, shall be strengthened.
- ix) Social and physical milieu shall be improved for the handicapped, and vocational education opportunities and counselling services aimed at their employment shall be developed.
- x) At-Home care services for the aged shall be supported, along with increasing the quantity and quality of institutional care services.
- xi) Services aimed to re-socialize the convicted persons shall be made effective.

Increasing Effectiveness of the Social Security System

The basic objective is to provide the social security system, comprised of social insurance, social services and social assistance, with a structure that covers the entire population, can meet the changing needs of the society, has financial sustainability and effective inspection mechanism, and provides good quality services. Within this framework;

- i) The social insurance system will be extended in a way to cover the entire working population by preventing unregistered employment.
- ii) Financial sustainability of the social security system will be achieved by considering the actuarial balances.
- iii) A structure, which will prevent loss of rights and repeated benefits and provide effective, accessible and sustainable services, will be established through transition to full automation in the IT infrastructure of the social security system.

- iv) By setting up a common database to determine the individuals that will benefit from the social services and assistance, a detection mechanism based on objective criteria will be established and cooperation and communication among the institutions in the system will be provided.
- v) Alternative care models will be supported for the children who need protection. Ameliorative measures shall be introduced where institutional care service is necessary.
- vi) The shortage of qualified personnel in the area of social services and assistance will be eliminated and the qualifications of the existing personnel will be improved.
- vii) Social services and assistance activities of local administrations and non-governmental organizations will be encouraged.

Poverty and inequality in income distribution will be reduced permanently through sustainable growth and policies regarding employment, education, health and working life. Individuals and groups, who are under the risk of poverty and social exclusion, will be included in the economic and social life and their life quality will be improved.

Transfer policies will be made more efficient by ensuring the redistribution of income in favor of the poor. In this scope, the social security system will be made capable of improving income distribution by providing security against social risks for all segments of the society.

Services to reduce poverty will be in a manner of preventing the emergence of a poverty culture and encouraging the poor to become producers.

Necessary measures will be taken for the poor, who work in the informal sector, to be covered by social security system and to be employed in proper jobs.

Income-generating projects will be supported in a way to diversify the economic activities targeting the poor. In particular, entrepreneurship in rural areas and underdeveloped regions will be encouraged.

In order to increase the participation of women in the economic and social life, employability of women will be increased by improving vocational education opportunities targeting the women.

With the aim of preventing violence against women, the social awareness in this subject will be increased.

Support will be given for meeting education needs, particularly of girls in rural areas, the handicapped and children coming from low-income households, and access of these social segments to education will be facilitated. Furthermore, measures to prevent child labor will be taken and effectively implemented.

Educational programs for families, which constitute the ideal environment for childcare and raising children, will be made widespread.

Home care services for the old will be supported, and with regard to institutional care, the number and quality of retirement homes will be increased.

Social and physical environmental conditions will be improved to increase the participation of the disabled in the economic and social life. In this regard, special education opportunities and protective work places, where the working environment is organized accordingly, will be developed.

Active employment policies will be developed in order to reduce the unemployment risk for the unskilled and the poor who have migrated to the cities as a result of structural transformation in agriculture.

Collaboration of all segments, including primarily the central administration, local administrations and non-governmental organizations, will be ensured in the implementation of policies targeting the prevention of poverty and social exclusion as well as in the provision of services such as education, accommodation and employment for those under the risk of poverty and social exclusion.

Improving Income Distribution, Social Inclusion and Fight Against Poverty Inequality in income distribution and poverty will be reduced permanently by a multi-dimensional approach along with sustainable growth and employment, education, health and working life policies.

Individuals and groups, which are experiencing or under the risk of confronting with poverty or social exclusion, will be included in economic and social life and their quality of life will be increased. It will be ensured that groups, particularly the handicapped, elderly, women, children and migrants, that are subject to poverty and social exclusion, will actively participate in economic, social and political life, and violence against and exploitation of such groups will be prevented. In this context, priority will be given to the access of disadvantaged groups to education, health, housing, social services and employment services. Services ensuring the prevention of poverty culture and enabling the poor to acquire producer's position will be provided.

3) Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equalized income and calculated on the basis of the poverty risk threshold value published by Eurostat.

Assistance provided by SYDGM

a) Assistance for Families

Food Aid

So as to meet the needs of the citizens who are in economic and social deprivation, fund transfer is made from Social Assistance and Solidarity Fund (SYDTF) to the Social Assistance and Solidarity Foundations in advance of the religious holidays. Food aid has been carried out quarterly as from June 2008.

Period	Fund (Million NTL)
2003	35
2004	55
2005	90
2006	150
2007	140
(*) 2008 (October)	94.9

Fuel Aid

Free coal aid has been provided for the families in need through the agency of foundations in the scope of fuel aid. Coal provided from Turkish Coal Enterprise has been distributed to the families (500 kg per family).

Period	Coal Amount (Ton)	Beneficiaries (Family)
2003	649.818	1.096.000
2004	1.052.379	1.610.000
2005	1.329.676	1.831.000
2006	1.363.288	1.797.000
2007	1.434.163	1.894.000
2008 (November)	1.339.451	2.084.681

Total coal distribution has been reached to 1.750.880 tones as of the end of 2008.

Accommodation Aid

Accommodation aid has been provided for needy families living in ruinous old houses for maintenance and repair.

According to the Effect Analysis of Social Aid and Support Activities Report of the General Directorate of Social Assistance and Solidarity, Southeastern Anatolia Region took place on the top with a share of 39.8% within the regions receiving aid and project support. Diyarbakır province was in the first palce with 24.4% among the provinces receiving aid.

According to the said report, Eastern Marmara with 13.9%, Western Black Sea with 9.26% and Mediterranean with 7% followed Southeastern Anatolia Region receiving the most aid. The least aid was made to Western Marmara with 1.3%. Diyarbakır province took the first place with 24.4% aid with regard to the provinces receiving aid. Mardin province with 15.35%, Bursa province with 8% and Samsun province with 6.8% followed Diyarbakır. While special the necessity of giving importance to Southeastern Anatolia Region in fighting against poverty is emphasized in the report, it was also pointed out that Samsun was in the first place having the biggest rate among the provinces receiving aid. According to the survey, 73.6% of the interviewees are receiving family benefit, 18.83% family benefit and 4.62% health and disability benefit.

35.8% Of The Aid Are Being Given As Coal:

The aids are given in the way of 35.8% coal, 21.46% food, 17.75% conditional cash transfer education aid and 15.77% social support financial aid. While 64.24% of the people receiving food aid consider that this aid relieves their lives, 18% of them stated that this did not facilitate their lives. While 45.46% of people found the food aid given for once is insufficient, 37.24% of them found this aid sufficient.

39.1% of the people receiving aid live in underdeveloped county seat, 28.7% in underdeveloped city center and 14.8% in developed county seats. In 63% of the families receiving aid where at least 1 person is working, the family rate in which there is no employed person is 25.2%. Among the families receiving aid, 30% have a salary between 251-500 NTL., 25.02% less than 150 NYL. and 24.17% between 150-250 NTL.

Illiterate People Are Receiving More Aid :

70.4% of the people receiving aid is women, and 29.6% men. When one looks at their education level, it was determined that 47.69% of them are illiterate and 33.33% are primary school graduate. It is stated in the report that as the education level decreases, poverty level increases. It was recorded that directing the people receiving aid to

vocational courses and then making them a business owner through being supported in project support programmes may be an effective instrument in preventing poverty.

Period	Aid (TL)	Beneficiaries
2006	919.900	415
2007	2.503.950	642
2008	9.694.070	2115

In addition to accommodation aid, the said families are provided with one-time cash aid and other social support.

b) Medical Assistance

Support for medical treatment cost

Medical assistance is intended for covering medical costs of the citizens who are not covered by a social security institution and not entitled to benefit from green card application. On the other hand, medical assistance provided for green card holders has been transferred to the Ministry of Health as from 2005. Equipment needs of the handicapped persons are also included in medical assistance.

Support for medical treatment cost (YTL)

2003	2004	2005	2006	2007	2008 (October)
251.632.000	499.607.000	141.755.677	9.838.078	6.413.519	4.900.000

Conditional cash transfer in the scope of medical assistance

In order to establish a social security web which will enable the children and expectant mothers included in the neediest part of the population to access to primary health care, conditional cash transfer in the scope of medical assistance (*hereafter* CCT) has been implemented by SYDGM throughout the country.

The said assistance has been implemented within the framework of a protocol with the Ministry of Health. Payments are made directly to the mothers in order to strengthen the status of the women in the family and society.

CCT provided for expectant mothers

Period	Amount (TL)	Expectant Mothers
2005	784.860	-
2006	728.647	22.476
2007	665.615	30.662
2008 (MAY)	263.917	34.596

CCT provided for children

Period	Amount (Million TL)	Children
2003	0.80	24.644
2004	16.67	329.833
2005	61.29	731.784
2006	103.57	876.978
2007	95.94	999.041
2008 (October)	100.8	1.044.671

c) Education Assistance

Education Material Aid

At the beginning of each school year, education aid is provided for needy children studying at primary and secondary education. So as to meet the education needs, fund transfer is made from Social Assistance and Solidarity Fund (SYDTF) to the Social Assistance and Solidarity Foundations in accordance with population and <http://www.tureng.com/search/sosyo+ekonomik+geli%C5%9Fmi%C5%9Flik>socio-economic development level of that region.

Education material aid has been provided two times a year (at each semester) since June 2008.

Period	Amount (TL)	Beneficiaries (Estimated)
2003	10.227.000	855.907
2004	30.000.000	1.497.238
2005	50.000.000	1.697.266
2006	50.000.000	2.000.000
2007	70.000.000	2.000.000
2008 (October)	94.900.000	2.000.000

Transportation service for students

Since 1997, the needy students have been transported to the city centres where schools are available within the scope of 8-year-primary education. Students are also given lunch. The said service has been implemented by provincial and county education directorates and funded by SYDTF as from 2003-2004 education year.

Period	Transferred Amount (TL)	Beneficiaries (Cumulative)
2003	65.180.000	569.064
2004	99.077.000	573.924
2005	117.806.730	574.000
2006	152.000.000	601.760
2007	160.000.000	602.044
2008 (October)	131.700.000	692.000

Higher Education Scholarship:

The scholarship given to higher education students by SYDTF since 1989 was handed over to Credit and Dormitories Institution as from 2003 – 2004 education year.

Period	Transferred Amount (TL)	Students
2003	113.879.000	213.898
2004	126.803.000	147.867
2005	92.750.245	94.182
2006	58.076.907	45.807
2007	11.629.742	12.693
2008 (October)	6.140.260	4.413

Education Assistance for the Handicapped

Within the scope of transportation project implemented in cooperation with the Institution for the Handicapped and the Ministry of Education, the handicapped students (those who receive formal education, those who are in need of special education and those who receive primary and secondary education) have been transported to the schools free-of-charge.

Education Year	Amount (TL)	Students
2004-2005	1.945.503	6900
2005-2006	16.563.641	16.171
During 2007	21.075.018	28.500
2008 (October)	16.050.000	23.420

Conditional cash transfer in the scope of education assistance

In order to establish a social security web which will enable the children included in the neediest part of the population to access to primary education services, education assistance has been provided free-of-charge within the scope of conditional cash transfer (*hereafter* CCT) by SYDGM throughout the country.

Needy families are given education aid each month in condition that they send their children to the school regularly. The said assistance has been implemented within the framework of a protocol with the Ministry of Education.

So as to increase education rate of girl students and rate of transition from primary to secondary education, amount of aid provided for girl students and secondary education students has been higher (Schoolboy at primary education/month: 20 TL; Schoolgirl at

primary education/month: 25 TL; Schoolboy at secondary education/month: 35 TL; Schoolgirl at secondary education/month: 45 TL).

Payments are made directly to the mothers in order to strengthen the status of the women in the family and society.

Period	Transferred amount (Million TL)	Student
2003	1.6	59.000
2004	67	697.000
2005	180	1.226.000
2006	240	1.563.000
2007	225.3	1.757.187
2008 (October)	240	1.896.380

d) Assistance for the Handicapped

Equipment Aid for the Handicapped

This is a social assistance program intended for meeting all kind of equipment needs of the handicapped persons who are not under the coverage of any social security scheme. Between 2003 and 2008 (November) equipment aid valued at 13.718.621 TL was provided for 10.662 citizens.

e) Specific Targeted Assistance

Social Assistance and Solidarity Foundations serves meal to 33.142 persons by 51 soup kitchens in the regions where unemployment and poverty are intensive.

Period	Fund (Million TL)
2003	4.5
2004	4.9
2005	4
2006	5
2007	6.6
2008 (October)	7.85

Moreover, a variety of assistance services have been provided for the victims of natural disasters, terror, fire etc. through Social Assistance and Solidarity Foundations.

Assistance provided by SHÇEK

In January 2005 monthly benefit granted to persons who receive in-kind and cash benefit was 20% of the highest salary paid to civil servants (76.19 TL), this amount was increased to 40% of the highest salary paid to civil servants with an amendment to Implementing Regulation on in-Kind in March 2005. With this 100% increase, cash benefit amount was 152.38 TL in April 2005 and 195,50 TL in July 2008.

Since “Return to Home and Support in the Family” project was commenced in 2005, 5.428 children, who had been cared for in the institution, have been sent back to their families or relatives. They have been provided with cash benefits. In 2008, 15.497 children were supported via cash benefits in their families or relatives.

Benefits provided in 2008

Benefit	Beneficiaries
Temporary in-kind and cash benefit	880
Six- months cash benefit	6.682
One-year cash benefit	6.663
Two-year cash benefit	7.392
Total	21.618

Of all beneficiaries, totally 21.210 were children. Allocation paid to the order of Provincial Directorates of Social Services in 2007 was 48.255.000 TL, while this amount increased to 64.000.000 TL in 2008.

The handicapped (handicap rate 40-69%) receives 162.50 TL monthly as of June 24, 2008. Totally 255.385 handicapped persons benefit from this assistance. Other handicapped persons (handicap rate 70 – 100%) are granted 243. 75 TL monthly. In total, 97.996 persons benefit from this assistance. Thus, totally 353.381 handicapped persons receives social assistance.

Home Care Service started in 2006. 102.000 handicapped persons in need of nursing have been paid home care benefit of 43.474.850 TL as of August 2008. 596 persons have been given care service in 14 private care centres. 1354 personnel are employed in “Care Services Assessment Committees” established so as to assess the applications to care centres.

Members of profession employed in Provincial Directorates of Social Services shall examine care conditions of the handicapped person benefiting from home care service at his/her residence two times a year. Psycho-social support services given to the handicapped person and caretaker are also included in the relevant legislation.

Statistics on the institutions under SHÇEK

No	Institution	Current situation in the institutions as of November 2008				
		Number	Capacity	Number of Registered Persons	Number of Persons under Care (Boarding)	Number of Beneficiaries since the beginning of 2008 (Not Boarding)
1	Crèche (0-6)*	16	908	797	483	0
2	Crèche (7-12)	54	3687	3824	2474	0
3	Crèche (0-12)	24	3156	3917	2248	0
4	Sevgi Evi (Care House) (0-12)	9	900	766	597	0
5	Sevgi Evi (Care House) (13-18)	4	266	284	218	0
6	Orphanages for Girls	46	2649	3413	1966	0
7	Orphanages for Boys	62	4840	6092	3412	0
8	Protection, Care and Social Rehabilitation Centres (7-18)	15	392	220	170	0
9	Old Age Asylum	46	3637	3074	3063	0
10	Old Age Asylum, Old Age Care and Rehabilitation Centre	27	4077	2903	2898	0
11	Old Age Asylum Rehabilitation Centre	6	264	241	241	0
12	Old Age Solidarity Centre	5	0	630	0	630
13	Care and Rehabilitation Centre	54	4492	2944	2736	81
14	Family Consulting and Rehabilitation Centre	15	0	324	0	324
15	Guesthouse for Women	25	543	334	334	0
16	Community Centre	78	0	43000	0	43000
17	Family Consulting Centre	42	0	4897	0	4897
18	Child and Youth Centre (ÇOGEM) Boarding	10	278	236	157	0
19	ÇOGEM Not Boarding	24	0	6927	0	6927

20	ÇOGEM Boarding - Not Boarding	3	61	765	0	765
21	Observatory	5	99	4886	2657	1933
GENEL TOPLAM		570	30249	90474	23654	58557
1	Child House (0-12)	64	364	156	156	0
2	Child House (13-18)	22	153	44	44	0

* Age groups

A project called “Centre for Life without Handicaps” was developed so as to be a model for new care centres to be established. Centres for Life without Handicaps will be established in 18 provinces. Projects and construction works for the centres are ongoing.

Assistance provided by the General Directorate of Foundations

a) Soup Kitchens

So as to implement the services stipulated in the foundation charts soup kitchens serve in various regions.

77.280 needy persons have been served meal in 81 provinces as of September 1, 2008. Additionally, dry food packages are delivered to 71.850 families in 794 counties every month.

b) Needy Benefit

Needy benefit has been allocated to orphan children and the needy handicapped who are not covered by Social Security Institution, who do not have movable and immovable property, who lose working power at the rate of more than 40% in accordance with relevant implementing regulation.

4.371 needy handicapped and orphan children have been granted needy benefit (272.48 TL) every month as of September 1, 2008.

c) Scholarship

In 2008, 10.000 students at secondary education were awarded 50 TL of monthly scholarship by the General Directorate of Foundations.

d) Medical Services

Medical diagnosis and treatment service are given to poor and needy persons who are not under the coverage of the Social Security Institution in Bezm-i Alem Valide Sultan Vakıf Gureba Hospital in accordance with the foundation chart.

6.020 poor patients have been given medical service in the Hospital in 2007 free-of-charge.

Article 13§2

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Non-Discrimination in Social Services

Turkish legislation prohibits discrimination in social and medical assistance. For example, according to Article 4 (d) of the Law on General Directorate of Social Services and Child Protection (SHÇEK) No. 2828 prohibits discrimination on the grounds of class, race, language, religion, sect or region. In case service demand exceeds service supply, priorities will be identified according to neediness or application.

Our legislation does not include any provision that prevents social assistance beneficiaries from enjoying political or social rights. Similarly, there is no provision which prevents assistance to the needy foreigners who legally reside in our country.

There is no limitation of political and social rights of people in need. All rights of them are guaranteed by Laws mentioned in Article 13&1.

Health Care:

The first step of the social security reform was taken with the Law No: 5502 and all the security institutions were restructured and gathered under the Social Security Institution. With the Law No: 5510, it was aimed to eradicate the inequalities in the accession to health services through defining the rights and responsibilities, besides covering all the population by the social security. A strong structure was designed to conduct surveillance, produce policy based on information and centralize public purchasing power on Health. However this structure was delayed until the beginning of 2008 because the Constitutional Court repealed some of the articles.

Meanwhile, the Communiqué on Social Security Institution published by the Social Security Institution started a new era that enabled citizens to access health services equally and easily. This equalized the citizens, who were under the coverage of different social securities, in front of healthcare services. Additionally, beginning from January 2007, no payment will be required from the citizens for primary healthcare even though they do not have social security.

Avoiding Discrimination in Health: Uniting Public Hospitals under Single Roof

The principle of efficiency, one of the objectives of the Health Transformation Program, is described as production of more services by decreasing current costs. It is also emphasized that distribution of human sources, management of materials, rational medicine use, health management and preventive medicine are assessed in this scope. Productivity will be better achieved by including all domestic and sectoral sources in the system and integration.

The principle of uniting all hospitals under single roof aims to use all sources for the sake of public. In this period, SSK hospitals were transferred to state hospitals, obstacles on the accessibility of the patients to health care access were eliminated and discrimination was stopped among people. Hospitals which suffered from unbalanced workload in the past were opened to all patients regardless of whether they were covered by the SSK, ES or Green Card. Today, all hospitals do give health care services to all people in a balanced way and with no discrimination.

Most people, who had difficulty in access to health care services formerly, have already had the opportunity to make use of these services whenever they need. Unifying SSK and state hospitals did not only create different alternatives for people but also granted SSK beneficiaries the right to utilize health care services which they could not utilize in the past although they paid premiums and thus were covered by the insurance system.

Private Hospitals Serve Everybody:

Health Transformation Program envisages to include all sectoral sources in our country in the system and thus to ensure harmonization and enhance productivity. Hospital unification under single roof was a concrete step which was taken to this end. Other step will be to include private sector investments in the system in order for patients to benefit from these facilities as enabled by their own insurance schemes. Now, all sources (both private and public) in the country are open to public use without discrimination. Public hospitals became qualified enough to compete with those in private sector and service quality increased, too. In this context, private health care facilities now serve to those who are covered by public insurance. So, the excessive workload which was mostly undertaken by public sector in the past, is shared with private health care facilities and people are provided with qualified health care services that they deserve.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

It is already mentioned above.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

It is already mentioned above.

Article 13§3

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The groups benefiting from the social services and social assistance are;

- Children
- Old-aged
- People with disabilities
- Women
- The young
- The people and families who are in need.

One of policies in the fight against poverty is Conditional Cash Transfer (CCT), which is implemented as part of the World Bank's Social Risk Mitigation Project (SRMP). CCT includes pregnancy allowances to poor families, as well as allowances given to poor families on the condition of regular health controls for preschool aged children, and school attendance for school-aged children. The project is implemented by the local foundations of the General Directorate of Social Assistance and Solidarity (SYDGM). Such programs as the CCT have played an important role across the world in sending more children to school and preventing child labor.

Conditional Cash Transfer; besides the other education and health programs executed by General Directorate of Social Assistance and Solidarity, under the Social Risk Mitigation Project, Conditional Cash Transfers are made to the children of the families in most need in order for them to access health and education services.

Within the scope of Conditional Cash Transfer, monthly economic support for the families who can not send their children to school or withdraw them from school are made under the conditions that children are sent to school and have regular health checks for their children at pre-school age. The cash transfer conditions is allocated to the mothers. The most important idea behind this is to strengthen the status of women in both family and society and improve their self-confidence. In order to influence the girls to attend school the amount of the assistance is held higher for them.

A survey has been help to monitor and evaluate the Conditional Cash Transfer and the results of the first survey are as follows:

* Conditional Cash Transfer is helping poor families and those in need to integrate with the community and helping awareness to rise in the community to poverty.

- * Conditional Cash Transfer has helped poor families to benefit from the health services efficiently.
- * Conditional Cash Transfer has increased the access of poor families to education and health services.
- * The assistance made by the Conditional Cash Transfer to the children in need has help them to be in the status as other children.
- * Conditional Cash Transfer has made a big contribution for girls to attend high school education.
- * Conditional Cash Transfers eliminate the hesitations of women and children concerning to the utilization of health services and acceptance of health support.
- * Conditional Cash Transfers have affected the participation of women into society significantly.

Project Supports Executed by the General Directorate of Social Assistance and Solidarity:

a) Social Support Project for Rural Areas:

The objective of the Social Support Project for Rural Areas is to support the needy people participate in the production and ensure the sustainability of the production by increasing the income level, promoting employment rate, providing necessary financial and technical support on time in terms of marketing, to the persons and families economically and socially deprived through the most appropriate organization. Under the project, resources are provided for sheep-keeping and milk-cow husbandry. The project has been implemented in cooperation with Ministry of Agriculture and Rural Affairs.

380 projects oriented to the 29.189 families have been carried out within the period between 2003 and the March 2006. 220.533.318 YTL (New Turkish Liras) have been allocated for these projects.

b) Information Technologies Apprenticeship Project:

This project aims to train young high school graduates from poor families in Information Technologies and employ them in exporting Small and Medium Sized Enterprises (SMEs) in accordance with the Law No.3294. The trainings under the project have been financed by Fund and the guarantees for Employment of the trainees have been provided by Trade – Small and Medium Sized Industry Development Organization (KOSGEB). Turkish Employment Organization (ISKUR) and Turkish

Exporters' Council (TIM) have given active assistance in practice, monitoring and evaluation phases. With the cooperation of ISKUR, KOSGEB and TIM, the training program started on November 9, 2005 within 14 provinces of Adana, Ankara, Bursa, Denizli, Gaziantep, İstanbul, İzmir, Kayseri, Kocaeli, Konya, Manisa, Mersin, Sakarya and Trabzon with the high export potential. In the first phase, project will provide employment to 1020 young people.

c) The Local Initiatives Program of the Social Risk Mitigation Project (SRMP)

Another project regarding poverty and social exclusion within the SRMP framework is the Local Initiatives project. This project consists of five components including income generating projects, employability training projects, temporary community employment, and various comprehensive projects for the development and maintenance of social infrastructure, service centers and community well being.

The income generating projects may fit any category like agriculture and husbandry, handicrafts, souvenir production, retailing, sales and marketing, etc. Employability training includes activities such as wood-working, stoneworks, soil-works, metal-works, weaving, etc, as well as secretarial and accounting, gardening, child-care in urban areas.

Community development programs include provision of drinking/using water, maintenance and repair of irrigation systems, treatment of waste water, cleaning and repair of roads and picnic-park fields, plantation, preventing erosion, vaccination, applying insecticides, pruning, protection-improvement of natural resources, etc. The last component, the establishment and development of social infrastructure and community centres, instead of direct assistance to the poor, aims to support and spread the establishment of institutions that provide better quality and more comprehensive services.

The poor person benefiting from these various projects must not belong to any social security institution.

Under the Local Initiatives Program of the Social Risk Mitigation Project income generating micro-scale sub-projects for the poor; employability training for women and the unemployed; temporary community employment project; expansion of low-cost social services for orphans, the impaired, the elderly, and the poor through community centers project; and the comprehensive activities for community development project have been supported. 151.860.407 YTL was provided for 6.418 projects under the scope of support for local initiatives project till March 2006 and 336.882 people benefited from these projects.

By keeping in my mind that the most effective instrument against poverty is employment policy, the General Directorate not only has continued to meet the basic, current and urgent demands of socio-economically deprived people and families, but also has given significant importance to the income and employment creating projects

by making them much more active and productive instead of being passive consumers. The income and employment creating project supports, corresponding previously the 3% of the expenditures of Fund for Social Assistance and Solidarity, increased up to 8% of the total 2004 outlays and then 15% of the total 2005 outlays.

On the other hand, minimum income support conditional on socially beneficial activities. The proposed measure would provide regular cash transfers to people who live under the threat of poverty and social exclusion or have little or no opportunity of finding employment, on the condition that they attend education/skill developing programs and/or engage in activities that would improve the quality of life and living conditions of people in their communities.

Minimum income assistance conditional on socially beneficial activity not only will enhance the quality of life in poor cities, but will also play a role in increasing employability.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

It is already mentioned above.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

It is already mentioned above.

Article 13§4

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

In the first Article of the “Encouragement of Social Assistance and Solidarity Act No.3294”, it is said that “ The aim of the Act is to help the nationals in need and poverty and if necessary to help non-nationals living in Turkey and to take measures which strenghtens the social justice for the just income distribution and to encourage the social assistance and solidarity.

It can be easily said that there is no difference between Turkish national and non-nationals in terms of the private emergency aid.

General health insurance, the most important element of Social Security reform, started to be implemented in October 2008. Under the new system, everyone residing in Turkey -- including stateless persons, refugees and foreigners resident in the country

for more than one year -- will benefit from the health services. Discriminatory health care practices will be eliminated.

Under the general health insurance, the premiums of the poor will be paid by the state. Children under the age of 18 will benefit from health services free of charge, regardless of whether their parents have social security or not.

Social protection and health care is fully applying on an equal footing with Turkish nationals to nationals of other Parties lawfully within our territories, in accordance with our obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

It is already mentioned above.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

There is no more statistics or information already mentioned above.

ARTICLE 14– THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;
2. to encourage the participation of individuals and voluntary or other organizations in the establishment and maintenance of such services.

Article 14- The right to benefit from social welfare services

Article 14§1

- 1) **Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

Legal provisions regarding the right to Benefit from Social Welfare Services

Constitutional provisions

- Article 60

Everyone has the right to social security. The State shall take the necessary measures and establish the organization for the provision of social security.

- Article 61

The State shall protect the widows and orphans of those killed in war and in the line of duty, together with the disabled and war veterans, and ensure that they enjoy a decent standard of living.

The State shall take measures to protect the disabled and secure their integration into community life.

The aged shall be protected by the State. State assistance to the aged, and other rights and benefits shall be regulated by law.

The State shall take all kinds of measures for social resettlement of children in need of protection.

To achieve these aims the State shall establish the necessary organizations or facilities, or arrange for their establishment by other bodies.

- Article 65 (As amended on October 3, 2001 – 4709/Article 22)

The State shall fulfil its duties as laid down in the Constitution in the social and economic fields within the limits of its financial resources, taking into consideration the priorities appropriate with the aims of these duties.

Other legislation

- In addition to the Constitution, the following laws guarantee and regulate the right to Benefit from Social Welfare Services: **Law on Foundations No. 5737**

Article 52 of the Law on Foundations No. 5737 dated February 27, 2008 regulates “Department of Charity Services”. Among the duties of the said Department are: a) establishing and managing facilities such as education facilities, student hostels, social and medical assistance institutions, and soup kitchens etc., providing students with educational assistance, providing social assistance for needy persons, allocating salary for needy and handicapped persons with a view to fulfilling requirements and implementing the services stipulated in the foundation charts; b) working in cooperation with the social assistance organisations and institutions; c) implementing social policy and social assistance projects in cooperation with the international organisations.

In accordance with the regulations included in the said Law a draft implementing regulation has been prepared so as to deal with services such as soup kitchens, salary for needy persons, educational assistance, and medical assistance for poor patients.

- **Law on General Directorate of Social Services and Child Protection (SHÇEK) No. 2828**

General Directorate of Social Services and Child Protection (*hereafter* SHÇEK) was established with the Law No. 2828 dated May 24, 1983. Social assistance services are carried out by SHÇEK in accordance with the “Implementing Regulation on in-Kind and Cash Benefit” based on the Law No. 2828.

The following persons are determined to be the beneficiaries of the services carried out by SHÇEK on the ground of their families’ economic deprivation:

- Children and the young persons who are cared for in their families with the support of in-kind and cash benefit while they were cared for by the institutions;
- Children and the young persons who can be cared for in their families with the support of in-kind and cash benefit until a place can be found in the institution they applied for;
- Children who left the orphanages and do not have a job;
- Children who can be cared for in their families or by their relatives with the support of in-kind and cash benefit in despite of an application to an institution.

The handicapped are given service in accordance with Article 4/1 of the Law No. 2828 which stipulates that all necessary measures shall be taken so as to ensure that needy, handicapped and old-aged persons live in healthy, peaceful, and safe conditions, that the needy handicapped receive care and rehabilitation services which enable them to live on by themselves and to become productive persons in the society, and that those who are untreatable are cared constantly.

Law No. 5378 introduced some new regulations on the services provided for the handicapped by SHÇEK. The relatives and guardians who care for the handicapped individuals in need of nursing in their residences are paid a minimum wage under the Law No. 5378. This service called “Home Care Service” is an important development so as to care the handicapped individuals in their own families. According to Law No. 5378, the coordination, development and dissemination of the care services are implemented by SHÇEK.

According to Implementing Regulation more than two persons from the same family can not receive permanent cash grant. With an amendment to this Implementing Regulation, if more than two children are under the care of the institution, all the children can be sent back to their families, however cash grant is allocated to only two children and the other grants related to education, dressing, pocket money and, if needed, transportation assistance are provided for each child separately.

Supplementary Article 7 of the Law No. 2828 stipulated that care services for the handicapped persons shall be provided by real and juristic persons from public and private sectors which are certified by SHÇEK. Under this Article, care services are provided in public or private institutions or in their own home for the needy handicapped persons who have a monthly income lower than the 2/3 of monthly net minimum wage. The income level is calculated taking into consideration of the total of all incomes.

The implementing regulations based on the Law No.2828 were issued in the Official Gazette No. 26244 dated July 30, 2006. Implementing Regulation on Care Centres of Governmental Organizations or Institutions for the Needy Handicapped covers other care centres to be established at the Governmental Organizations and Institutions.

The purpose of Implementing Regulation on Private Care Centres for the Needy Handicapped is to regulate the principles and procedures regarding the opening permit, working principles and procedures, personnel standards, inspection, and wage determination and payments of private care centres.

Implementing Regulation on Determining of the Handicapped Persons in Need of Nursing and Principles of Care Service aims at specifying the principles regarding notification, determination, evaluation of the handicapped, and principles on care services, care charges and payments.

The said Implementing Regulations are implemented by the Ministry which SHÇEK is affiliated with.

- **Law on Social Assistance and Solidarity Fund No. 3294** dated 29/05/1986 (Official Gazette no. 19/34, dated 14/06/1986)

General Directorate of Social Assistance and Solidarity (hereafter SYDGM) was established under Prime Minister's Office by the Law on the Organisation and the Duties of the General Directorate of Social Assistance and Solidarity No.5263, issued in Official Gazette on December 1, 2004 and entered into force, so as to ensure the application of the Law on Encouraging Social Assistance and Solidarity No. 3294 dated May 29, 1986.

According to Law No.5263, among the duties of SYDGM are ensuring the application of the Law No. 3294, ensuring the collection and utilization of revenues of the Fund, auditing expenditures of foundations, and performing researches and studies, drawing up and implementing projects in the field of duties of the Directorate.

Provincial activities of SYDGM are being implemented by the Social Assistance and Solidarity Foundations established in 931 provinces and districts under the presidency of governors and district governors in provinces and districts respectively. These foundations, thus, act as a bridge between the Government and the citizens in order to provide citizens with social assistance directly and within the shortest time.

Social Assistance and Solidarity Foundations provide assistance in various fields: food, fuel, accommodation, one-time or periodical cash benefit, benefit to meet the needs of students, accommodation for students, medical assistance. The said foundations help handicapped citizens who are not under the social security coverage by providing them with medical equipment and accessory equipment. Cost of equipments provided for the handicapped is paid by Social Assistance and Solidarity Foundations. Moreover, unpaid part of cost of accessory equipment used by the handicapped persons under the social security institutions could also be paid by the said foundations.

- **Law on Payment of Salaries to the Old Aged (65 Years Old and Over), Needy, Weak and Homeless People No. 2022**

Ministry of Finance and Ministry of Labour and Social Security are responsible for the implementation of the Law on Payment of Salaries to the Old Aged (65 Years Old and Over), Needy, Weak and Homeless People No. 2022 which aims at ensuring that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance.

Article 25 of the Law on the Handicapped Persons and Amendments to Some Laws and Legislative Decrees dated July 01, 2005 and numbered 5378 made an amendment to Law No. 2022 and rearranged amounts of monthly salaries to be allocated to the handicapped and the requirements for such allocation.

The purpose of this amendment is to provide the handicapped with equal opportunities in benefiting from basic rights and services by increasing the salaries and to set certain standards in services for the handicapped individuals in need of nursing.

Moreover with the abovementioned amendment, the handicapped under the age of 18 were also included in the scope of beneficiaries. Additionally according to the said amendment, of the handicapped persons who are paid orphan's pension by the social security institutions, the ones who are paid lower pension than the amount of salary determined by Law No. 2022 are paid the difference between. Another important amendment made by Law No. 5378 put an end to the implementation of the payment of the salary only to the husband with an increase of 50% in case that the couple is entitled to the salary paid to the persons in need or the handicapped. In the new application, the salary is allocated to each spouse separately.

As a result of the aforementioned amendments, the salary paid to the handicapped persons has been expanded and increased 2 or three times depending on the handicap degree.

- Child Protection Law no. 5395, dated 03/07/2005 (Official Gazette dated 15/07/2005, no. 25876).
- Law on Socializing The Health Services no. 224, dated 05/01/1961 (Official Gazette dated 12/01/1961, no. 10705).
- Statutory Decree on the Organization and Tasks of The Presidency of Administration For Handicapped no. 571, dated 25/03/1997 (Based on the Law no. 4216, dated 03/12/1997) (Official Gazette no. 23004, dated 30/05/1997).

A **social welfare provision** refers to any program which seeks to provide a minimum level of income, service or other support for many marginalized groups such as the poor, elderly, and disabled people. Social welfare programs are undertaken by governments as well as non-governmental organizations (NGO's). Social welfare payments and services are typically provided at the expense of taxpayers generally.

Welfare payments can take the form of in-kind transfers (e.g., health care services) or cash (e.g., earned income tax credit).

Social welfare services include the following:

- Compulsory superannuation savings programs.
- Compulsory social insurance programs, often based on income, to pay for the social welfare service being provided. These are often incorporated into the taxation system and may be inseparable from income tax.
- Pensions or other financial aid, including social security and tax relief, to those with low incomes or inability to meet basic living costs, especially those who are raising children, elderly, unemployed, injured, sick or disabled.
- Free or low cost nursing, doctor medical and hospital care for those who are sick, injured or unable to care for themselves. This may also include free antenatal and postnatal care. Services may be provided in the community or a medical facility.
- Free public education for all children, and financial aid, sometimes as a scholarship or pension, sometimes in the form of a suspensory loan, to students attending academic institutions or undertaking vocational training.
- The state may also fund or operate social work and community based organizations that provide services that benefit disadvantaged people in the community.
- Welfare money paid to persons, from a government, who are in need of financial assistance but who are unable to work for pay.

Social Services in Turkey

Social services have a deep rooted past in the history of Turkey. After the Republic was founded in 1923, the public institutions conducted social services.

Turkey is in a period of rapid social and economic development, and social welfare services provided to socially or economically disadvantaged citizens. Social services legal definition is as follows:

“Social services are systematic, programmed services with the objective of helping individuals of families deprived through no fault of their own but on account of their environment to avoid and solve material, moral and social inadequacies and social problems and to improve their living conditions”.

It is important to add that social services are not only concerned with the removal of problems caused by the poverty. In Turkey, as elsewhere, there are people who, although not actually poor, but are unable to enjoy the living standards of society and need to adopt. The mentally and physically handicapped, the aged and lonely people etc. The concept of social services in Turkey includes both types of services:

- People whose living conditions are bad due to their economic situation

- People who don't face economic problems but who are in need of professional services.

Social Services and child Protection Agency is responsible from these services by the law 2828.

The General Directorate of Social Services and Child Protection Agency is the largest social assistance organization of Turkey, with its provisional directorates in 81 provinces. It provides support to children, adolescents, aged and disabled persons and families. In this context, service is provided through establishments including the children homes, educational homes, homes for elderly, rehabilitation centres, day care centres, women's guesthouses, youth homes, foster families, adoption services and assistance in cash and kind to needy persons and families.

The Social Services and Child Protection Agency owned social services has the power and authority to give guidance to other public centre organizations and to assist privately owned social services institutions in their work, to issue permits and conduct supervisory services. The agency gives special importance and support to the cooperation with non-governmental organization (NGOs) and local administrations, includes various regulations aiming at the community participation.

In the administrative structure of Turkey, governors are top officials responsible for the administration in the provinces. Governors are in charge of the implementation and coordination of the social services in the provinces. In this field, there are Social Services Advisory Councils in the provinces whose members include mayor, representatives from people and public institutions and the governors head these councils. Additionally there are non-governmental organizations like associations and foundations under all social service institutions.

There are on going protocols between non-governmental organizations and the agency with the purpose of using resources more effectively and encouraging the volunteering people and organizations into the social services.

The Social Service Directory and the Child Protection Agency depends on the national government and runs social aid and social services. In addition, local authorities deliver social aid too. Social aid aims to cover basic needs of people and to fight effectively against poverty. This aid is delivered to elderly and disabled people who have not paid National Insurance contributions and poor families with children.

All health care and related social welfare activities are coordinated by the Ministry of Health. The Ministry is responsible to provide health care for the people and organize preventive health services, build and operate state hospitals, supervise private hospitals, train medical personnel, regulate the price of medical drugs nationwide, control drug production and all pharmacies.

Welfare Services for Disabled:

Social welfare services given to elderly people are told in details under the Article 23 of the Revised Charter. Therefore, services given to elderly people will not be repeated here. Social welfare services for disabled people will be given here.

According to the 2002 TURKSTAT “People with Disabilities of Turkey” research report, 12.29% of the total population is people with disabled.

- It’s distribution is as follows;
 - 2.58% is orthopedically, sight, hearing, vocally and mentally impaired.
 - 9.70% is composed of chronic illnesses.

The regional distribution of mentally impaired, orthopedically, sight, hearing, vocally disabled people (2002)

Region	Percent	Cumulative Percent
Marmara	22,7	22,7
Aegean	13,1	35,8
Mediterranean	13,0	48,8
Internal Anatolian	17,3	66,2
Black Sea	14,9	81,1
Eastern Anatolian	8,8	89,9
Southeastern Anatolian	10,1	100,0
Total	100,0	

Handicap Type	Male		Female	
	%		%	
Physical	58,7		41,3	
Sight	57,8		42,2	
Hearing	54,6		45,4	
Vocal	62,7		37,3	
Mental	60,1		39,9	

The legal framework concerning education, health, employment, accessibility, care, social support and social security for the disabled was set by the people with disabilities Law.

Health:

The diagnosis of hereditary blood diseases and other disability causing illnesses will be provided free of charge according to the people with disabilities Law.

Medical Rehabilitation services are being provided to the disabled in the physiotherapy and rehabilitation services within the hospitals in private and public rehabilitation centers.

Education

According to The People with Disabilities Law, under no circumstance, the education provided to the handicapped will be hindered. Equal education opportunities will be provided to handicapped children, youth and adults considering their special needs and differences.

According to The People with Disabilities Law, the private educational services have been gathered under one roof and regardless of social security, the opportunity to benefit from special education was provided.

- **Public Schools that provide education for disabled**

- Primary Schools for the Visually Impaired
- Primary Schools for the Hearing Impaired
- Vocational High Schools for the Hearing Impaired

- Primary Schools for the Orthopedically Challenged
- Vocational High Schools for the Orthopedically Challenged
- Primary Schools for the Educateable Mentally Handicapped
- Vocational Schools (Vocational Training Centers)
- Mentally Handicapped Education Application Schools
- Mentally Handicapped Vocational Training Centers
- Autistic Children Training Centers (ACTC)
- Fusing (Special Education Classes)
- Hospital Schools for the people who need long term treatment
- Science and Art Centers

Care

- According to the People with Disabilities Law, in order for the handicapped to live a healthy, peaceful and secure life, and to allow them to carry their own in the society and be productive individuals, rehabilitation and care services must be provided in order for the above mentioned to be accomplished, whether long or short term care/rehabilitation, within households and/or special centers for those in need.
- According to The People with Disabilities Law, the essential care service fees are reimbursed by the state.

Social Supports

- As mentioned in the law no:2022, a disability wage which is paid every 3 months.
- According to The People with Disabilities Law, the amount handed out has been increased 2 to 3 fold and its content has been expanded to cover various disabilities.
- With the people with disabilities Law, disabled individuals younger than 18 and married disabled women now are being assigned a monthly salary.
- If a disabled orphan is receiving any support from a social security institution, it is provided by law that if the received support is lowers than his/her disability; the difference will be paid for by the assigned social security institution.

Foundations General Directorate

A need salary is being assigned to disabled by the Foundations General Directorate to the handicapped which satisfy criteria, the Need Salary was 239,24 YTL for the year 2007

Social Support and Solidarity Foundations

The disabled who are in economic need may appeal to the provincial or district Social Support and Solidarity Foundations and receive goods and/or monetary support, along with orthopedic and other aid apparatus.

In addition, those orthopedic devices which are not being supplied by social security institutions are provided via these social support and solidarity foundations.

Green Card

The needs (medicine, diagnosis, treatment, eyewear, prosthetics etc.) of those disabled individuals, who do not have any social security, are being met by providing them with a green card.

Income Tax Reduction

The disabled who is working freelance, along with those who is on a payroll, those who him/herself is not disabled but is responsible for a disabled person, according to the degree of disability, is provided with income tax reduction.

Real Estate Tax Exemption

The arrangements made by the Disabled's law, any disabled owning a single house no bigger than 200 m² is exempt from real estate tax.

SPT and MVT Exemption

The specially equipped vehicle driven by disabled and vehicles owned by people who are 90% or over handicapped are exempted from this tax.

VAT Exemption

Every gadget, item, equipment, regarding the disabled education, vocation and items that are manufactured specially for day to day use are exempt from VAT.

Employment

The employment regulations for the public or private institution stands as, public sector companies that have over 50 employees must employ 4% disabled, for the private sector this ratio is 3%.

Resources that can be used in Employment

- National Resources
- Penal Money Fund
- The incentive fund for Social Support and Solidarity

Penal Money Fund

In order to benefit from the Penal Money Fund, a project oriented towards employment should be prepared and it must be presented to the Turkish Labor Provincial Directorate.

Social Security

- Those disabled who are receiving services from the social securities foundation may opt to retire in 15 to 20 years according to their disability level.
- Those who are bound to the pension fund may opt to retire in 15 years.

According to the new Social Insurance and General Health Insurance Law, those handicapped who are bound by it may, according to the disability degree, receive pensioner status in 16 years (4320 days) and 18 years (4680 days).

Accessibility

By the People with Disabilities Law, all present public and official structures, streets, pavements, pedestrian crossings, will be made accessible for handicapped by the year 2012.

Legal arrangements have been made and put into action in our country to allow the physical environment become compatible for the disabled.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Administrative regulations in the field of Social welfare Services:

- The Regulation Of Centers For Family Consulting Of General Directorate For Social Services And Child Protection Institution No. 11651

The regulation of institution and organization (General Directorate for Social Services and Child Protection Institution) (Official Gazette dated 07.10.2007, no. 26666)

- The Regulation On The Working Methods And Rules Of Child Houses Of General Directorate For Social Services And Child Protection Institution No. 12478

The regulation of institution and organization (General Directorate for Social Services and Child Protection Institution) (Official Gazette dated 05.10.2008, no. 2701)

- The adoption services, defined as the establishment of a parental relationship between a child and a person whose position is appropriate to adopt through being provided legal connections, are being carried out within the framework of the Articles 305-320 of the Turkish Civil Code which came into force in 01.01.2002, and the Directive no. 145, dated 08.02.2002 on Adoption prepared in the same content by SHCEK and the Law on The Protection of Children and the Ratification of the Agreement Concerning The Cooperation of Adoption Between Countries which came into force on 1 September 2004 by being adopted on 14.01.2004.
- In the nurseries which are boarding social welfare institutions, having the duty and responsibility of providing physical, pedagogic, psycho-social developments of the children between 0-12 years old and of enabling them to gain a healthy personality and good habits, the girls who are above 12 years old and are in need of protection can be looked after where necessary.
- The studies aimed at extending Love Houses which facilitate the number of 10-12 children to shelter and survive, meet their needs, grow up without experiencing the negative conditions that the community life brings within the similar structures to family environment and the system of relationship are being carried out rapidly. Love houses which were designed in the way of family environment make children gain sense of confidence by the staff in small numbers through continuous and unchanging service and minimize possible character and behaviors defects with a strong and coherent behavior feature.
- By opening child houses for those who are in need of protection in the regions of each province that are appropriate for bringing up children, preferably in city centers, in the apartment or detached houses next to schools and hospitals, by creating home atmosphere the protection of 6-8 children between 0-18 years old and enabling their physical and psycho-social development, education and bringing up the children who were under protection as useful individuals having an occupation for the society were aimed.
- There are boarding orphanages that are responsible to protect, look after, provide the children between 13-18 a job or an occupation and bring them up as useful individuals for the society who are in need of protection. In recent years, in orphanages within the framework of improving physical conditions in order to support the healthy, psychological and social development of the children, appropriate furniture for the home atmosphere is being designed by minimizing their living environments, while on the other hand the new organizations are being constructed in the way of a house. By minimizing the capacities of the mass care organizations, arrangements akin to home atmosphere especially in the living areas of children and transformation from rooms with 15-20 persons to the system of rooms with 3-5 persons is provided. The number of the sitting rooms in the organization is increased and kitchens for practice which the children can benefit in every hour are established.

- Protection, Care and Rehabilitation Centers express the boarding social welfare service organizations structured separately for the boys and the girls between 7-18 years old where the studies concerning the organizing of the relationships of the children with their families, close environment and the society who were determined to turn into crime in order to overcome the behavior disorders are carried out until the rehabilitation process is completed.
- Nursery and day nursery services are carried out in order to realize the care, protect and improve the physical and mental health of the children in the group of 0-6 years old and to give them fundamental values and habits.
- “Child and Youth Centers” are the boarding or day social service organizations which were opened in order to serve children who live and are employed in the streets. They are established in order to enable those who face social danger through going on the streets because of the disputes between spouses, neglect, illness, bad habits, poverty, abandonment and such reasons rehabilitation services and make them part of the society temporarily. In the 38 Child and Youth Centers and 6 observatories affiliated with these centers which serve children who live and are employed in the streets, studies for children, and for regaining them into education, social, cultural activities, provincial sports and hobbies, treatment and rehabilitation services, studies for family and study practices with the society are carried out.
- Nursing Homes Elderly Care and Rehabilitation Centers are boarding social service organizations where the old people can sustain their living in health, peace and confidence. The rehabilitation services in these centers are provided in the way these people can manage themselves. The people whose treatment is not possible are taken under special care continuously.

The services offered for the old people in Nursing Homes Elderly Care and Rehabilitation Centers can be listed as sheltering, health, psycho-social support, food, hygiene, spare time and social activities and the other social services.

- 5 Centers for Solidarity for the Elderly People in 4 provinces were opened in order to help the elderly persons who live alone or with their families to spend their spare time, improve their living conditions, to help their activities related with daily life, to make counseling and vocational consulting, to give support services in the issues which they can hardly meet with their own facilities and to increase their social relations and activities.
- Alzheimer’s Disease Day Care Center for the Elderly within the scope of Ümitköy Nursing Home in Ankara province offers service in order to provide the security of the elderly people having Alzheimer’s disease by removing the risks arising from

their living at home alone with their families and to reduce the agitation which will occur in the elderly person through making that person active with various activities.

Social Services and Child Protection Society

The General Directorate of Social Services and Child Protection Society was established with Law no. 2828 on May 24, 1983 attached to the Ministry of Health and Social Welfare. It was later attached to the Prime Ministry on April 2, 1989 by Decree no. 356 Having the force of Law.

The activities carried out in the fields of welfare and social services determined by law are as follows; to render services for needy children in orphanages and kindergartens services for old people at rest homes; care for children at nurseries and day care houses; and services for handicapped and paralyzed persons at rehabilitation centers.

Other Welfare Societies

There are also charitable organizations rendering welfare services alongside the general social security system. The major societies working in this field are the Red Crescent and the Social Welfare Society.

The Red Crescent

It is the agency which covers the widest range of welfare services in Turkey. The Red Crescent, founded in 1868, plays a very important function in times of natural disaster. Its activities include providing artificial limbs; aid to the poor, needy, immigrants and poor students; sponsoring youth camps; establishing and maintaining blood centers, health institutions, first aid stations, etc.

The Social Welfare Society

It works in various fields of welfare services. It supports needy young girls by engaging them in its private workshops and also gives assistance to needy families in cash and kind.

- Within the scope of services for the disabled, service is given concerning the care and rehabilitation of the disabled boarding.

While the institution continues its studies for the disabled people to sustain their living in the direction of health, peace and confidence primarily in their environment, it also continues its studies towards offering temporary or constant care service for the disabled who are in need of care.

In the centers giving day and qualified care, rehabilitation service is offered to the disabled persons and there are studies for the families and mothers having disabled members in order to have time for them and to diminish the care burden on them. In this center, the disabled are assisted to live with their families and to perform their functions in a normal social environment with counseling and support services.

In Family Consultation and Rehabilitation Centers the studies on day/part-time “disabled crèche” are still continuing.

The care service can be realized at special care centers upon the request of the disabled person himself/herself or the family members.

In that case, from the boarding care centers, the payment to the center for 24 hours care service valued at 2 months net minimum wage, for the disabled who are in need of care taking full day service for 8 hours a day from the day care centers valued at one month net minimum wage, for the disabled who are in need of care taking half day service for 3 hours a day valued at half of one month net minimum wage will be made by SHCEK.

While SHCEK continues its studies for the disabled people to sustain their living in the direction of health, peace and confidence primarily in their environment, it also continues its studies towards offering temporary or constant care service for the disabled who are in need of care. In offering services to the disabled by taking into account his/her biological, physical, psychological and social needs primarily without leaving his/her social and physical environment, giving service in a family atmosphere is essential. Under the rules stated, in offering care at home provided by the disabled person’s relative, the payment valued at one month net minimum wage is made to the person who looks after the disabled person. If the care is not possible by the disabled person’s relative the care service can be given through institution care (centers that belong to private and official institutions and organizations).

The Project of National Disabled Database which aims especially at building up principles and programmes which will form the basis of national policies about disabled and contributing to the conscious awareness of public opinion is underway.

The services concerning family are given by SHCEK through protective preventive social services, family consulting and society centers which aim at improving knowledge and the level of conscious in order to raise the living standards of persons and groups and helping them to reach better living standards.

In the family consulting centers built within this scope, psycho-social and family consulting services towards families are being carried out with conscious and systematic studies. These services are free for those who apply. These centers are being extended within the framework of facilities of budget and staff of SHCEK.

41 organizations are still functioning in 37 provinces. These centers are opened in the regions of the allocation units where there is heavy population and the transport is easy. In these organizations giving day care, providing family welfare, happiness and unity through improving and strengthening family life, contributing to the compatible family relations, strengthening the ties that keep the family together and the potential of family members to be an individual, improving capacity of their cohesion to social life, supporting of the knowledge and skills of bringing up healthy children are aimed.

In accordance with these objectives, vocational studies are being carried out in order to strengthen the family members in coping with the problems such as preparation for marriage, incompatibility between spouses, problems arising from parent-child relations, domestic violence and the problems accordingly, distribution of the roles and responsibilities within the family, caring the elderly and disabled members, problems before and after divorce.

- General Directorate for Social Services and Child Protection Institution carry out studies in the provinces which give intensive migration concerning individuals to prepare for change in understanding, attitude and behavior and providing them for cohesion in order to be least affected from migration reasons and to come up with solutions, to organize the services which contribute to the individuals' and groups' development, welfare and integration with the society in the slum areas made up of families who migrate in the provinces taking intensive migration through opening Society Centers.

In our country where domestic migration is intensively realized, we come across problems such as domestic violence, child abuse, child labour, children living and working on the streets, turning into crime, drug addiction and people who do not know how to compete with life, and can not find the true solutions and are therefore in a disadvantaged position in reaching sources.

These problems are intensively experienced in some regions (Eastern and Southeastern Anatolia) and in the slum areas of big cities. Therefore, differences between regions and cities are observed. Society Centers opened primarily in these regions where the disadvantaged groups are found, determine the basic needs of the region before functioning, develop and implement projects and programmes related with these needs and requests. While opening these Society Centers their being at the nearest distance for the people of that region is taken into account.

Society Centers undertake some tasks and responsibilities such as producing solution suggestions with the public by determining the existing problems in their place, increasing the effectiveness and efficiency of existing resources, providing skills for the whole people of the region especially for children, women and young people, creating employment and income resources in the region, doing business together (organized behavior) through increasing self-confidence and self-expression, and

improving their capacity of participation, and of their interference on their own lives, providing opportunity for themselves toward improving the environment through raising awareness about environment, improving the people's habits of living, producing, sharing and solidarity together from different sexes, ages, cultures and ethnic groups through understanding each other, developing the conscious of being inhabitants of a neighborhood, revealing natural leaders in the society and bringing up voluntary leaders.

- Social Services and Child Protection Institution (SHCEK) gives its services towards women who are subject to violence or carrying this risk predominantly with the woman guest houses.

In the woman guest houses which are the boarding social service organizations for the women who are subject to physical, sexual, emotional and economic violence where they can stay temporarily with their children if they have during the solution of their psycho-social and economic problems, in order to meet their needs the service is given under "Regulation on Woman Guest Houses affiliated to the Social Services and Child Protection Institution (SHCEK)" which came into force by being published in the Official Gazette dated 12 July 1998 no. 23400.

In accordance with the regulation, the needs such as health, psycho-social and judicial assistance, food, clothing, education, allowance, transport of the women and their children with them are met.

In the woman guest houses the service is given without taking into account class, ethnic origin, religion, sect, language, occupation, marital status, political opinion etc. between women. On the other hand these houses take into account the universal principles of the woman shelters such as the privacy of the addresses of the shelters and the information about the women benefiting from the services, non-violence, determining her own destiny, carrying out of the services by the female staff.

According to the principle of privacy, the applications made in order to stay in the woman guest houses are evaluated by the Directorate of Provincial Social Services. The studies which will help to know where they stay are avoided.

Therefore, social analyzing reports arranged by social personnel in the provincial directorates are prepared on the basis of an interview through the woman's statement and on analyzing files if there are any, not by going to her house. In case of there is a woman guest house and her staying there in the province, her file prepared in order to be placed to an appropriate institution immediately is faxed to the General Directorate for Social Services and Child Protection Institution (SHCEK) and if it is necessary the file is sent to the suitable guest houses in safety in cooperation with provincial directorate of security.

According to the need it is appropriate to appoint a manager in woman guest houses who had a university degree in social service or psychology, social personnel, a

psychologist, a child caretaker, a nurse, a personnel from general management, supportive and technical services. In the woman guest houses there are vocational studies for analyzing the situation of women, the disagreements between them and their families or husbands and solving their problems.

With these studies the following objectives were aimed:

- to overcome emotions like desperateness, unworthiness, guiltiness, shame and fear which arise at the end of violence against women,
- to restructure self-confidence and self-esteem,
- to give psychological support in determining new life alternatives healthily,
- to provide legal guidance and counseling in cooperation with the bars,
- to make the family an atmosphere of non-violence in cooperation with the provincial directorates, family counseling and society centers in case of their wish to be together with the family or husband,
- to sustain healthy family relations for children to bring up in an healthy atmosphere far from violence,
- to sustain follow-up activities,
- to take the necessary measures in getting a job and an occupation which are sufficient,

(Within the context of these studies, directing the women to the institutions providing non-formal education, labour force education and similar education facilities for finding easier and better jobs and increasing their socio-economic levels and cooperating with the necessary public and non-governmental organizations take place.) Apart from these studies, in the face of various problems which may arise, all the necessary services for the victims of violence with a very disciplined team work in a dynamic way is aimed.

Benefit-in-Kind: These benefits cover those made to children, young people, elderly, disabled and the other groups that are in risk and to the families who live in poverty, can not meet their basic needs, and have difficulty in living even at a very low level and are in need of protection, care and assistance where there are enough resources.

General Directorate for Social Services and Child Protection Institution (SHCEK) in its services in the context of benefit-in-kind, take into account the socio-economic aspects of the region where the person lives. Within this framework, a benefit is provided in periods of his/her solving the problem (6 months, 1 year and for a longer period of time) or in a provisional qualification and amount for the person to reach the minimum living level.

- In order to fulfill the charity provisions which take place in endowments by General Directorate of Foundations cultivation (imaret) service is given in various places.

- According to the provisions of Dependant Salary and Foundation Imaret Regulation a monthly salary is assigned to the disabled people who do not have personal and real estate property to live off and had lost more than 40% of his/her work power and are not under the coverage of the Presidency of Social Security Institution.
- Free diagnosis and treatment services are given to the poor people as a charity provision of endowment who are not under the coverage of the Presidency of Social Security Institution without any discrimination in Bezm-i Alem Valide Sultan Ottoman Foundation Hospital.

The people who do not have physical asset or personal power in order to overcome their personal problems, especially the vulnerable groups and the individuals facing social problems should have the opportunity to benefit from social services.

Vulnerable groups-children, family, elderly and disabled people, problem young people, young people committing a crime, asylum-seekers, homeless people, habitual drinkers, drug addicts, those who are subject to family violence, old prisoners-should have the opportunity to benefit from social services in real terms.

Equal and concrete social service facilities include the following elements:

- Individually utilization possibility from counseling and guidance services provided by social services.
 - Protection of the rights of beneficiaries and existence of application ways.
 - Providing free services for people in need and providing paid-services for people having an opportunity to pay.
 - Geographically distribution of adequate and large scale services.
 - Assigning resources to social services according to their level of responsibility and enabling the follow-up of the change in the needs of beneficiaries.
- 2) Providing numerical data, statistics, or all the other information concerning benefiting perceptibly from social services (total number of beneficiaries, number of beneficiaries according to the category of social service, geographical share and number of the services, the number and qualifications of the personnel) are requested.**
- The children who are in need of protection being looked after in the affiliated organizations of SHCEK and whose situation is appropriate to benefit from the adoption service are placed near the families determined to adopt a child with the report which the career staff prepared. As from August 2008 adoption process of 348 children, and until today 9.626 children have been completed.

- 152 children benefited from the foster family services as from August 2008 which are defined as bringing up the children who can not be looked after in their own families because of various reasons near the families or people undertaking their short or long term care in the control of the state. There are still 1047 children living with foster families.
- There are actually 6556 children in total (2698 girls and 3858 boys) who are still staying in 103 nurseries.
- In 13 love houses in Kocaeli (Gölcük), Kocaeli Kassel Yahya Kaptan, Tekirdağ, Muğla, İstanbul, Yalova, Karabük (Safranbolu), Manisa, Çanakkale, Niğde, Malatya provinces service is still given to 856 children.
- As a result of being the implementation of child houses was a big success and this has paved the way to bring up healthy, self-confident and reconciled children, this service has been extended in recent years. Furthermore, protocols are being made in cooperation with public and voluntary organizations in order to extend child houses. 453 children are still benefiting from this service in 87 child houses.
- In the orphanages, in 108 orphanages, (62 of them are for boys, 46 for girls) actually 5349 children were offered service.
- The total number of children being looked after in 1532 private crèches and day nurseries and child clubs across Turkey are 32.390. In the Private Crèches and Day Nurseries opened through taking permission from SHCEK free care service is given leaving 5% quota being at least 2 children. In the Private Crèches and Day Nurseries opened by taking permission from the General Directorate of SHCEK 679 children benefit from free care service.
- 10 of 43 child and youth centers give boarding, 25 of them give day and 3 of them give both boarding and day service. As from August 2008 7507 children actually benefited from these services which are registered in institution records.
- 46 of 77 nursing homes affiliated to SHCEK are in status of nursing home, whereas 26 of them are in status of Care and Rehabilitation Center for the Elderly, and 5 of them are in status of Nursing Home and Rehabilitation Center (a joint institution with Presidency of ÖBHD).

Total capacity of nursing homes is 7875 and the number of elderly people who are looked after is 6714 in general terms. 68% of the elderly people taking care service benefit from Normal Care, and 32% of those from Private Care services.

Of 6714 elderly being looked after in nursing homes affiliated to SHCEK 4057 are men, 2657 are women.

When we look at the price we see that 3483 of the elderly (51%) are paid, and 3231 of them (49%) are unpaid.

In accordance with the Article 62 of The Regulation on Nursing Homes and Nursing Home and Centers for the Elderly Care and Rehabilitation the price which will be collected from the elderly taking paid care in nursing homes is determined

every fiscal year by the General Directorate. The determination of price is based on the analysis of elderly expenditure, the rates of consumer price index (cpi), wholesale price index and the financial facilities of the institution.

The elderly people of the nursing home covered by social security take paid care in accordance with the Article 62 of the above mentioned regulation, whereas those who do not have income are taken under unpaid status. The elderly people above 65 years staying in nursing homes have been entitled to take salary through an amendment made in the Law No. 2022. A monthly allowance is given to the unpaid elderly people between 60 – 65 years by the institution with the same Law.

- The number of the elderly people in the Centers of Solidarity for the Elderly is 919.
- As from August 2008 3622 disabled persons in 53 boarding care and rehabilitation centers and 520 in 16 day family counseling and rehabilitation centers affiliated to the institution are offered service. 4142 disabled persons in total are given service in 69 centers.

Being 2394 mentally handicapped, 103 physically handicapped and 262 psychologically handicapped of 2759 disabled people in total have been taken into records to be placed into the boarding care and rehabilitation centers affiliated to General Directorate of SHCEK.

With the regulation which came into force in 2006, care service for the disabled is given through “Private Care Centers”. Care service is given to 596 people in 14 private care centers functioning as from August 2008.

- 21.306 people benefited from this service from the above mentioned organizations in Family Counseling Centers in 2007.
- There are 79 Society Centers functioning in Turkey. These centers delivered service to 28.033 people as from July 2008.
- The studies for extending woman guest houses are being continued by taking into account the rational usage of resources, secrecy and efficiency principles, provisions determined by the “Regulation on Woman Guest Houses Affiliated to Social Services and Child Protection Institution” and socio-cultural structure of the province within the bounds of possibility.

The number of woman guest houses which was 8 in 2003 reached to 25 after this year with the opening of 17 houses which continue their service as being affiliated to SHCEK, and the total capacity of them reached 557 people from 170.

With the opening of woman guest houses until the end of 2007, the number of woman beneficiaries reached to 7595, whereas the number of children to 5593.

- As from August 2008 total number of beneficiaries from benefit-in-kind were 21.618, being 5.428 of these were decided under protection 21.210 of them were children.

The amount of monthly benefit paid to those getting benefit-in-kind is 20% of the highest salary of a civil servant (including additional indicator) which costs 76,19 TL.

With the regulation amendment of benefit-in-kind made in 2005, the amount of monthly benefit was raised to 40% of the highest salary of a civil servant (including additional indicator). With an increase of 100% the cost was raised to 152,38 TL and the amount of monthly net benefit which will be paid per person became 195,50 TL as from August 2008.

With the Benefit-in-Kind and Financial Aid and with the education, clothing, allowance and transport benefits made to the children being looked after near their families or relatives in the status of decided under protection or need of protection, the total amount of these benefits is 350 TL on a monthly basis.

- In order to fulfill the charity taking place in endowments by the General Directorate of Foundations, cultivation (imaret) service is given in various places.

Accordingly, as from 01.09.2008, 77.280 of Turkish citizens who are in need of food are delivered hot food with the mess kits through being handed in in 81 provinces.

In addition to this, dry food packages were distributed to 71.850 families every month in 794 counties.

As from 01.09.2008 272.48 TL dependant salaries is given for each of 4371 disabled and orphan people by the Social Security Institution.

- In 2008, 50.00 TL scholarships on a monthly basis was given for each of 10.000 students who are secondary school students affiliated to the Ministry of National Education (MoNE) by the General Directorate of Foundations.
- In 2007, in Bezm-i Alem Valide Sultan Ottoman Foundation Hospital free health service was given to 6.020 poor patients. This service is continued in 2008.

Article 14§2

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

It is already mentioned.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

- The provisions of opening, service, personnel and functioning of the nursing homes which will be opened belonging to the natural and legal identity and the ones which will be opened within the body of public institutions and organizations, the procedures and principals of price, supervision, transfer and confinement are determined by the General Directorate of SHCEK and the following up of the services implemented is made.

While on one hand SHCEK carries out its services with the social service organizations which it opened in its own organizational structure, on the other hand it continues to carry its services with the other public institutions and organizations which like to give service in this field in accordance with the Regulation on Woman Guest Houses Opened By The Private Identity and The Public Institutions and Organizations which was prepared in order to guide private identity, to prevent the abuse of women and children benefiting from the services and to provide service offer in an appropriate level to the contemporary understanding and conditions befitting to human honors that came into force by being published in the Official Gazette dated 8 May 2001, no. 24396 and was envisaged to support and to implement the studies in this field by emphasizing cooperation and solidarity.

3) Please provide pertinent figures, statistics or any other relevant information to demonstrate the participation of the voluntary sector to the provision of social services, as well as the effective access of individuals to these services.

- Total number of nurseries in Turkey is 156. There are 35 organizations giving private nursery service which belong to association and foundation, 7 organizations which belong to minorities and 114 organizations which belong to natural identities. Total capacity of them is 8467.

The number of nurseries giving service that are affiliated to public institutions and organizations is 27 (affiliated to the other ministries and municipalities). Their total capacity is 4528.

- There are 49 woman guest houses, women's shelter, unit and department which give service for the women who are subject to violence in our country. The distribution of these are shown below according to the institution/organization they belong to:

INSTITUTION/ORGANISATION THEY BELONG TO	NUMBER
SHCEK	25
Municipalities	17
Governorship	3
District Governorship	1
Private Identities	3
Total	49

In accordance with the Regulation on Woman Guest Houses Opened By The Private Identity and The Public Institutions and Organizations opening certification was given to 4 Women Guest Houses managed by municipalities separately and to 1 woman guest house that belong to private identities.

ARTICLE 23 - THE RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organizations, appropriate measures designed in particular:

- to enable elderly persons to remain full members of society for as long as possible, by means of:
 - a. adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;
 - b. provision of information about services and facilities available for elderly persons and their opportunities to make use of them;
- to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:
 - a. provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;
 - b. the health care and the services necessitated by their state;
- to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

Appendix to Article 23, paragraph 1

For the purpose of the application of this paragraph, the term “for as long as possible” refers to the elderly person’s physical, psychological and intellectual capacities.

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Starting with the period of the Republic, social life and family life witnessed rapid and significant changes in Turkey. These rapid changes affected social institutions, behavior and values and the changes in the family life affected the status and the functions of the elderly. However, as the family structure changed in Turkey, the functions in the family did not change in the same direction. While the crowded family divided into nuclear families, the family and kinship systems developed as far as functionality is concerned. In conclusion, in rural and urban areas, although families live in separate domiciles, mutual assistance and support is counted on between relatives. Besides financial support, assistance in child care is sought from parents, while older children assume the responsibility for caring for and sustenance of elderly parents.

As in all other countries, the conception of old age and policies concerning therewith have to be reviewed in our country, too. Perspective on ageing incorporates aspects

such as integration with the society, regaining the once lost status and roles, increasing functions and effective use of spare time, besides provision of care for the elderly people.

However, association and identification of ageing with death brings with it various stereotypes and beliefs. In the society, the word elderly evokes an unhappy and lonely dependent individual with walking difficulties, close to change and whose social relations have weakened. Positive aspects of old-age such as experience and wisdom tend to be neglected and negative aspects emphasized, disregarding many elderly people who enjoy an active and healthy ageing process. As per the stereotypes mentioned here, the elderly individual has various worries concerning his or her health, losing his/her control or independence or being excluded from the society.

Elderly individuals' adoption by of the negative qualities assigned to them by the society, their fears of losing their independence and becoming dependent on others in carrying out their basic functions and meeting their basic needs generate an adverse effect on their quality of life. Even if he/she does not like such approach by the society or else feel old, the elderly individual tends to act in keeping with his/her age starting with "the point at which he/she accepts himself/herself as old".

In our day, policies and programs on ageing focus on increasing the quality of life and health in general. The target is a productive, successful and independent ageing process. Successful ageing is not a notion merely about health but it rather signifies the presence of a complete state of wellness as far as also social and psychological aspects are concerned. The length of a lifetime, biological and mental health, cognitive competence, social competence, productivity, self-control and enjoyment of life are the main indicators of successful ageing. Successful ageing of individuals is not concerned only with their personal characteristics, but at the same time closely related with the support services involving psycho-social, economic and physiological qualities to be provided to them by the public.

THE SITUATION OF THE ELDERLY PEOPLE IN TURKEY

Old age is a relative concept. Every old person has his/her own biological background, work experiences and emotional life. Old age also differs from one society to another and in terms of the era in question. For every individual, social and cultural factors play an important role in the struggle against getting old and dieing.

As a personal transformation, ageing signifies the decline of the person physically and mentally. Although ageing is related to the person himself or herself, social values and other factors determine the value and place the society places upon the elderly people and ageing. This makes ageing a social and cultural phenomenon, besides merely a biological one.

It would not be appropriate to reply the questions “who is an old person?” or “when does ageing begin?” with a single definition. Statistical methods are used in defining ageing in the fields related to retirement, insurance and planning. Although statistical data are required for demographic studies and analyses and social policies, they fall short in explaining the situation of the elderly people. The reason for this is the fact that realization speed and time of physiological ageing and mental and psychological ageing are quite different.

Ageing is an inevitable process which is relevant for all people, just as other phases of life. It happens sooner or later, problematic or problem-free, depending on the genetic features of the individual, his or her nutrition, and environmental conditions and cultural efforts. In line with a World Health Organization categorization, the age group 45-59 is considered as middle age, 60-74 early old age and 75-89 late old age and 90 and above very old age. While biological ageing requires such a development, this assessment should not be perceived as definite and unchangeable. Although there may be a decline in the mental and physical capacities and a slowdown in the overall physical ability as a result of ageing, the individual in question may not *feel* old. Old age is not a stagnant and stable period of life. To the contrary, it involves the interaction of various powers. The basis of these powers accommodates the wisdom and insight of having been able to sustain one’s existence despite the strains of life’s all phases.

The issue of ageing in Turkey remains behind that of industrialized western societies on account of demographic, economic and socio-cultural structure related reasons. Nevertheless, this does not mean that there are no problems in this respect and it is required that measures have to be taken before ageing becomes a major problem of the society.

The issue of ageing is first of all qualified as a medical and social issue. In order to overcome any current challenges regarding ageing, ample importance must be placed upon the field of preventive medicine. One of the major problems of gerontology is how to make a distinction between the changes deriving from ageing and the changes deriving from diseases. To meet the challenges in this area, preventive medicine should be promoted further.

Looking at the marital statuses of the elderly population, we see that there is a difference between women and men, just as in all other countries. 86 per cent of men are currently married, while the ratio is only 45 per cent for women. Almost in all societies, probability of a man getting remarried when he loses his spouse is higher compared to women. While 53 per cent of women continue their lives as widowers, the percentage for men is 14 per cent. Although percentage of living as a widower increase with age both for women and men, the ratio is higher for women.

The fact that the attachment between family members is still strong in Turkey arises as a distinction compared to especially developed countries, as far as elderly people’s preferences in determining their living quarters are concerned. Survey results indicate

that 7 out of every 10 elderly persons live in the same house, building, street or neighborhood with their children. While no major distinctions exist between sexes in this respect, it is evident that the general tendency is to live with the children or very close to them. It may be considered that such preference would be quite advantageous socially and economically both for the elder person and his or her children.

It is important to be cognizant of the responsible persons in meeting the needs of the elderly population, as far as planning of the services offered is concerned. According to survey results, 43 per cent of the elderly population stated that they themselves have the principal responsibility in meeting their needs. The ratio is 27 per cent for women and 66 per cent for men. While 25 per cent of women cited their husbands as the person with principal responsibility for meeting the needs, the ratio is 4 per cent for men. 56 per cent of elderly women cited their children as the person with principal responsibility, while the percentage was observed as 27 per cent for men.

Entitlement of the elderly person to some kind of an income becomes important in terms of economic sustainability of his or her living. Survey results indicate that 56 per cent of the elderly population is entitled for some kind of income. On the other hand, there are significant differences between male and female elderly population in terms of being entitled to income. While 75 per cent of men are entitled for an income, the percentage drops down to 38 per cent for women. Looking at the analyses on the source of income, 46 per cent of elderly men cited their pension, while other sources cited were old-age pension and rental/interest income. Only 10 per cent of elderly men work. While only 6 per cent of elderly women are entitled for pension of their own, percentage of women who cited indirect pension as their source of income was 16 per cent. 10 per cent of elderly women are entitled for old-age pension and only 1 per cent still work.

Legal Status

Following the proclamation of the Republic, boarding homes for elderly people were opened by municipalities, designated as homes for helpless people, for the poor, almshouses or rest homes, upon imposing of the liability to protect dependent (elderly) people and build and manage homes for them by Law No. 1580 that came into force in 1930. Also various associations, minorities and real persons opened such facilities to offer services to elderly people.

In accordance with the new Metropolitan Municipality Law No. 5216 adopted on 10 July 2004, duties and responsibilities of Metropolitan, county and first degree municipalities were substantially defined and a general provision was included concerning elderly people, stating that “methods suiting the conditions of the disabled, elderly, dependent and needy persons in offering relevant services.”

Based on Article 17 of Ministry of Health and Welfare Organization Law No. 3017, the Directorate General of Social Services was established in 1963 according to Article 4 of Law No. 225 with the purpose of organizing all kinds of social assistance and

security services, caring for, lodging and rehabilitating dependent elderly people, children and disabled persons, and providing social security for poor people who are unable to work.

Article 61 of the 1982 Constitution has clearly defined the sub-groups that fall in the scope of Social Services, prioritized children, disabled and elderly people who are in need of protection, care, assistance and rehabilitation and issued the provision for the establishment by the state of organizations and facilities required in this respect. Upon adoption of Social Services and Child Protection Agency Law No. 2828 drafted in line with such provision of the Constitution and came into force upon being published in the Official Gazette dated 27 May 1983, the principle of integrating social service activities under the inspection and supervision of the state, also ensuring volunteer contributions and participation on the part of the public, was taken up. Thus, the Social Services and Child Protection Agency (SHÇEK) founded by Law No. 2828 assumed the duty of “planning, managing and inspecting at local and national levels the entire systemized and programmed services with the aim of meeting the needs of specific requirement groups (family, child, disabled, dependent elderly and others) who suffer from economic and social deprivation, assisting in preventing and resolving of various problems and improving their life standards.”

In Item (d) of Article 3 of the Law, dependent elderly person is defined as “a person suffering from social and economic deprivation who is in need of protection, care and assistance” and in Paragraph 1 of Item (d) of the same Article, rest homes are defined as “social service boarding facilities established with the aim of protecting and caring for dependent elderly persons in a peaceful environment and meeting their social and psychological needs”. Care and Rehabilitation Centers, on the other hand, are defined as “social service organizations established with the aim of eliminating functional deficits of persons who fail to adapt to normal living conditions due to their physical, mental or psychological disabilities, assist them in gaining abilities that would help them become self-sufficient or caring for those who fail to gain such ability”. In Article 4 of the Law, elderly people have been included among those who are prioritized in the implementation of the social service programs.

In Paragraph (b) of Article 4 of the Law includes the provision “Forces shall be joined through the establishment of coordination and cooperation between Public Institutions and Organizations performing social service activities and the Volunteer Organizations, and current resources shall be made serviceable in the most productive manner” and Paragraph (f) includes the provision “establishment of social service organizations other than the ones subordinate to the Agency established with this law shall be subject to permission and such organizations shall be ensured to serve in accordance with the applicable service, performance and personnel standards and principles through the arrangements and measures to be implemented therefore.”

Directorate General for the Social Services and Child Protection Agency, assigned with “detection, protection, care, bringing up and rehabilitation of children and disabled and elderly people who are in need of protection, care and assistance

according to Paragraph (b) of Article 9 of the Law, offer social services to elderly people through “Rest Homes and Care and Rehabilitation Centers for Elderly People”.

These social services consist of the entire systemized and programmed services designed for the elimination of physical, psychological and social deprivations arising from the inherent and environmental conditions of the individuals and their families, which are beyond their control, meeting of their needs, assistance in the prevention and resolving of their problems and improvement and elevation of their life standards.”

Paragraph (f) of Article 9 of the Law includes the provision “Providing opinions and recommendations to Associations and Foundations with the purpose of guiding their activities in the area of social services and ensuring that the shares allocated to social services in their budgets are utilized properly and productively” and Paragraph (g) includes the provision “Setting the principles and tariffs, if any, related to establishment permits, all kinds of standards and performances of social service organizations to be established other than the ones subordinate to the Agency, inspecting them and interrupting the activities of the ones that fail to meet these provisions.”

The Social Services and Child Protection Agency’s Division on Services for Elderly People established in accordance with Paragraph (f) of Article 10 of the Law is assigned with the following duties and functions:

- Arranging, monitoring, coordinating and inspecting the services pertaining to detection, caring for and protection of the elderly people who suffer from social and economic deprivation,
- Planning, implementing and monitoring and coordinating the performance of activities pertaining to establishing of rest homes for elderly people and other social service facilities with similar qualities in a balanced manner across the country and on the basis of requirements and their dissemination within the framework of a program,
- Organizing and ensuring the performance of the activities pertaining to protection of elderly people in the society,
- Setting the principles for, providing guidance for, monitoring the implementation of, coordinating and inspecting the opening of, performance and inspection of organizations for elderly people to be established by public institutions, real persons and corporate bodies.

Articles 34 and 35 of Law No. 2828 include the provision “Establishment permits, standards and inspection principles of the private organizations to be opened shall be organized with a regulation.” In the light of these articles, Regulations for Private Rest Homes and Nursing Homes for Elderly People have come into force by being published in the Official Gazette numbered 23099 and dated 3 September 1997.

These regulations aim at setting the establishment, service, personnel and performance conditions and remuneration, inspection, transfer and liquidation procedures and principles of rest homes and nursing homes for elderly people that belong to real persons and corporate bodies.

In accordance with the provisions of the Regulations for Private Rest Homes and Nursing Homes for Elderly People, elderly people at and over the age of 55 who suffer from social and/or economic deprivation and need the care services of an organization are settled in private rest homes for elderly people and those who are in need of special care are settled in nursing homes or long-term care facilities for elderly people.

The “Administration for Disabled People” was established on 25 March 1997, with decree law no. 571, with the purpose of performing services aiming at disabled people, ensuring the coordination between national and international organizations and assisting in the institution of national policies. Within the framework of the “Law on Disabled People” that came into force on 1 January 2005, provisions pertaining to elderly people concerning preparation of programs for early diagnosis, assessment and treatment of disabilities of elderly people were included and the name of “Division on Services for Elderly People” was changed as “Division on Care Services for Elderly People”.

Also, social security services for elderly people who became entitled to receiving pension after having worked for a specific period of time in order to guarantee his/her social security are managed in accordance with the provisions of the below-stated laws:

Pension Fund for Civil Servants

- Pension being a member of the Pension Fund for Civil Servants IAW Law No. 5434,
- Pension for Over 65 Years of Age IAW Law No. 2022,

Social Insurance Institution

- Old Age Insurance IAW Law No. 506,
- Old Age Pension for Participants of Banks, Insurance and Reassurance Companies IAW Article 20 of Law No. 506,
- Old Age Pension for Agricultural Workers IAW Law No. 2925,

Law on Tradesmen and Craftsmen and Other Freelance Workers

- Old Age Pension for Tradesmen and Craftsmen and Other Freelance Workers IAW Law No.1479,
- Old Age Pension for Self-Employed Freelance Agricultural Workers IAW Law No. 2926

- Old Age Pension for Those Who Pay Contribution IAW Law No. 4697 on Private Pension, Savings and Investment System,

Law No. 7397 on Insurance Control/Supervision Policies Implemented

In line with the principles foreseen by Law No. 2828, current services aimed at elderly people are offered within the framework of the provisions of three regulations, which are:

- 1- Social Services and Child Protection Agency Regulations for Rest Homes and Rest Homes and Care and Rehabilitation Centers for Elderly People,
- 2- Regulations for Private Rest Homes and Nursing Homes for Elderly People,
- 3- “Regulations on Establishment and Performance Principles of Rest Homes for Elderly People” to be established within Public Institutions and Organizations.

SERVICES OFFERED TO ELDERLY PEOPLE IN TURKEY

In the post-Republican era, boarding homes for elderly people were opened in various cities by municipalities which were deemed public institutions for the first time, designated as homes for helpless people, for the poor, alms-houses or rest homes, upon imposition of the liability to protect dependent (elderly) people and build and manage homes for them by Law No. 1580 that came into force in 1930.

Based on Article 17 of Ministry of Health and Welfare Organization Law No. 3017, the Directorate General of Social Services was established in 1963, according to Article 4 of Law No. 225, with the purpose of organizing all kinds of social assistance and security services, caring for, lodging and rehabilitating dependent elderly people, children and disabled persons, and providing social security for poor people who are unable to work.

The first rest home of the Ministry of Health and Social Assistance was opened in Konya in 1966 and the second one in Eskişehir during the same year. Article 61 of the 1982 Constitution has clearly defined the sub-groups that fall in the scope of Social Services, and with the Social Services and Child Protection Agency Law No. 2828 prepared in line with such provision of the Constitution, the principle of integrating social service activities under the inspection and supervision of the state, also ensuring volunteer contributions and participation on the part of the public, was taken up.

Within the framework of the general principles stated in Article 4 of Law No. 2828, the Social Services and Child Protection Agency’s Division on Services for Elderly People was established in accordance with Paragraph (f) of Article 10 of the same law, with the purpose of conducting the services pertaining to detection, protection and caring for elderly people in need and carrying out the duties pertaining to the

establishment and operation of the social service institutions required for such services.

Services Offered by Public Institutions and Organizations Social Security

Social security is one of the oldest and most basic needs of humanity. This need is the want for being assured of one's future. The concept of social security which has transformed into a universal principle and has become the symbol of contemporary civilization is product of the search for assurance against occurrences which an individual may encounter that constitute a threat in terms of the life of that individual.

The reason for the existence of social security is the urge of providing the minimum assurance for an individual who is encountered with danger and falls into poverty.

The basis of social security consists of participation in production, the income that arises there from and the protection of this income.

The term 'social security' comprises the social security policies and systems in general. In other words, it involves both a certain conception and the institutional structure that puts such conception into practice.

What is aimed with social security is protection of each and every individual in the society against economic, social, physiological and even political risks and it is expected that the state assumes this duty. Ageing is one of the major social risks that fall in the scope of the social security system. One of the services offered to elderly people in Turkey is the social security service. Provision of social security for persons who have worked for a specified period of time and become entitled for pension constitutes a major part of the services offered to elderly people.

As the Republic of Turkey is a Social State, the requirement of the state to provide social security to all citizens is specified in Articles 60, 61 and 62 of the 1982 Constitution. The state assumes a protective role through social insurances in addition to its obligation to prevent social risks (old-age, disability, occupational accidents, diseases, motherhood, family expenses and unemployment).

It is stated in the 1982 Constitution that social security, together with its clauses on the protection of elderly people, is a fundamental right. It was established that elderly people having been included in the social security system on account of the changing social conditions be protected against financial risks, and monthly income and healthcare assistance be provided to elderly people and their dependents.

Some elders in order to provide assurance for themselves in their elderly years choose to be covered within the scope of private pension plans, which are complementary systems of social security. Social security services offered to elderly people are implemented through the Law on Pension Fund for Civil Servants (Laws No. 5434 and 2022), Law on Social Insurance Institution (Law No. 506, Article 20 of this Law and

Law No. 2925), Law on Tradesmen and Craftsmen and Other Freelance Workers (Laws No 1479 and 2926).

Other than these, assistance is provided to elderly people who are not included in the scope of any social security institution and who are in need in accordance with the Law No. 3294 on Encouraging Social Help and Solidarity.

Pension Fund for Civil Servants Directorate General

Individuals who are employed with government bodies with general and annexed budget administrations, state economic enterprises, banks and corporations whose capitals involve government participation in full or over one half become entitled to receive pension if they are 58 years old (women) or 60 years old (men).

In accordance with Law No.2022, elderly people who are of 65 years of age or over, in a dependent capacity with no relatives and no financial income become entitled for pension. According to Law No 2022 issued on 10 July 1976, whose financial provisions became effective on 01 March 1977, Turkish citizens who are over 65 years of age, provided that they are in need, or disabled people even if they are under 65 years of age become entitled pension throughout their lives. In line with the Law, those who are entitled to pension are also entitled for free of charge medical treatment at public hospitals. The amount calculated by multiplying the specified index figure with the coefficient applied to the pensions of civil servants is considered as the 2022 pension. This amount varies by years.

The number of individuals who receive pension from the Pension Fund for Civil Servants, benefiting from Law No. 2022, is 1,658,473 in total, as of 31 March 2006.

Number of Individuals Who Receive Pension in Accordance with Law No. 5434 (Year 2004)

RETIREED	MEDAL	WIDOWER	ORPHAN	TOTAL
1,101,822	51,894	252,383	252,374	1,658,473

Number of Individuals Who Receive Old-Age, Disability and Invalidity Pensions in Accordance With Law No.2022 (Year 2004)

OLD-AGE	DISABILITY	INVALIDITY	TOTAL
792,046	79,811	220,600	1,092,457

Social Insurance Institution (SSK)

Workers, in accordance with the Social Insurance Institution Law No. 506, and agricultural workers, in accordance with Law 2925, become entitled to old-age insurance service.

In accordance with Law No. 506, individuals who have been insured for a minimum of 25 years, paid contributions for 7000 days, and who are 58 years old if women and 60 years old if men, become entitled to pension.

In accordance with Agricultural Workers Law No. 2925, individuals who have been insured for a minimum of 15 years, paid contributions for 3600 days, and who are 58 years old if women and 60 years old if men, become entitled to pension. Though, social security is not provided at an adequate level for elderly people in the agricultural sector.

Funds of banks and insurance and reinsurance companies which are subject to the provisional Article 20 of the Social Insurance Institution Law also entitle their participants to old-age pension within the framework of Law No. 506.

Number of Individuals Who Benefit From Old-Age Insurance in Accordance With Law No. 506

	December 2005
Insured	7,544,167
Compulsory Insured	6,803,862
Apprentices	256.590
Voluntarily Insured (**)	267,720
Collective Insurance	27,995
Agriculture	188,000
Number of Pensioners	4,308,186
Family Members	29,123,424
Total Population Covered	40,975,777

Law on Tradesmen and Craftsmen and Other Freelance Workers

Regarding retirement entitlement conditions of tradesmen and craftsmen and other freelance workers, Article 35 of Law No.1479 has been arranged as follows:

Article 35 – (Amendment: 25 August 1999 – 4447 / Article 28)

The insured individual must comply with the below-mentioned conditions in order to be entitled to old-age pension:

- a) Submit a written application and, at the date of such application, all his/her contributions and payables shall have been paid in full,
- b) If the individual is a woman, she has to be 58 years old, if man, 60 years old, and he/she shall have paid insurance contributions for 25 full years. Insured individuals who are 60 years old if women and 62 years old if men and have paid contributions for a minimum of 15 years in full shall be entitled to partial old-age pension.

Furthermore, according to Law No. 2926 on Self-Employed Freelance Agricultural Workers which regulates retirement entitlement of individuals who work freelance in the agricultural sector, individuals who have paid the contributions specified by the Law for 25 full years or for 9,000 days and who are 58 years old if women and 60 years old if men become entitled for pension. Also, insured individuals who have paid contributions for a minimum of 15 years and who are 60 years old if women and 62 years old if men become entitled for partial pension.

Number of Individuals Who Receive Pension in Accordance With Law No.1479 and Law No. 2926 (Year 2004)

In Accordance With Law No. 1479	In Accordance With Law No. 2926 (Agriculture Insurance)	Total
2.438.614	1.009.935(*)	3.448.549

*Compulsory active voluntary

Social Assistance

Within the scope of the Prime Ministry General Directorate of Social Assistance and Solidarity and Law No. 3294 on Encouraging Social Help and Solidarity that came into force in 1986, elderly people who are in poverty and deprivation, who are not subject to social security institutions and not entitled to pension or any income (including individuals who are entitled for pension in accordance with Law No. 2022) from such institutions benefit from the Social Solidarity Fund.

With the purpose of alleviating the adverse effects of the 2001 economic crisis in Turkey on needy individuals, the “Project on Reducing Social Risks” was initiated through a credit support of US\$ 500 million from the World Bank. In this context, urgent assistance is provided through the Project to needy individuals affected from the crisis in the short term, while micro-projects aiming at elevating income and employment levels through the implementation of conditional cash transfers are supported in the medium and long term.

As of the end of June 2001, Social Solidarity Funds functioning under the General Directorate of Social Assistance and Solidarity have provided assistance to a total of 948,517 Turkish individuals over 65 years of age who are needy, poor and without any relatives, to be detailed as 705,108 for old-age, 62,789 for disability and 180,548 for invalidity.

The social security legislation in Turkey does not follow a development trend that suits the increasing average life span. According to the demographic projections for the period 2000-2005, average life expectancy at birth is 71 years of age for women and 66 for men. Overall average life expectancy is 68 years of age. As seen clearly, retirement age is low compared to life expectancy. This results in working at a second job after retirement. The period for paying pension, which is 19 years on average, is over the world average which is 7 years.

While the number of entitled widowers and orphans increase rapidly, there is no increase in the number of active insured individuals. This has destroyed the active-passive equilibrium so that, currently, approximately two active insured individuals look after one retired individual. The situation in developed countries is as 7 insured individuals looking after 1 retired individual.

In our country, practices pertaining to the “Law on Entitling of Needy Turkish Citizens over 65 Years of Age with No Relatives to Pension” continue since 1977.

This policy is an example of the concept of a “Social State”. Those elderly individuals whose pensions were interrupted when they were placed in a rest home, in accordance with Law 2022, currently continue to receive their pensions thanks to the amendment made on the “Regulations on Entitling of Needy Turkish Citizens Over 65 Years of Age With No Relatives to Pension” published in the Official Gazette dated 06 January 1994 and numbered 21810.

Healthcare expenses of retired individuals within the scope of Social Security display an increasing tendency. Per capita healthcare expenses are USD 107 for 1990, USD 238 for 1995, USD 421 for 2000 and USD 851 for 2005.

Social Services

Within the framework of the social services offered to elderly people, the concept of social welfare involves the entire services aiming at sustaining and promoting living

standards of individuals, as a consequence of rapid industrialization and urbanization involved in the modernization process and upon taking on of family functions by the society.

An increase is observed in the whole world and in our country in the human life span and in the elderly population, as a result of the advancements in medicine.

Furthermore, transformation from a large family into a nuclear family, migration from rural areas to urban areas, entrance of women in working life and the changes in traditional culture and values within the industrialization and urbanization process results with shaking off of the former roles of elderly people in the family, changing the quality of age as a prestigious element and making caring for the elderly person in the family an ever growing problem due to the differences between generations.

On account of the above-mentioned reasons, the requirement has arisen for establishing rest homes for elderly people, the number of whom increase day by day and who are in social and economic deprivation, so as to provide for their living under peaceful, dependable and easy circumstances in a peaceable domestic environment, protect their physical and psychological health, and develop and sustain their social relations.

The Social Services and Child Protection Agency Law No. 2828 has been enacted with the purpose of gathering under an umbrella all services offered by various volunteer organizations and public institutions, which were in an unmanageable and disorganized and condition. Various paragraphs of Articles 3, 4, 9, 10, 34 and 35 of this Law include provisions pertaining to social service practices for elderly people.

The Regulations for Private Rest Homes and Nursing Homes for Elderly People Numbered 23099 dated 3 September 1997, drafted in accordance with Articles 34 and 35 of Law No. 2828, have been come into effect.

In according with the provisions of the Regulations for Private Rest Homes and Nursing Homes for Elderly People, it is provided that elderly individuals who are 55 years old or older, who are in social and/or economic deprivation and require long term care by institutions are cared for and protected in private rest homes or in nursing homes if they require special care.

Establishments Offering Private Nursing Home Services and Their Capacities (2005)

Nursing homes	Number	Capacity
Nursing homes of associations and foundations	30	2.147
Nursing homes of minorities	7	979
Private nursing homes	64	2.233
Total	101	5.369

Services Offered By Public Institutions and Organizations

In line with Articles 34 and 35 of Law No. 2828, the “Regulations for Establishment and Operation Principles of Rest Homes and Nursing Homes to Be Opened by Public Institutions and Organizations” came into effect upon being published in the Official Gazette dated 05 April 1987. With the enactment of these regulations, it was intended that procedures and principles concerning establishment, operation, physical conditions, personnel regulations and inspection and control mechanisms of rest homes and nursing homes to be opened by public institutions and organizations are specified, and their services are ensured to be offered at a level conforming to contemporary understandings and conditions.

According to Law No.5434 on the Pension Fund for Civil Servants, practices of services for elderly people are conducted through Rest Homes and Nursing Homes. Individuals, who receive pension from the Fund with the statuses of retired, disabled, widower, orphan or those in the scope of the Service to Country Arrangement, and who:

- are 60 years old,
- are not alcohol or drug addicts,
- do not have any contagious diseases,
- are not convicted of infamous crimes,
- are able to conduct their daily activities by themselves,

shall benefit from these institutions.

The Fund offers its services through the Rest and Nursing Home in İstanbul Etiler with a capacity of 570 persons, opened in 1985, and the Rest and Nursing Home in İzmir Narlıdere with a capacity of 1125 persons, opened in 2001.

These facilities include special care units to conduct the nursing and rehabilitation of those elderly people who are permanently or temporarily bedridden or who require special attention, support and protection on account of physical or mental declines.

The Rest and Nursing Home in Istanbul Etiler serves a total of 570 elderly individuals, with 526 in the normal care section and 44 in the special care section, while the one in İzmir Narlıdere serves a total of 1125 elderly individuals, with 816 in the normal care section and 309 in the special care section.

In 2002, the 75th Year Rest and Nursing Home, with a capacity of 316 persons, was opened in Ankara. The “Physical Therapy and Rehabilitation Unit” of this facility includes a pool, therapy rooms, physical activity rooms, healthcare unit, hobby rooms, a multi-purpose lounge, a library, reading rooms, pastry, dining halls, 9 resting rooms and a bazaar.

While the Pension Fund for Civil Servants develops its institutional care services in terms of both quality and quantity on the one hand, it investigates new service alternatives for elderly people, on the other.

In line with the project concerning “Home Care for Elderly People, Support and Assistance Services” contemplated by the Republic of Turkey Pension Fund for Civil Servants Directorate General, a survey was held among 300 elderly individuals who reside in Ankara Bahçelievler and Aşağı Ayrancı districts. The survey results displayed a parallelism between the requirements of elderly individuals and the kinds of service expected, and accordingly, within the scope of the project designed based on the survey results, it was planned that the following services be offered to elderly individuals:

- Emergency Healthcare services,
- Day-care service centers,
- Cleaning services,
- Social activities,
- Catering service for homes,
- Services involving repairs and refurbishments.

In addition, based on the survey results, a “Day-care Service Center” project was also drafted, as the survey results pointed out high level of demand in this respect.

An other rest home for elderly people in Turkey that operates under the Social Insurance Institute Directorate Healthcare Affairs General Administration is the Salihli Rest Home in Manisa. It was opened in 1983. The capacity of the facility is 50 persons, but it currently serves 25 elderly individuals. The required work on obtaining the ISO-9002 quality certificate for this facility has been initiated with the purpose of meeting elderly people’s needs and achieving efficiency and excellence in service.

Through cooperation with Public Education Centers in some cities, the elderly people staying at rest homes and nursing homes are offered services such as handicrafts courses, library access, social gatherings on special days, psychological and social consultancy and excursions and entertainment activities.

In our country, the Ministry of Transportation is assigned with the duty of offering transportation and communication services. Through the institutions and organizations under its umbrella, the ministry offers the below-stated services to elderly people.

According to Article 48 of the regulations for the postal services, books, brochures and other publications of the Social Services and Child Protection Agency Directorate General are subject to discounted postal fees domestically.

Monthly pensions and tax rebates of elderly people over 60 years of age, with retired, widower, orphan or disabled statuses, who are entitled to pension by the Pension Fund

for Civil Servants are subject to the option of being paid as home deliverable remittances.

In Istanbul, there is a rest home with a capacity of 150 persons which operates under the Ministry of Transportation. The retirees of the ministry all over Turkey are benefiting from the services of this facility.

For elderly individuals over 60 years of age, there is a discount of 20 per cent in domestic transportation services and the unlimited traveling opportunity is offered to them with monthly discounted train cards.

Again for elderly individuals over 60 years of age, there is a discount of 20 per cent for international passenger transport services that operate within the scope of the Balkan Railways Uniform Tariff for South East European countries only.

Camp facilities are also provided in special periods for the retired staff. Certain environmental arrangements, to the extent possible, are made in the post offices so as to ensure that elderly and disabled people benefit from post office services without difficulty.

Special arrangements such as toilettes for disabled persons are built in airports and public squares, from which elderly people can also benefit. Through the negotiations held and protocols signed with banks with contractual arrangements with the institution, the facility of drawing pensions from any branch through ATMs was provided for the insured individuals, with the purpose of having them benefit from technological innovations.

Nursing Homes For Elderly People Operating Under Public Institutions And Their Capacities (Year 2005)

Rest Home	Number of Rest Homes	Capacity
Rest Homes Operating Under Ministries	7	2,592
Rest Homes Operating Under Municipalities	21	2,099
Total	28	4,691

Services Offered by Rest Homes Operating Under Social Services and Child Protection Agency and Nursing Homes and Rehabilitation Centers

According to Article 15 of Law No. 2828, the Regulations for Rest Homes and Nursing Homes and Rehabilitation Centers Numbered 24325 came into effect upon being published in the Official Gazette dated 21 February 2001.

In accordance with the provisions of these Regulations, nursing homes lodge elderly people over 60 years of age, who are in social or economic deprivation, can independently conduct their daily activities (eating, drinking, toilet, etc.), do not suffer

from a grave sickness or disability that would necessitate continued medical care and treatment and mentally and psychologically sound.

Elderly people who do not have any relatives who are legally obliged to look after them or have someone who is legally obliged to look after them but the incumbents are not at the adequate economic level to look after them, or those with adequate economic power but who are in social deprivation are lodged at nursing homes against payment.

It is attempted that all services aimed at elderly people including meeting their daily needs such as eating, drinking, accommodation and cleaning, medical care and treatment, psychological and social consultancy, developing their social relations, spending of their leisure time, provision of continued activities, and provision of adequate diets based on their nutrient consumption levels and health conditions are offered by specialized personnel such as doctors, social service specialist psychologists, dieticians, physiotherapists and nurses in a coordinated manner.

Care fees payable by elderly people who are lodged in nursing homes against payment are collected monthly over the amounts specified for every financial year by the Social Services and Child Care Agency Directorate General. Such fees include the expenses for eating, drinking, accommodation and all kinds of care.

In accordance with Law No. 1005 on “Entitlement to Honorary Pension within the scope of Service to Country Arrangement, those individuals who are presented with the Medal of Independence and made entitled to pension, are entitled to stay at nursing homes together with their wives, provided that they are entitled to no other income.

The fact that there elderly individuals who become bedridden or who require continued control due to physical or mental declines after they start to stay at nursing homes and, also, those who are in such situation at their homes and whose care has become difficult for their families required the provision of special care services.

Accordingly, special care units were integrated to nursing homes, with the purpose of providing care and protection to bedridden elderly people (bedridden, crippled and invalid) over 60 years of age, who do not suffer from contagious or malignant tumor involving diseases that require continued treatment and who are mentally and psychologically sound.

Elderly people who become bedridden during their stay at nursing homes are transferred to these units having priority, and subsequently applications for the vacant beds in the units accepted in order of urgency.

Elderly people who are in economic deprivation are cared for and treated free of charge at public hospitals and their needs such as medicines, orthosis and prosthesis are met.

Nursing Homes Operating Under SHÇEK and Their Capacities

(2005)

Kind of Service	Number	Normal Care	Special Care	Total Capacity
Rest Home (Nursing Home)	16	922	30	952
Nursing Home Special Care Unit	28	2,143	470	2,613
Nursing Home Elder Care and Rehabilitation Center	15	1,557	1,697	3,254
Nursing Home and Rehabilitation Center	4	117	59	176
Total	63	4,739	2,226	6,965

60 per cent of elderly people staying at nursing homes and care centers receive normal care services and 20 per cent special care services.

As of 2001, the target of increasing the current number and capacities of nursing homes by 30 per cent was set, revaluation of central and unit services in terms of personnel, facilities, etc. was conducted, nursing homes to be converted into “Elder Care and Rehabilitation Center” were determined and attempts at adding a “Special Care Unit” all nursing homes were initiated on account of the increasing demand for such services.

Distribution of Elderly People Who Stay SHÇEK Nursing Homes by Gender and Pay Status (2005)

Gender	Normal Care			Special Care			Overall Total Number
	With Pay	Without Pay	Total	With Pay	Without Pay	Total	
Women	823	464	1,287	479	438	917	2,204
Men	1,211	1,350	2,561	242	453	695	3,256
Total	2,034	1,814	3,848	721	891	1,612	5,460

General characteristics of elderly people who receive normal and special care services generate the following profile:

- 20 per cent belongs to the 60-69 age group, 43 per cent to the 70-79 age group, 30 per cent to the 80-89 age group and 7 per cent to ‘over 90’ age group,
- 20 per cent is single, 12 per cent is married and 60 per cent is widower,
- 40 per cent is women and 60 per cent is men,

- 21 per cent is illiterate, 15 per cent is literate, 35 per cent is primary school graduate, 13 per cent is secondary school graduate, 11 per cent is high school graduate and 5 per cent is university graduate,
- 38 per cent is retired from the Pension Fund, 49 per cent from SSI and 13 per cent from *Bağ-Kur* (Social Security Organization for Artisans and the Self-Employed),
- 6 out of every 10 elderly individual who receive care services belongs to the 60-74 age group, and the remaining 4 to the ‘over 74’ age group.

Looking at the issue from the elderly individual’s point of view, being placed in a nursing home for caring for outside the family where the individual has a reputable place and authority, is not an easily acceptable situation. Losing his/her status within the society and abandoning the environment he/she is used to at home is very difficult for the elderly individual. Home for an elderly person is the environment incorporating his/her memories, that he/she knows and predominates, and where he/she feels safe and free. Nursing home, on the other hand, is a new environment where the individual relatively loses the control over his environment and has to live with other people with different backgrounds; he/she meets for the first time.

Therefore, attempts have been initiated in our country at ensuring the caring for and meeting the needs of elderly people at their homes, without estranging them from their immediate environment, to the extent possible.

Services Offered to Elderly People by Solidarity Centers

Endeavors have been initiated to establish Solidarity Centers for Elderly People with the purpose of meeting the social and psychological needs of elderly people who do not require the services of a boarding institution and who live in their home environments, and preventing them from being excluded from the society.

These centers, opened in accordance with Paragraph (j) of Article 9 of Law No. 2828, aim at helping elderly people spend their leisure times, improving their living conditions, supporting their daily activities, providing them guidance and vocational consultancy services, providing them support in matters they have hard time dealing with through their own means and increasing their social relations and activities.

These centers function through membership systems and conduct various activities including meetings, debate groups, newspaper and magazine reading activities, joint activities such as going to the theatre, movies, picnics, tours, and playing games.

Various courses such as painting, music, handcrafts, etc. are organized in these centers with the purpose of putting to good use the leisure times of elderly people.

Furthermore, elderly people with adequate health conditions are able to assume active roles in the care and support services offered to others. They are also able to form

social cooperation with collective organizations, play active roles in the administration of the Center and assume new roles in the society.

One of the major activities of these centers is the educational activities organized. Conferences and training sessions on subjects such as adequate and balanced diet, healthcare training, social participation, life-long sportive activities and socio-psychological problems are conducted and all kinds of activities in line with the preferences of the elderly people are organized, with the purpose of creating the social and psychological environments that would strengthen their thread of life and preventing their isolation from social life.

As such, these centers continue to offer day services to elderly individuals and support them in meeting their social and psychological needs, in accordance with the guidelines.

Distribution of SHÇEK Solidarity Centers for Elderly People (YDMs) by Cities and Number of Members (2005)

Centers	Number of Members
Ankara Ydm (Emek, Kocatepe)	547
Çanakkale Ydm	183
İzmir Nebahat Dolman Ydm	709
Denizli Ydm	10
Total	1,449

Day Care Center for Elderly People who suffer from Alzheimer

A day care center operating under Ankara Ümitköy Nursing Home Administration has been established in Ankara Batıkent through the cooperation of SHÇEK Directorate General, Ankara Yenimahalle District Governor and the Alzheimer Association, with the purpose of ensuring the safety of elderly Alzheimer patients through elimination of the risks arising from their being alone at home, reducing possible agitations by making them become active through various activities, reducing the emotions of helplessness and guilt in their families through solidarity and sharing, preventing accumulations at nursing homes and rest homes through orienting of families to daycare centers and providing support to them and their families by performing their daily care.

Elderly people over 60 years of age with a medical report approved by a full-fledged healthcare institution stating that they do not have any contagious disease and their condition of being bedridden and disabled can apply to this center.

Services Offered by Local Governments

The Municipality Law No. 1580, which regulates duties, responsibilities, authorities, operations and fields of activity of local governments, has come into effect in 1930.

The law at large offers local governments infinite expansions concerning the issue of ageing in terms of its basic philosophy, definitions, articles and special provisions.

According to Article 127 of the Constitution, and Article 1 of the Municipality Law No. 1580, municipalities are public corporations liable with meeting collective civil local requirements of their county and the people of their county.

Functions and duties of municipalities is included in a number of legislations, with first and foremost, the Municipality Law No. 1580 and Law No. 3030 on Metropolitan Municipalities.

Municipalities have also duties concerning elderly people within the scope of their social assistance duties. These duties are stated in the below paragraphs of Article 15 of Law No. 1580, valid also for metropolitan municipalities in the absence of provisions related therewith in Law No. 3030.

34- Providing monetary and medical assistance, medicines, food, clothes, accommodation, education and discipline to orphans, deprived and homeless children and to twins of poor families, providing free medical assistance and medicines to sick people who are poor, conducting the memorial services of poor people free of charge, taking care of disabled and unemployed people with no one to care for;

45- Establishment and organizations of orphanages, alms-houses, maternity hospitals, lactation centers and also detention hospitals, physical disinfection facilities and stations, the locations of which are to be determined and approved by the Ministry of Health;

57- Opening pharmacies at locations with no pharmacies in accordance with the related law, providing medicines to poor people free of charge or at a discount, establishing dispensaries and consulting facilities against payment or free of charge, employing midwives to realize maternity assistance to poor people free of charge;

69- Establishing and operating boarding homes for the poor;

71- Establishing and operating relief funds for needy people and mortgage funds for movable assets.

In this framework, municipalities establish nursing homes for accommodating elderly people, provide medical assistance free of charge, provide food and fuel for needy people and also access to public transportation free of charge or at a discount. Municipalities with highly developed economic and cultural means, on the other hand,

provide seminars and polyclinic services, food distribution to households from soup kitchens, monetary assistance, medical services involving ambulance transportation, special day celebrations, and services involving movies and theaters and tour organizations in cooperation with volunteer organizations, as well. However, such services are offered only by especially Metropolitan Municipalities and the municipalities of provinces and cities which are sizeable in terms of population and development level, while municipalities with 2000 population do not conduct any activities at all.

Even as municipalities do not establish nursing homes in practice, they are known to allocate building sites for nursing homes to be built by social service directorates of cities and provinces.

The most important drawback for municipalities in effecting these duties is the lack of allocations in their budgets. However, if municipalities have the sources of income in proportion to their functions and duties, they will be able to perform such duties in full.

Paragraph 1 of Article 19 of Law No. 1580 includes the following phrase:

“Municipalities are granted by law with the privilege of performing all kinds of undertakings to settle collective and civil requirements of the people of the province, after having executed the duties and services imposed upon them by law.”

The new Metropolitan Municipality Law No. 5216 enacted on 10 July 2004 outlines the duties and responsibilities of metropolitan, county and first degree municipalities and includes the following provision concerning elderly people: “In terms of service, methods that would cater to the situations of disabled, elderly and needy individuals and those with small means shall be employed.”

Paragraph (v) of Article 7 of this new Law includes the following within the scope of such services: “Healthcare institutions, hospitals, mobile healthcare units, conducting and developing all kinds of social and cultural services aiming at adults, elderly people, women, young people and children and establishing social facilities for this purpose, organizing and operating vocational and skill-earning courses, and cooperating with universities, vocational schools, public institutions and nongovernmental organizations in conducting these services”; Paragraph (m) of Article 18 says, “Establishing centers to make use of the allocations in the budget for deprived and needy people and to support activities pertaining to disabled people” and Paragraph (j) of Article 24 says, “social services and assistance for poor, deprived, needy, homeless and disabled people”. The law leads local governments to serve in two areas within the scope of the services to be offered to elderly people.

These are:

1- The requirement for attending to elderly people in need for protection,

2- The discernment that such requirement and services aiming at elderly people would only be met through boarding care units.

As ageing is regarded in this very framework for long years, institutions for elderly people operated by local governments are named as Home for the Elderly, Home for the Poor, Home for the Weak, Care Center, etc.

Until the year 1966 when the first nursing home was opened in Konya by the central government, local governments that had instituted boarding care centers in 6 different cities had been the pioneers of the Republican era in this sense.

In this scope, currently 21 nursing homes operated by local governments serve a total of 2099 elderly individuals in our country.

Distribution of Nursing Homes For Elderly People Operated Under Local Governments by Cities and Capacities (2005)

City	Number	Capacity
Adana	1	33
Adıyaman	1	7
Ankara	1	228
Aydın	2	120
Balıkesir	1	38
Burdur	1	100
Bursa	2	392
İstanbul	1	68
Muğla	1	47
Erzurum	1	26
Yozgat	1	72
İzmir	3	448
Kayseri	1	200
Manisa	1	120
Samsun	1	60
Sivas	1	100
Şanlıurfa	1	40
Overall Total	21	2,099

Local governments provide services such as free of charge inner-city public transportation for elderly people over 60 years of age and aid in kind and in cash for those individuals determined to be in economic deprivation, besides nursing services, and also the Ankara and Istanbul Metropolitan Municipalities have initiated efforts to provide home-based nursing services.

Services Offered by the Turkish Red Crescent (Kızılay)

Nursing services are provided to elderly people who donated real estates to the Association. Elderly people who prefer home-based care are provided with nursing and healthcare services at their homes and all of their needs including firewood and coal, nursing fees and all other expenses are covered by the Association. The

Association has 4 nursing homes with a total capacity of 260 in Akçakoca, Edremit, Bandırma and Şişli.

Distribution of Turkish Red Crescent Nursing Homes For Elderly People by Cities and Capacities (2005)

Nursing Home	Capacity
Bandırma Guest House For Elderly People	50
Edremit Guest House For Elderly People	40
Düzce Guest House For Elderly People	110
İstanbul Zeynep Nedim Oyvar Guest House For Elderly People	60
Total	260

Inter-Industrial Services (Project on Nursing Personnel for Elderly People)

The need for alternative nursing systems in addition to institutional care increase more and more everyday and the requirement arises to develop home-based nursing services for elderly people in order to provide support to them in their own environments as much as possible.

The services offered by the nursing homes of both the Social Services and Child Care Agency Directorate General and of public institutions and organizations, and also those that provide private nursing services are provided by service personnel, administrative personnel, social service specialists, psychologists, dieticians and physiotherapists.

Physical care and personal services of elderly people, on the other hand, are usually provided by attendants who are not trained in this area. Although these staff receives in-service training, various difficulties and adversities arise due to lack of a standard education in this field on a national basis.

Inter-segmental efforts has been initiated to train up a qualified and intermediary workforce to serve in the area of services for elderly people, upon determining that there were no educational institutions for training nursing workforce for elderly people in Turkey.

With the purpose of meeting the requirement for qualified and knowledgeable “Nursing Staff for Elderly People” and intermediary manpower in the field of nursing and care services for elderly people, endeavors were initiated in 1999 in vocational schools through the cooperation of the Social Services and Child Protection Directorate General, Ministry of National Education General Directorate for Technical Education of Girls and National Education Health Education Foundation (MESEV), the initial stage of which was completed in 2003.

The personnel trained in this framework, who will be fully qualified to be employed at nursing homes and rest homes, social activity institutions and clubs for elderly people, hospitals, daily care centers and in the scope services offered by nongovernmental institutions, is expected to meet the requirement in Turkey for the intermediary manpower needed in the field of services for elderly people.

Healthcare Services Ministry of Health (Curative Services General Directorate)

Efforts for “Health Ageing and Health of Elderly People” were initiated within the scope of Goal 5 of the “Health for All in the 21st Century” policy. Within the framework of this initiative, the current situation and the current problems were determined and aims, goals and strategies were specified through the intra-segmental and inter-segmental meetings held. The work in this scope is currently in progress.

Istanbul University Cerrahpaşa Medical School Hospital, Istanbul

In Turkey, geriatric efforts were initiated in 1987 by the Istanbul University Haseki Hospital for the first time, parallel to the efforts in England. Geriatrics was included as section in the Department of Internal Diseases of Istanbul University Cerrahpaşa Medical School Hospital (İ.Ü.C.T.F.) in 1978 and as a scientific clinic within the İ.Ü.C.T.F. Department of Internal Diseases in accordance with Law No. 2547 in 1981.

The geriatric clinic contains a service section of 20 beds and a rehabilitation unit which serves patients over 60 years of age with internal diseases that need to be treated in the hospital. Physiotherapists provide rehabilitation and wound dressing services for elderly people in the hospital and subsequently at home, and also help with their adaptation problems. Diet schedules of elderly people, both in the hospital and at home, are provided by dieticians, who also train the elderly person and those who take care of him or her. As nursing and treatment of elderly people require specialty, nurses are trained in this area. The clinic also provides outpatient treatment services 3 days a week through its polyclinic, and services and training are also provided in the area of preventive medicine with the purpose of health protection and preservation.

Ankara University Medical School Hospital, Ankara

The geriatric clinic was established in 1993. Permanent staff for 2 specialists was allocated for sub-branch specialists and 2 specialists were trained within this framework. The polyclinic provides outpatient treatment to 20 individuals daily.

Hacettepe University Medical School Hospital, Ankara

The Hacettepe University Department of Internal Diseases Geriatric Unit was established and initiated its services in October 2001. The unit comprises 1 faculty member, 1 instructor and 2 specialist doctors (medical specialists). Patients over 65

years of age are provided with geriatric polyclinic service and the patients of the Department of Internal Diseases are provided with inpatient services. All patients are evaluated by the geriatric interdisciplinary team which comprises a social service specialist, a physiotherapist, a dietician, an occupational therapist, a nurse and a geriatrist. Geriatric education is provided to medical school students in their 4th and 6th years, and to Internal Diseases, Psychiatry and Public Health research assistants in the scope their rotations during their postgraduate medical educations.

Gülhane Military Medical Academy Hospital (GATA), Istanbul

The geriatric clinic of the GATA Department of Internal Diseases was established in 1995. The unit provides geriatric polyclinic and inpatient services with its 2 faculty members and 1 postgraduate student.

Geriatric studies are conducted in the departments and schools of Dentistry, Pharmacy, Physiotherapy and Rehabilitation, Home Economics, Dietetics, Social Services, Nursing, Psychology, Architecture and Environmental Design and other specialty areas of universities, in addition to the Geriatric Units of Medical Schools, and various panels, symposiums and conferences are organized within this framework.

Services Offered by Non-Governmental Organizations and Private Institutions Services Offered by Non-Governmental Organizations

In Turkey, non-governmental organizations such as Geriatric Foundation, Association of Geriatrics and Gerontology, Hacettepe University Geriatric Sciences Research Center (GEBAM), Turkish Geriatric Physiotherapy Association, National Education Health Education Foundation (MESEV), Turkish Aid Foundation for Poor and Homeless People, Turkish National Association for Gerontology (TURYAK) and Family Planning Association of Turkey conduct various studies and researches on old-age and healthy ageing, and organizes symposiums, conferences and meetings related thereto. Also, through the cooperation of Turkish Confederation of People with Disabilities and Turkish Labor Institution, certificate programs are organized to train nursing staff for elderly and disabled people and services are provided in this area. In addition, an initiative has been launched in January 2005 for Increasing of the Quality of Life for Elderly People, within the scope of the National Campaign on Supporting Education and a document titled “Fundamental Principles, Rights and Expectations for Elderly People” was published in this framework.

Services Offered by Private Institutions

In addition to private nursing homes, efforts are pursued in metropolitan cities for providing home-based nursing services for elderly people through polyclinics established by real persons or business corporations.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Also, the planned development efforts initiated in 1963 in Turkey have been pursued until the present through the five-year development plans with the purpose of developing policies in all areas. Policies aiming at elderly people have almost always been included in these plans, the eighth of which is on the agenda currently, sometimes under social security and at other times under social services headings.

Policies pertaining to services offered to elderly people included under the heading Social Services were covered in the development plans as follows:

In the First Plan (1963-1967), it was covered mainly in terms of caring for elderly people and allocations were made in the plan for equipment and requisites for nursing homes for elderly people. The policy that does not limit the services to be offered to elderly people with public institutions assigned duties also to volunteer organizations in this respect.

In the Second Plan (1968-1972), policies pertaining to elderly people covered under the heading social welfare services were planned in line with the concept of social welfare state. While volunteer organizations were referred to in terms of offering services, the cooperation between local governments and the Ministry of Health and Social Assistance was taken as basis and formation of a coordination committee for the conduct of services was recommended.

In the Third Plan (1973-1977), centralization of service-related activities was recommended, as the coordination committees referred to in the previous plans had not proven to be functional. Also, the problems that arose from failing to effect the required legal arrangements that would ensure financial, administrative, personnel-related and service standard-related integration until the period of this plan were pointed out.

The elderly people who are not included in the scope of insurance as foreseen by the Third Plan and who are deprived of traditional solidarity would be prioritized and services offered by central and local governments and volunteer organizations would be reorganized within a single system to this end.

In the Fourth Five-Year Development Plan (1979-1983), services offered to elderly people were covered under the heading social security under three focal points. The first focal point involves establishment of rest homes for elderly people, improvement of already existent ones and central conduct of the related services by the Social Services Institution, the second one involved acceleration of Ministry of Health and Social Assistance investments concerning rest homes for elderly people and the third one involved the rest homes established by private entrepreneurs and encouragement of such services. This plan differs from others in the sense that in the relevant period

the etatist approach shifted towards private entrepreneurship and social services got institutionalized and became organized as a commercial sector.

The Fifth Five-Year Development Plan (1985-1990) included heading pertaining to promoting the private sector and in this plan the coordination between public Institutions/organizations and volunteer organizations concerning service integration was featured. The principal viewpoint that stands out from this plan was prioritizing of dependent elderly people. The aim was increasing the quantity and the quality of the rest homes to the adequate level, with the purpose was protecting dependent elderly people in peaceful surroundings, caring for them and meeting their social and psychological needs.

The Sixth Five-Year Development Plan (1990-1994) differed from other plans in the sense that emphasis was placed upon caring for elderly people in their families rather than through organizations. Taking the family as the primary unit in terms of social services and assistance and the idea that the family would provide a better environment for protection of and caring for elderly people had originated from international studies on the matter. Other major implications of this report were supporting of the investments of foundations, private entrepreneurs and local governments and cooperation with these organizations, and the emphasis placed upon the requirement for reviewing of the pensions paid to dependent elderly people.

In the Seventh Five-Year Development Plan (1996-2000), the family was considered as the primary unit again and, as a self-criticism, it was expressed that the services offered to elderly people remained insufficient in terms of both quantity and quality and that the lack of a qualified workforce lowered the quality of the services offered. Therefore, emphasis was placed upon reorganization of rest homes in line with contemporary standards and improvement of the workforce in terms of quality and quantity. Recommendations were made to diversify the services offered to elderly people by opening day-care services such as apartment buildings and counseling centers for them, and the issue of providing social security to the elderly people living in rural areas was elaborated. The importance of the cooperation between Social Help and Solidarity Foundations, local governments, the Social Services and Child Protection Agency and volunteer organizations was deliberated in terms of actually bringing such services into being.

The Eighth Five-Year Development Plan (2001-2005) included the following manifestation under the heading social services and assistance: “Industrialization, urbanization and the changes in the family structure and the increase in the population of the 60 and over age group (even if slow) that occurred in parallel to the socioeconomic development of our country highlight the importance of the requirement to sustain and increase the care and rehabilitation services offered to this age group.”

3) Please provide pertinent figures, statistics or any other relevant information on measures taken to ensure that elderly persons have access to adequate benefits in cash or in kind; on the level of public expenditure for social protection and services for the elderly; on the accessibility of measures and the number of elderly people benefiting from them; on the number of places available in institutions for elderly persons; on the number of elderly living in such institutions, and on whether a shortage of places is reported.

Pertinent figures, statistics or any other relevant information on the number of places available in institutions for elderly persons; on the number of elderly living in such institutions were already mentioned in the Paragraph 1.

Demographic Structure

Ageing of a population signifies a decrease in the percentage of the children and youngsters in that population and a relative increase in the percentage of aged persons (of 60 or more or 65 or more years of age). Ageing or growing old of people is a physiological process. This process which is biologically inevitable has health related, social, cultural and economic dimensions.

The censuses held during the period from the establishment of the Republic of Turkey until today are considered as the most important source of data for working out the change in Turkey's population in terms of both dimension and content. In our country, the share of the elderly population within the overall population has remained under 5 per cent until the end of the 20th century. According to the 2000 census results, the population aged 65 and over, which was 3.858.949, represented 5.7 per cent of the overall population. Men represent 45.3 per cent and women 54.7 per cent of the elderly population.

Percentage Distribution of Age Groups within the Overall Population, Census Results (1935-2000)

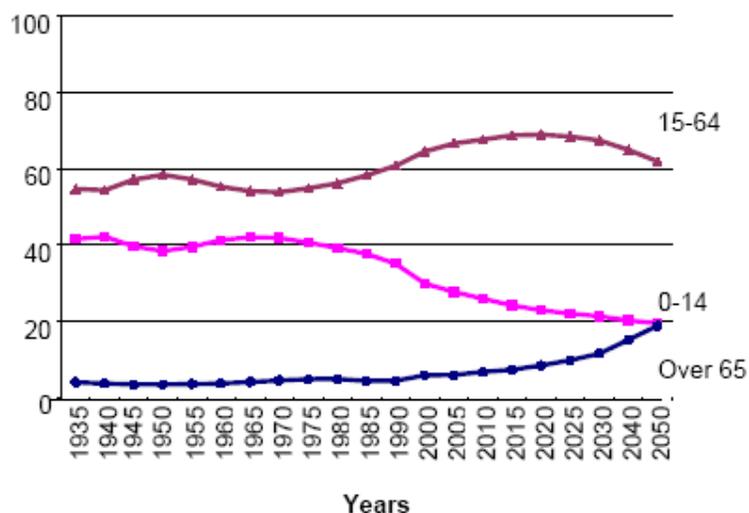
Year	Total Population	Age Groups (percentage)		
		0-14	15-64	65 years and above
1935	16,158,385	41.4	54.7	3.9
1940	17,820,950	42.1	54.3	3.5
1945	18,790,174	39.5	57.1	3.3
1950	20,947,188	38.3	58.4	3.3
1955	24,064,763	39.3	57.3	3.4
1960	27,754,820	41.2	55.2	3.5
1965	31,391,421	41.9	54.1	4.0
1970	35,605,176	41.8	53.8	4.4
1975	40,347,719	40.6	54.8	4.6
1980	44,736,957	39.1	56.1	4.7
1985	50,664,458	37.6	58.2	4.2
1990	56,473,035	35.0	60.7	4.3
2000	67,803,927	29.8	64.5	5.7

Source: Turkish Statistical Institute, Censuses.

Calculations based on the assumption that current demographic trends would continue signify that the 21st century will be a century of the elderly also in Turkey, in parallel to the expectation in the whole world. It is expected that together with the changing age structure, the elderly population will gain importance on social, demographic and economic terms also in Turkey, especially in the second half of the century.

According to the Turkish Statistical Institute projections, the elderly population counted as 3.9 million in the 2000 Census is forecasted to represent 19 per cent of the overall population by 2050. Looking at the percentage change of age groups within the overall population in the 2000-2050 periods, we see a significant increase in the elderly population compared to other age groups. It is foreseen that Turkey will have an elderly population of approximately 16 million in 2050. On the other hand, the percentage difference between the 0-14 age group and the elderly group seems to fade around the middle of the century. This would have significant consequences as far as the targeted and pursued plans and programs are concerned.

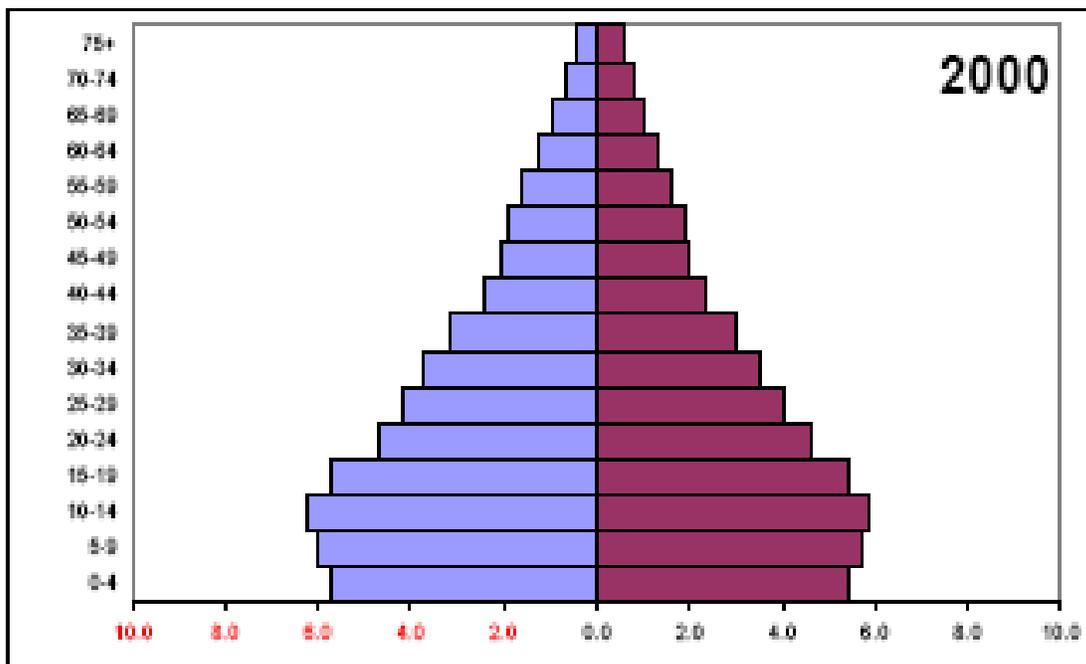
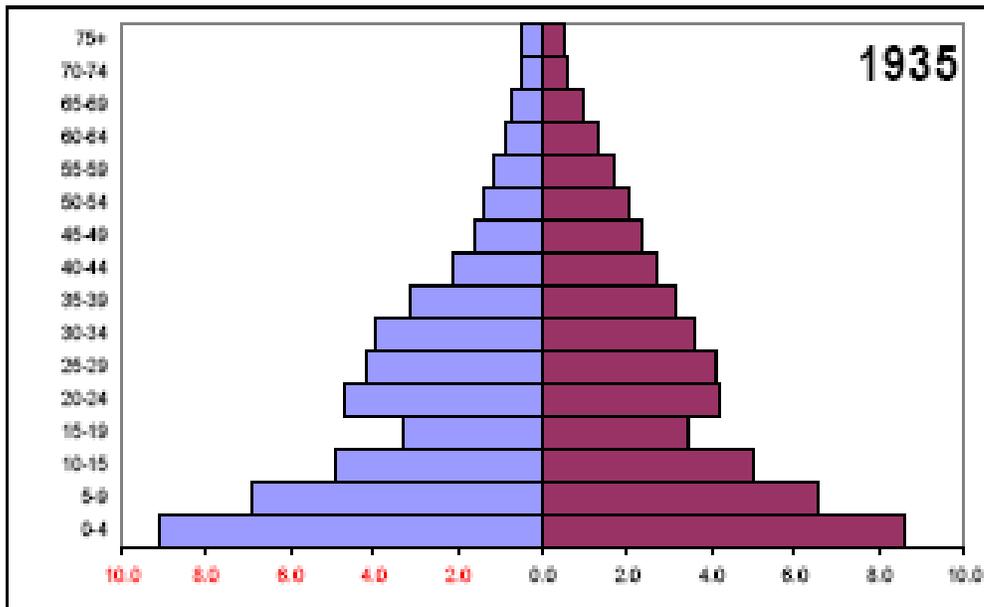
Percentage Distribution of Age Groups, Turkey 1935-2050

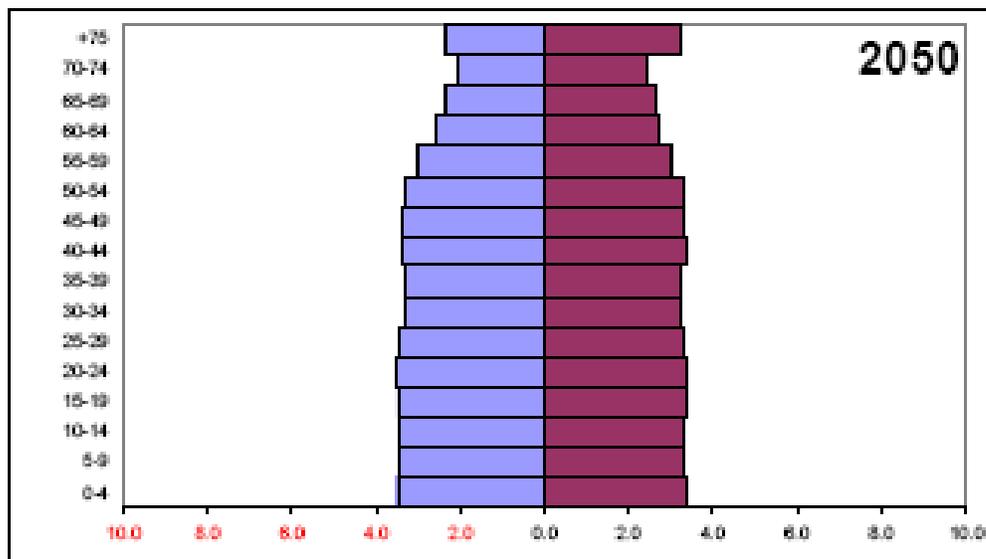
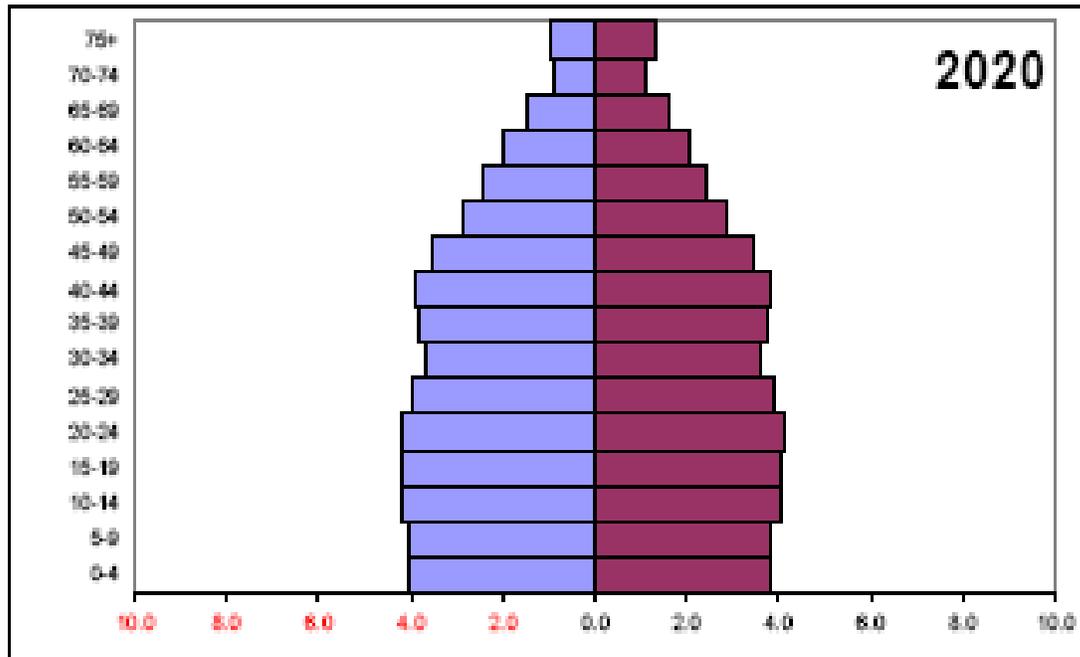


Age pyramids are tools frequently used for visually illustrating the age structure of the population. The Graph below shows the age pyramids drawn for selected years. Looking at the percentage changes of the age groups of 5 during the period from 1935 to 2000, we see a clear increase in the elderly population.

The age pyramids prepared similarly using the Turkish Statistical Institute projections signify probable dimensions of the elderly population in the light of the changes foreseen for the future. Turkey is foreseen to reach a population structure resembling the one currently seen in developed countries towards the middle of the century.

Age Pyramids, Turkey 1935, 2000, 2020, 2050





The findings of the 2003 Turkish Population and Health Survey, which provides the most up-to-date data on the Turkish population, has shown that the share of the elderly population among all age groups was approximately 5.6 per cent in 2005. Accordingly, with 5 million elderly people, Turkey has an elderly population more than the overall populations of a number of countries. Looking at the demographic changes in Turkey, the increase in the elderly population is evident. A significant

decrease is observed in the fertility rates since 1950s, as a result of the abandoning of the post-Republic policies encouraging fertility, taking into consideration the worldwide demographic changes and the requirements of the country in the middle of the century.

The fertility rate forecasted as over 6 in 1950s declined to as low as 2.2 in the forecasts of the 2003 Turkish Population and Health Survey. This decline accelerated especially in 1970s and a reduction of 61 per cent was observed over an approximately 30-year period. Besides the decline in the fertility rate, infant and child death rates also decreased rapidly, as a result of the increase in the antenatal and postnatal care and vaccination rates. Infant death rate which was forecasted to be over 230 per thousand declined to as low as 29 per thousand by 2000s, as a result of the advancements in the maternity and child health. Conversely, life expectancy has recorded a significant increase at all age groups, again as a result of the advancements in field of healthcare. Life expectancy at birth has recorded an increase of approximately 25 years since 1950 until the present. Life expectancy at birth is forecasted as 71.1 for 2004.

Being informed of the socioeconomic and demographic characteristics of elderly people is significant as far as meeting of this group's needs and expectations and planning of the services offered to all age groups of the population are concerned.

However, the data received from the registration system of our country is rather limited. The 1998 and 2003 Turkish Population and Health Surveys are regarded as the national source of data in this sense. According to the results of the 2003 Turkish Population and Health Survey, there are significant differences in the relation between settlement centers and age structure. While the percentage of the elderly population is 6 per cent in urban areas, it is 9 per cent in rural areas. The main reason for this difference is migration of the young population to urban areas, but migration after retirement should not be overlooked, as well.

Then again, looking at the distribution of the population over 65 in terms of gender, we see that women represent a greater share compared to men. Women have longer average life spans compared to men also in our country, just as in the whole world. Life expectancy at birth forecasted as 68.5 for men and 73.3 for women, for the 2000-2005 period. This difference of approximately 5 years results in a higher share for women among the overall elderly population. As a reflection thereof, women represent 54 per cent of the overall elderly population. Looking at the women-men percentages within the overall elderly population, we see that women have greater percentages than men in almost all countries. The cultural desire for having a son arises as the reason for this divergence in some of the countries with higher percentage of men within the overall elderly population, and civil war or major waves of migration in others.

Ageing is an issue that needs to be assessed with ample significance in terms of developing countries, as well, and not just developed countries. Survey results signify that our country is making a transition to a new demographic structure. The decrease in the child and young population over time and the increase in the share of the elderly

population within the overall population are foreseen as the reasons for the fertility rate to drop to renewal level.

ARTICLE 30 – EVERYONE HAS THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

- a. to take measures within the framework of an overall and coordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;
- b. to review these measures with a view to their adaptation if necessary

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Article 61 of the 1982 Constitution has clearly defined the sub-groups that fall in the scope of Social Services, prioritized children, disabled and elderly people who are in need of protection, care, assistance and rehabilitation and issued the provision for the establishment by the state of organizations and facilities required in this respect.

Upon adoption of Social Services and Child Protection Agency Law No. 2828 drafted in line with such provision of the Constitution and came into force upon being published in the Official Gazette dated 27 May 1983, the principle of integrating social service activities under the inspection and supervision of the state, also ensuring volunteer contributions and participation on the part of the public, was taken up.

Thus, the Social Services and Child Protection Agency (SHÇEK) founded by Law No. 2828 assumed the duty of “planning, managing and inspecting at local and national levels the entire systemized and programmed services with the aim of meeting the needs of specific requirement groups (family, child, disabled, dependent elderly and others) who suffer from economic and social deprivation, assisting in preventing and resolving of various problems and improving their life standards.”

In Item (d) of Article 3 of the Law, dependent elderly person is defined as “a person suffering from social and economic deprivation who is in need of protection, care and assistance” and in Paragraph 1 of Item (d) of the same Article, rest homes are defined as “social service boarding facilities established with the aim of protecting and caring for dependent elderly persons in a peaceful environment and meeting their social and psychological needs”.

Care and Rehabilitation Centers, on the other hand, are defined as “social service organizations established with the aim of eliminating functional deficits of persons who fail to adapt to normal living conditions due to their physical, mental or psychological disabilities, assist them in gaining abilities that would help them become self-sufficient or caring for those who fail to gain such ability”.

In Article 4 of the Law, elderly people have been included among those who are prioritized in the implementation of the social service programs.

In Paragraph (b) of Article 4 of the Law includes the provision “Forces shall be joined through the establishment of coordination and cooperation between Public Institutions and Organizations performing social service activities and the Volunteer Organizations, and current resources shall be made serviceable in the most productive manner” and Paragraph (f) includes the provision “establishment of social service organizations other than the ones subordinate to the Agency established with this law shall be subject to permission and such organizations shall be ensured to serve in accordance with the applicable service, performance and personnel standards and principles through the arrangements and measures to be implemented therefore.”

Directorate General for the Social Services and Child Protection Agency, assigned with “detection, protection, care, bringing up and rehabilitation of children and disabled and elderly people who are in need of protection, care and assistance according to Paragraph (b) of Article 9 of the Law, offer social services to elderly people through “Rest Homes and Care and Rehabilitation Centers for Elderly People”.

In Turkey, following the proclamation of the Republic, boarding homes for elderly people were opened by municipalities, designated as homes for helpless people, for the poor, almshouses or rest homes, upon imposing of the liability to protect dependent (elderly) people and build and manage homes for them by Law No. 1580 that came into force in 1930. Also various associations, minorities and real persons opened such facilities to offer services to elderly people.

In accordance with the new Metropolitan Municipality Law No. 5216 adopted on 10 July 2004, duties and responsibilities of Metropolitan, county and first degree municipalities were substantially defined and a general provision was included concerning elderly people, stating that “methods suiting the conditions of the disabled, elderly, dependent and needy persons in offering relevant services.”

Based on Article 17 of Ministry of Health and Welfare Organization Law No. 3017, the Directorate General of Social Services was established in 1963 according to Article 4 of Law No. 225 with the purpose of organizing all kinds of social assistance and security services, caring for, lodging and rehabilitating dependent elderly people, children and disabled persons, and providing social security for poor people who are unable to work.

These social services consist of the entire systemized and programmed services designed for the elimination of physical, psychological and social deprivations arising from the inherent and environmental conditions of the individuals and their families, which are beyond their control, meeting of their needs, assistance in the prevention and resolving of their problems and improvement and elevation of their life standards.”

Paragraph (f) of Article 9 of the Law includes the provision “Providing opinions and recommendations to Associations and Foundations with the purpose of guiding their activities in the area of social services and ensuring that the shares allocated to social services in their budgets are utilized properly and productively” and Paragraph (g) includes the provision “Setting the principles and tariffs, if any, related to establishment permits, all kinds of standards and performances of social service organizations to be established other than the ones subordinate to the Agency, inspecting them and interrupting the activities of the ones that fail to meet these provisions.”

Articles 34 and 35 of Law No. 2828 include the provision “Establishment permits, standards and inspection principles of the private organizations to be opened shall be organized with a regulation.” In the light of these articles, Regulations for Private Rest Homes and Nursing Homes for Elderly People have come into force by being published in the Official Gazette numbered 23099 and dated 3 September 1997.

These regulations aim at setting the establishment, service, personnel and performance conditions and remuneration, inspection, transfer and liquidation procedures and principles of rest homes and nursing homes for elderly people that belong to real persons and corporate bodies.

The “Administration for Disabled People” was established on 25 March 1997, with decree law no. 571, with the purpose of performing services aiming at disabled people, ensuring the coordination between national and international organizations and assisting in the institution of national policies. Within the framework of the “Law on Disabled People” that came into force on 1 January 2005, provisions pertaining to elderly people concerning preparation of programs for early diagnosis, assessment and treatment of disabilities of elderly people were included and the name of “Division on Services for Elderly People” was changed as “Division on Care Services for Elderly People”.

Services Offered by Public Institutions and Organizations Social Security

Social security is one of the oldest and most basic needs of humanity. This need is the want for being assured of one’s future. The concept of social security which has transformed into a universal principle and has become the symbol of contemporary civilization is product of the search for assurance against occurrences which an individual may encounter that constitute a threat in terms of the life of that individual.

The reason for the existence of social security is the urge of providing the minimum assurance for an individual who is encountered with danger and falls into poverty.

The basis of social security consists of participation in production, the income that arises there from and the protection of this income.

The term ‘social security’ comprises the social security policies and systems in general. In other words, it involves both a certain conception and the institutional structure that puts such conception into practice.

What is aimed with social security is protection of each and every individual in the society against economic, social, physiological and even political risks and it is expected that the state assumes this duty.

As the Republic of Turkey is a Social State, the requirement of the state to provide social security to all citizens is specified in Articles 60, 61 and 62 of the 1982 Constitution. The state assumes a protective role through social insurances in addition to its obligation to prevent social risks (old-age, disability, occupational accidents, diseases, motherhood, family expenses and unemployment).

It is attempted to estimate the numbers of impoverished people on the basis of the results of the Household Income and Consumption Expenditure (HICE) surveys.

Household Budget surveys based on the various definitions of poverty demonstrate that, in Turkey in 2003, about 1.3% of people are surviving below the hunger frontier, which simply includes nourishment expenses, while over 28% is living below the poverty line, which is based on expenditure on nourishment plus a little more; in 2004, these figures were, respectively, 1.3% and 25.6%

Thus, since the second type of poverty is much more widespread than the first, its solution requires so much more effort and resources. People who are suffering from poverty are, in particular, those engaged in the agricultural sector and living in rural areas, followed by children and unemployed people. The rate of personal poverty regarding expenditure on nourishment plus a little more has decreased between 2003 and 2004 from 22.3% to 16.57% in urban districts, while it has increased from 37.3% to 39.7% in rural locations in the same period. Furthermore, the rate of personal poverty under the same measure increased between 2003 and 2004 from approximately 40% to 41% in agriculture, while declining from 21% to 16% in industry and from 17% to 12% in services. This measure of the poverty rate has been almost 37% and 34% for children below 15 years old, and 31% and 27% for the unemployed in these same years.

Poverty by type and urban-rural distinction in Turkey, 2003 and 2004

Means	Rate of personal poverty (%)					
	Turkey		Urban		Rural	
	2003	2004	2003	2004	2003	2004
Below the hunger frontier	1.29	1.29	0.74	0.62	2.15	2.36
Poverty (nourishment plus a little more)	28.12	25.6	22.3	16.57	37.13	39.97
Daily per capita income below \$1	0.01	0.02	0.01	0.01	0.01	0.02
Daily per capita income below \$2.15	2.39	2.49	1.54	1.23	3.71	4.51
Daily per capita income below \$4.30	23.75	20.89	18.31	13.51	32.18	32.62
Relative poverty	15.51	14.18	11.26	8.34	22.08	23.48

Source: DIE **2003-2004**

Distribution of poverty with respect to individual characteristics and main sectors, 2003 and 2004

Sector	Rate of personal poverty in 2003 (%)					
	Turkey		Urban		Rural	
	2003	2004	2003	2004	2003	2004
Total (all individuals)	28.12	25.6	22.3	16.57	37.13	39.97
Employed people over 15 years						
Agriculture	39.89	40.88	26.42	19.59	40.91	42.32
Industry	21.34	15.64	19.31	11.86	28.02	27.69
Services	16.76	12.36	16.03	10.62	18.95	18.01
Unemployed people	30.97	27.37	28.2	22.74	38.84	38.12
Economically non-active people	22.82	20.95	19.32	14.1	30.58	36.59
Individuals below 15 years old	37.04	34.02	30.43	24.22	46.44	49.34

Source: DIE, 2004

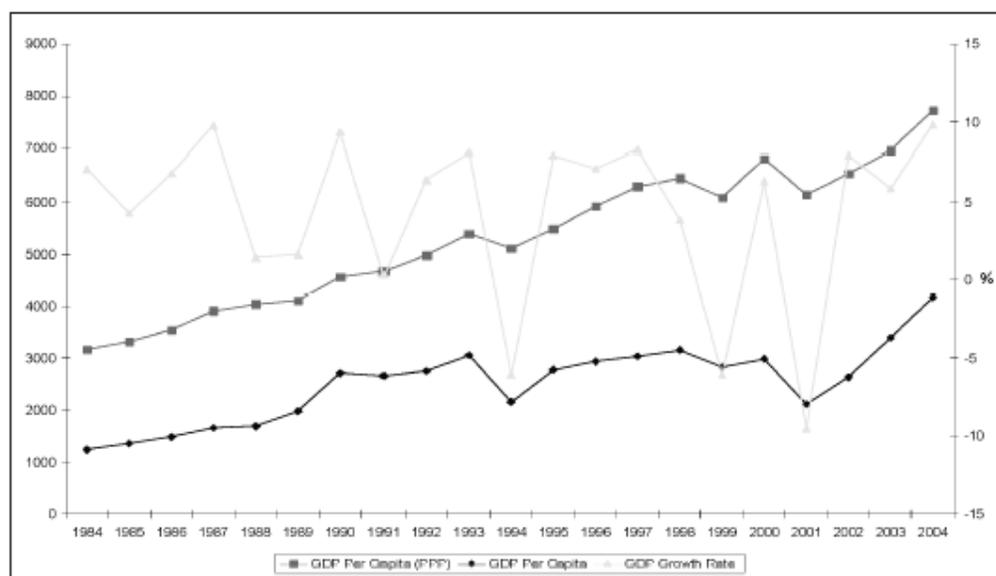
The reasons for poverty in Turkey can be categorised as springing from economic, demographic and social factors.

Economic factors

Unstable economic development

Particularly during the period from the beginning of the 1980s to recent years, the Turkish economy has experienced a rather volatile economic development process and a couple of deep economic crises which have led to surges in unemployment and in poverty in the economy during this period. As Figure 1 displays below, per capita GDP has gradually increased, from \$ 1 238 in 1984 to \$ 4 172 in 2004 (in purchasing power parity from \$ 3 168 to \$ 7 736) during the past two decades. However, the nation has experienced three big crises in the past 12 years, which have seen, respectively, growth rates of about –6 % in per capita GDP both in 1994 and in 1999, and of about –9.5% in 2001.

Figure 1- Trends in per capita GDP and growth rate (%), 1984–2004



Source: DPT, Economic and Social Indications 1950-2004

The approximate shares of the agricultural sector in national income and employment were in the order of 17% and 46% in 1988, but these have been realised by 2004 as 11% and 34%, with corresponding declines of about 35% and 26%. The rate of agricultural support was about 2.5% of GNP in 1988, but this has been reduced to around 1% in 2003. Moreover, with the 2001 economic crisis and the currency devaluation of about 100%, wage earners, small business enterprises and people in retirement instantly lost a great proportion of their purchasing power.

Inflation

Turkey has suffered plenty in the past three decades from chronic, two-digit inflation; the country has experienced single-digit inflation only during the last year. It is commonly accepted by economists that inflation is a tax and that, worse, it diverts purchasing power from the poor to the rich.

The annual rate of change in consumer prices was at its greatest extent particularly during 1988 to 2001, reaching a peak of three digits (106.3%) during the 1994 foreign exchange crisis. Following the deep economic crisis in 2001, a very tight programme of economic policies has been implemented so as to eliminate inflation from the Turkish economy. The programme has succeeded in reducing inflation, which has been reduced in 2005 to a single digit of 7.5% for the first time in the past three decades., but not so much successful for good effects on the poor.

Annual rate of change in consumer prices for Turkey, 1984–2005

Year	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
Rate %	48.4	45.0	34.6	38.9	73.7	63.3	60.3	65.9	70.1	66.1	106.3

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Rate %	93.6	79.4	85.0	83.6	63.5	54.3	53.9	44.8	25.2	10.3	7.5

Source: SIS, Statistical Indicators 1923–2004, Ankara: Turkish Statistical Institute www.die.gov.tr.

* The 2005 figure comes from the Turkish Republic Central Bank web page: www.tcmb.gov.tr.

Low labour participation rate and unemployment

The rate of labour participation in employment was 50.3% of the population in 2005. About half the labour force consists of housewives, students, people with disabilities, pensioners and seasonal workers, so these are not counted in the labour force.

Developments in the Turkish labour market (%), 1988–2005

	1988	1990	1995	2000	2001	2002	2003	2004	2005*
Labour force participation rate	57.5	56.6	54.1	49.9	49.8	49.6	48.3	48.7	50.3
Female labour participation rate	34.3	34.2	30.9	26.6	27.1	27.9	26.6	25.4	26.9
Male labour participation rate	81.2	79.7	77.8	73.7	72.9	71.6	70.4	72.3	74.0
Unemployment rate	8.4	8.0	7.6	6.5	8.4	10.3	10.5	10.3	9.1
Youth unemployment rate	17.5	16.0	15.6	13.1	16.2	19.2	20.5	19.7	17.6
Under-employment rate	6.6	6.5	7.0	6.9	6.0	5.4	4.8	4.1	4.3

Source: DIE: *Hanehalkı İşgücü Anketi*; DPT: *Ekonomik ve Sosyal Göstergeler 1950–2004*
www.dpt.gov.tr

Note: The figures prior to 2003 have been revised according to the results of the 2000 census of the population. The totals may not be exact due to rounding.

* July 2005 figures.

Demographic factors

Excessive growth rate of the population

An extreme growth rate of the population within poor households has been an obstacle to the dissemination of the returns of economic growth to poor households in Turkey. The extent of poverty is coincident with household size: that is, as household size increases so does the rate of impoverishment.

Personal poverty by size of household, 2004

Size of household	Total number (000)	Number of impoverished (000)	Rate of impoverishment (000)
Turkey	17,097	3,533	20.67
1–2	3,400	493	14.49
3–4	8,012	1,099	13.71
5–6	4,059	1,112	27.40
7+	1,625	830	51.06

Source : DIE

Poor education level of households

The low level of education of poor household members has also been an effective factor in the increase of rates of poverty in Turkey . Poor household members with low

education levels, particularly women, are not able to participate in the labour force. Alternatively, where such household members do find jobs, they have to work for lower wages and, if they work for their own businesses, they receive lower incomes.

Shares of household members in the population by education level and by gender and personal poverty rates, 2004

Education level	Share in population			Personal poverty rates		
	Total	Male	Female	Total	Male	Female
	100.0	100.0	100.0	25.60	25.20	25.98
Population under 6 years old	10.03	10.15	9.92	34.19	34.19	34.18
Illiterate	10.22	4.87	15.24	45.11	48.50	44.10
Literate without completing school	20.13	20.47	19.81	33.67	34.19	33.16
Primary school	30.15	29.42	30.85	24.36	27.50	21.55
Primary education	6.25	6.32	6.19	25.49	25.37	25.60
Secondary education and occupational education equal to secondary school	5.45	7.26	3.76	13.00	14.95	9.45
High school and occupational education equal to high school	12.99	15.39	10.74	8.28	9.69	6.39
Higher studies, faculty, masters, etc.	4.77	6.12	3.50	1.33	1.57	0.93

Source: DIE.

There are many social aid and service programmes financed out of taxation which provide services to people who are outside the coverage of social security. Even so, the ratio of expenditure on social aid and service programmes to GNP (excluding agricultural support) is only about 0.5%.

The foremost social assistance and service programmes in Turkey are as follows:

a. *social assistance provided by Sosyal Yardımlaşma ve Dayanışmayı Teşvik Fund (SYDTF)*: the needy who are not covered by a social security institution founded by law and who do not have a salary or income from those are able to benefit from this programme. This Fund has implemented the ‘project for reducing social risk’, which has been financed by the World Bank following the 2001 crisis in Turkey

b. *assistance to the needy, elderly veterans and people with disabilities*: a salary has been paid to citizens in these categories and health care provided since 1976 by Law No. 2022

Number of Individuals Who Receive Old-Age, Disability and Invalidity

Pensions in Accordance With Law No.2022 (Year 2004)

OLD-AGE	DISABILITY	INVALIDITY	TOTAL
792,046	79,811	220,600	1,092,457

c. *health care programme for poor citizens without charges (green card for health care)*: this was put into practice in 1992 with the aim of financing free health care for citizens who are not covered by any social security institution and who are in a condition in which they cannot pay health charges. Initially financing limited proportions of health care services for the needy, the coverage of this programme was enlarged in 2004.

d. *social services provided by Sosyal Hizmetler ve Çocuk Esirgeme Kurumu (SHÇEK)*: this was founded in 1983 by Law No. 2828 with the aim of providing services to families, children, teenagers, people with disabilities, elders, women and other people who need protection, help and assistance.

e. *social services provided by local governments*: social services provided by, in the first place, municipalities and local administrations have a crucial role in social assistance and service programmes in Turkey. Municipalities have certain duties, including the establishment of orphanages for abandoned children; providing means of shelter, nourishment, clothing, health care and education, and providing monetary assistance to impoverished people and their dependants.

f. *solidarity between family members, relatives, neighbours and certain community members*: beyond social assistance and service programmes, informal networks concerning solidarity between certain social community members are a significant means of providing social security and of reducing poverty in Turkey. Indeed, social assistance institutions which have traditional or religious roots in history still provide some social services in Turkey. However, assessing the extent of the influence of this solidarity on social security and poverty obviously cannot be measured. Nevertheless, according to a research study carried out by DIE in 2004, the percentage of households that have taken any assistance in kind or in monetary form from any family member is estimated as 11.8%, while the percentage which has donated aid to any person or institution outside family members is estimated as 15.8%. About 52.4% of households who have accepted donations have taken these from relatives or neighbours, 25.5% have taken them from SYDTF, 14.4% from municipalities and 12.8% from volunteers or institutions.

New strategies for combating poverty in Turkey

In order to combat poverty, Turkey adopted an ‘indirect approach’ prior to 1980 that aimed at raising the incomes and living standards of impoverished citizens via high rates of economic growth; on the other hand, after 1980 it has adopted a ‘direct approach’ via the implementation of social programmes which directly provide nourishment, health care and dwellings for people in poverty.

On the other hand, the mandatory minimum period of education was elevated from five to eight years in 1998, which is a positive step to-wards improving the level of education since a low education level is an essential fac-tor in poverty in Turkey.

Strategies for combating poverty in Turkey sought to take on a systematic form in parallel to the 2000-2001 report of the World Bank on poverty reduction. Besides, programmes related to the public institution covering social assistance and services – the so-called *Sosyal Yardım ve Hizmet Kurumu* (SYHK), which started in 1999 and which seeks to combine all social assistance and service programmes within a single framework and to implement a new strategy for the combat of poverty – were at the stage of becoming law.

Project for reducing social risk Following 2001 economic crisis, in order to lessen the social risks that poverty has resulted in and to improve the capacities for resistance of poor people against those such risks which are likely to occur in the future, a ‘project for reducing social risk’, financed by loans of \$500m provided by the World Bank, has been im-plemented in Turkey. This project is bounded by the period 2001-2006 and is made up of two integral parts: the first is an accommodation element that provides immedi-ate support to the impoverished who have been hit by the crisis to the greatest degree; and the second is an investment element that concerns preventive action against pov-erty risks which may be met in the future. The latter consists of three segments: the expansion of the capacities of government institutions so as to provide social allow-ances and services to people in poverty; the application of a social assistance system for the poorest 6% of the population, targeting the continuation of their children’s education and on the conditions of benefiting from health care services (conditional cur-rency transfers – CCT); and the enhancement of the access of poor people to social assistance and the increase of their opportunities for work at a sufficient level of in-come. In order to eliminate the impact of how people in poverty experienced the crisis at the time, an ‘urgent donation package’ of \$100 million was implemented in 2001; this was used for education, health care, food and fuel, and reached over 400 000 families and more than one million children in April 2002.

The investment element of the credit has been spent mostly on improving the in-stitutional capacities of various public social assistance and service institutions. In this regard, intensive work related to political research, the establish-ment of manage-ment information systems, the improvement of information technologies and the training and education of working people have been implemented.

Within the framework of supporting local governments with 4 900 projects, 200 000 people have been reached with regard to improving opportunities for education, finding jobs and working in jobs which have a sufficient level of income. The ‘project for reducing social risk’ become an effective and useful pilot experience for restructuring the current system because the aids adopted in the project and the effective social security network for the impoverished which had been established within it were aimed also at social security reform.

Enlargement of green card assistance coverage for the poor

When the application of the green card scheme started in 1992, only the immediate health care diagnostic and curative expenses of poor citizens and the charges of those having health care in hospital were compensated by the government. Following 2004, the compensation coverage of standing health care expenses has been enlarged substantially and, hence, the coverage of health care insurance for impoverished green card holders has almost reached the level that social security institutions provide to their insured members.

Organizations Under Non-Contributory System

Organizations Providing Social Assistance :

Social Assistance; in kind (fuel, food, clothes, educational needs etc) ancash benefits.

- General Directorate of Social Assistance and Solidarity (SYDGM)
(Conditional cash transfer, health and educational material assistance, project supports)
- General Directorate for Social Services and Child Protection (SHCEK)
(in kind and cash benefits to poor people)
- Ministry of Health
(Green Card)
- Pension Fund
(educational material assistance to disabled children, payment to elderly and disabled etc)
- General Directorate for Foundations
(Payment to those in need, orphans and disabled and charitable services)
- Municipalities
(fuel, food, clothes, educational needs etc)
- NGOs
(various assistance in cash and kind)

Draft Law On Social Assistance

The recently enacted social security reform law actually had three pillars: social security system, general health insurance, and social transfers that are not based on contributions. First two pillars has been already approved and put in force, but studies on the third pillar are still continuing. Draft law on social assistance involves bringing social assistance under the Social Security Institute along with the other two pillars of the system, thus making The Ministry of Labor and Social Security responsible for combating poverty and social exclusion.

The government is planning to connect social aids to a new law with a new approach and to prevent making of the financial aids and aid-in-kind by numerous different institutions substantively. The draft law has 51 articles.

According to the draft law, the State will make the definition of the term “poverty”. A “Data base for those who are in need” will be built up that belong to those who take place in this definition. The aids made by both the municipalities and all the public institutions will be gathered in single hand. Aid can be made to those taking place in the above mentioned data base and according to the definition of poverty.

The proposed draft law, which also aims at determining the basic principles for social assistance; establishing a national common database for social assistance; facilitating public resources to be used efficiently and to be equally accessible on the basis of objective criteria; and defining the citizens who will benefit and the conditions under which they may do so.

The General Directorate of Social Development which will be established within the body of SSI will carry out all the procedures concerning social aids. Also, “Social Development Fund” will be established which is the only public authority responsible for helping poor people. All the aids including health aid carried out via old-age benefit and green card will be distributed from one center, from the Fund in the new term. All the institutions including municipalities will be able to make aid according to the measures of the Fund.

Non-governmental organisations and private funds and associations having the authority of delivering social aid legally will be able to make aids under the supervision of the State.

The draft law will constrain the aids which the institutions make according to the criteria that they determine. In case of this draft law become a law, municipalities and all the institutions will have to notify the list of people receiving aid and the information about them to the General Directorate of Social Development.

In the justification of the draft law which changes the existing system entirely, it was stated that the most important lack of the existing social aid system are multi-headed institutional structure, dividedness and lack of coordination between the institutions carrying out social aids. By being emphasized that it was contrary to the principle of

using public resources efficiently in social aids, it was expressed that a new “people in need criteria” will be determined in Turkey in the new system, thus repeated aids will be prevented.

Draft law on social assistance, which will hopefully be enacted in near future, includes child benefits, assistance for the elderly and the disabled, noncontributory access to health services, and assistance to the unemployed. This institutional framework could easily accommodate conditional child benefits and social pensions that form part of the total assistance package.

Social Assistance

Within the scope of the Prime Ministry General Directorate of Social Assistance and Solidarity and Law No. 3294 on Encouraging Social Help and Solidarity that came into force in 1986, elderly people who are in poverty and deprivation, who are not subject to social security institutions and not entitled to pension or any income (including individuals who are entitled for pension in accordance with Law No. 2022) from such institutions benefit from the Social Solidarity Fund.

Social Services

Within the framework of the social services offered to elderly people, the concept of social welfare involves the entire services aiming at sustaining and promoting living standards of individuals, as a consequence of rapid industrialization and urbanization involved in the modernization process and upon taking on of family functions by the society.

The Social Services and Child Protection Agency Law No. 2828 has been enacted with the purpose of gathering under an umbrella all services offered by various volunteer organizations and public institutions, which were in an unmanageable and disorganized and condition. Various paragraphs of Articles 3, 4, 9, 10, 34 and 35 of this Law include provisions pertaining to social service practices for elderly people.

In our country, the Ministry of Transportation is assigned with the duty of offering transportation and communication services. Through the institutions and organizations under its umbrella, the Ministry offers the below-stated services to elderly people.

According to Article 48 of the regulations for the postal services, books, brochures and other publications of the Social Services and Child Protection Agency Directorate General are subject to discounted postal fees domestically.

Monthly pensions and tax rebates of elderly people over 60 years of age, with retired, widower, orphan or disabled statuses, who are entitled to pension by the Pension Fund for Civil Servants are subject to the option of being paid as home deliverable remittances.

For elderly individuals over 60 years of age, there is a discount of 20 per cent in domestic transportation services and the unlimited traveling opportunity is offered to them with monthly discounted train cards.

Again for elderly individuals over 60 years of age, there is a discount of 20 per cent for international passenger transport services that operate within the scope of the Balkan Railways Uniform Tariff for South East European countries only.

Camp facilities are also provided in special periods for the retired staff. Certain environmental arrangements, to the extent possible, are made in the post offices so as to ensure that elderly and disabled people benefit from post office services without difficulty.

According to a Disability Survey carried out in Turkey in 2002, the share of *persons with disabilities* was 12.29 %. A Law on Disabled People was adopted in July 2005. The law provides for guidelines for the classification of different kinds of disabilities and includes provisions for care services, rehabilitation, early diagnosis, employment and education of disabled people. The law stresses the need to combat discrimination against disabled and, referring to the Turkish Penal Code, notes that discrimination based on disability is a crime.

An Action Plan for the Employment of Disabled People 2005–2010 has been prepared including provisions for recruitment, adaptation to work, job continuity and promotion at work. Year 2005 was the “Employment Year for Disabled People” which resulted in a 35 % increase of employment of people with disabilities compared to 2004. Notwithstanding the fact that a quota system promoting employment of disabled is in place, still only one out of five people with disabilities participates in the labour market, and the unemployment rate among people with disabilities is 15.5 %. Different forms of social protection are available for disabled, and education of children with disabilities is provided in mainstream schools.

All public buildings and physical environment should be made accessible for people with disabilities in the forthcoming seven years. Except for some minor efforts, there is no system regarding de-institutionalisation and community based rehabilitation. There is not either a training programme for independent living. Although Turkey has not accepted Article 15 of the European Social Charter on the rights of the physically or mentally disabled persons to vocational training, rehabilitation and social resettlement, a project has started aiming at ensuring vocational training for people with disabilities in 30 cities. The Administration for Disabled People, affiliated to the Prime Minister, was established in May 1997, and a Council for People with Disabilities has been set up.

Special arrangements such as toilettes for disabled persons are built in airports and public squares, from which elderly people can also benefit. Through the negotiations held and protocols signed with banks with contractual arrangements with the institution, the facility of drawing pensions from any branch through ATMs was

provided for the insured individuals, with the purpose of having them benefit from technological innovations.

Social Assistance Schemes In Turkey

The text of perhaps the only truly modern piece of legislation in the area of social assistance reveals how well entrenched the assumption that the family is the central institution of welfare provision in the Turkish social policy environment. Enacted in 1976, the legislation in question introduced a Social Disability and Old Age Pensions regime to be managed by the civil servants' retirement chest. The beneficiaries are explicitly defined as those uncovered by another social security institution, without income generating property and any other sources of revenue, and without close relatives to take care of them. Thus, the presence of close relatives, unless they are themselves in destitution, disqualifies the disabled and the elderly as beneficiaries of the regime.

Among the social assistance schemes that were introduced later, by far the most important one is the Fund for the Encouragement of Social Cooperation and Solidarity. The establishment of the Fund in 1986 in part constitutes a response to the increasing inability of the family to carry the burden of care traditionally placed on it. However, it is also more traditionally rooted in spirit and much less systematic in the way it functions than the Social Disability and Old Age Pensions regime.

In fact, the parliamentary debates that have led to the establishment of the Fund, the latter was presented as an adaptation of historical traditions of Ottoman charity to the current circumstances. It was clearly hoped that a fundamental characteristic of the Ottoman charitable foundations, which consists in a melange of public and private funds without proper delineation, could be used in a way to mobilize private donations with the initiative and under the guidance of the state and alleviate the burden of welfare provision on the budget. Hence, the Fund was conceived as an umbrella organization covering over 900 local Foundations, managed by representatives of the central government at the district level with the aid of boards of directors that included prominent members of the local population.

However, the development of the Fund did not, or could not, follow this particular model and the institution has come play a significant role in poverty alleviation through the mobilization of public resources. After a major economic crisis in February 2001, which caused a series of bankruptcies and massive unemployment, the World Bank has also begun to contribute to social assistance provision by the Fund through the so-called Social Risk Mitigation Project. In dollar terms, the Fund provided an average of 375 million dollars worth of relief per year between the years of 1997 and 2001.⁵ In 1999 and 2000, disaster relief provided to earthquake victims constituted the most important item in the total assistance provided by the Fund.

Starting with 2001, the significance of this item in total budget started to decline and support provided for health and education constituted the most important categories of assistance.

Health expenditures constitute the largest item in the Fund's budget. These expenditures are related to a scheme called the "Green Card program" introduced in 1992, to provide health services to poor people who are not covered by any social assistance program either as direct contributors or dependents. One part of the Fund's resources spent in this area is allocated to the walk-in treatment, medicine, prostheses, and hearing aids for people who are not covered by any social security organization and who have passed the necessary means testing procedures to be entitled to have access to free health services. Another part is transferred to the Health Ministry to pay for health expenses which are not covered, or not totally covered, by other types of social insurance and which nevertheless surpass the means of people under formal social security coverage.

The second largest item in the Fund's budget is allocated to students at different levels, including scholarships, provision of school supplies, meals and snacks for school children.

In 2003, close to 17 percent of fund resources were transferred to local branches to be spent on emergency relief in cash as well as in kind for the satisfaction of needs of fuel, food, clothing, and medicine. The size of the local population and local socio-economic development indices prepared by the State Planning Institute form the basis for the allocation of resources to local branches.

In 2003, about 1.5 percent of the Fund's resources were spent on projects aimed at employment creation have increased considerably. During the first six months of 2004, for which the figures for the Fund's allocated budget are available, spending on such projects directed at employment creation reached close to 6 percent of the total spending in the period in question. These resources are used for some training programs, credits to small entrepreneurs, and in-kind credit operations in the agricultural sector in the context of the "Rural Social Support Projects" carried out by the Ministry of Agriculture in collaboration with the Minister of the State in charge of the Solidarity Fund. Social assistance should be conditional on participation in productive activity.

The microfinance sector was also introduced in Turkey. The idea of microfinance has gain importance, not only because it constitutes an attempt to deal with poverty, but also because it allows for extensive collaboration between the voluntary sector and the financial market institutions. The Foundation for Waste Reduction has been very active in collaborating with international microfinance organizations to develop the sector in Turkey. For the moment, other than the Foundation for Waste Reduction, only two NGO's, the Development Foundation of Turkey (TKV) and the Foundation for the Support of Women's Work (KEDV), are seriously involved in the field of microfinance. The interest rates charged for small loans to the poor are not very low by

commercial standards. For example, The Maya Enterprise for Microfinance established by KEDV charges 4.9 percent per month, with an additional 3.75 percent up front fee including administrative charges and stamp tax.

The recent restructuring of the Solidarity Fund's expenditures reflects, along with the increase in the share of the Fund's resources allocated to projects designed to engage people in productive activity, a decline in the share of spending on soup kitchens or transfers to the poor on special occasions such as Ramadan and religious holidays.

While official funds spent on have declined, these types of assistance have significantly increased at the municipal level. In fact, municipal governments are significant among the new social actors that have recently appeared in the area of social assistance. Since the mid-1990's, municipal governments have had a very visible presence in this area with the soup kitchens they organize, as well as with often in kind and rarely pecuniary assistance they provide to the destitute.

Other than the distribution of food on a daily, ongoing basis at municipal soup kitchens, municipal support to the poor does not have any permanence or reliability for the beneficiaries. This is in conformity with the nature of the resources available for poverty relief at the level of the municipality. In fact, only a small fraction of the funding for social assistance comes from the municipal budget and for the rest authorities rely on donations from private individuals. Municipal governments thus channel to the local poor the resources, in kind or in cash, provided by charitable donations.

Local governments are better situated to generate the necessary information about the nature of the problems to be solved and to design the proper institutional mechanisms of providing financial assistance and social services.

Centrally provided welfare funds would contribute to an understanding of welfare provisioning as a social right and prevent the emergence of local charity fund raising practices that might involve a dubious exchange of favors between municipal governments and contributors to these funds. Local government input in institutional design and policy formation would, on the other hand, eliminate the problems generated by the absence of knowledge about the local reality and bureaucratic rigidity. In sum, a locally administered, but centrally funded system of welfare provisioning which follows centrally set guidelines, appears to constitute a viable model.

The current reform in social assistance scheme initiatives recognize social exclusion as a serious problem and include an administrative restructuring whereby the actually existing social security organizations as well as a Directorate of Social Assistance that will be designed to combat poverty and social exclusion would be brought together under the umbrella of a single social security organization.

New measures of social assistance introduced are related with the education. In 2003, Elementary school textbooks were made available to all students free of charge. This constitutes a very important step taken to eliminate one of the worst consequences of poverty whereby the education of children would be interrupted because poor families could not pay for school supplies. Perhaps more significantly, through this measure the state assumed the responsibility of making a theoretically free social service accessible also in practice to all citizens, with or without means. At a later stage, the government introduced a means-tested, conditional child support policy, which is now implemented in certain provinces and its nation-wide implementation is expected to follow.

The conditionality pertains to regular check-ups and school attendance for the children of the beneficiaries. In spite of its means-tested and conditional character, this policy is quite significant because it involves cash transfers to families that fulfill certain requirements on a regular basis as a right and not as a charitable deed.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Turkey officially started combating poverty in the mid-1990s. Turkey's strategy to combat poverty is based on preventing the formation of culture of poverty, enhancing employment opportunities, enhancing employability and transforming individuals from being needy to productive and financially self-sufficient.

Five year development plans and programs prepared by the State Planning Organization are the main policy formulation instruments, setting down the goals, priorities and strategies of policies aimed at alleviating poverty in Turkey. Long-term Strategy (2001-2003) and Eighth Five-year Development Plan, Preliminary National Development Plan (2004-2006), Urgent Action Plan (2002), Medium Term Program (2006-2008) are the key documents that address the policies devised to improve the living conditions of the poor.

Alleviation of poverty by way of improving income distribution, bringing the poor segments of society to the average level of welfare through a sustainable growth rate, and the restructuring of the income transfer system to the benefit of the poor are the main policy priorities prescribed in the Eighth Five-Year Development Plan. Participation of the rural people in vocational orientation projects and programs targeting the improvement of labour productivity and diversification of production, raising employment including through micro-financing, raising cross-sectoral labour mobility and increasing social service investments so as to decrease regional disparities are the other policy priorities in the Development Plan.

9th Development Plan: Improving Income Distribution, Social Inclusion and Combating Poverty

The main objective is to enable the individuals and groups, who are under the risk of poverty and social exclusion, to participate more actively in economic and social life and to secure social integration through upgrading their quality of life. Within this framework;

- i) Transfer policies shall be made effective in order to improve the redistribution of income in favor of the poor.
- ii) Major services such as education, health, employment and social security shall be made more accessible and equally beneficial for the disadvantaged groups.
- iii) The activities aiming at poverty reduction shall be effective enough to prevent the formation of a culture of poverty, through diversification according to the conditions of the poor. For the poor, who have emerged as a result of the structural transformation in agricultural sector, income generating and entrepreneurship encouragement activities in non-agricultural sectors shall be supported.
- iv) Active employment policies shall be elaborated for the unqualified and poor segments of immigrants in order to enable them to integrate into the society by increasing their employability.
- v) Women's employability shall be increased in order to improve their participation in economic and social life by developing vocational education possibilities.
- vi) Necessary measures shall be taken with a view to prevent violence against women.
- vii) Training shall be provided, for the families concerned, on child-care, and care for the elder and the disabled.
- viii) Activities, which are directed towards improving the status of children who live under depressed conditions and preventing child labour, shall be strengthened.
- ix) Social and physical milieu shall be improved for the handicapped, and vocational education opportunities and counseling services aimed at their employment shall be developed.
- x) At-Home care services for the aged shall be supported, along with increasing the quantity and quality of institutional care services.
- xi) Services aimed to re-socialize the convicted persons shall be made effective.

The Medium-Term Program (2006-2008) puts emphasis on the policies aimed at improving the conditions of the disadvantaged groups that have been excluded from society, such as workers without social security (especially in agriculture), uneducated

people, women, children in need of protection and prone to crime, the aged and disabled.

This program program has set down the following strategies and measures with a view to implementing the relevant pro-poor and social inclusion policies:

- Rendering securities such as education, health and other social services equitably available to all, taking into consideration the regional disparities,
- Fostering the employability of the socially-excluded segments of society by integrating them into society, especially those who have migrated to urban areas,
- Restructuring the social protection network in order to integrate the disadvantaged groups into the society and reduce the risk of social exclusion and poverty to the minimum by conferring responsibility to all segments of the society.

Poverty alleviation requires a comprehensive and holistic approach. In this respect, in addition to the efforts by the government, the support and the contribution of the civil society are also of particular importance. Pro-poor practices by the NGO's are also instrumental.

With the purpose of alleviating the adverse effects of the 2001 economic crisis in Turkey on needy individuals, the "Project on Reducing Social Risks" was initiated through a credit support of US\$ 500 million from the World Bank. In this context, urgent assistance is provided through the Project to needy individuals affected from the crisis in the short term, while micro-projects aiming at elevating income and employment levels through the implementation of conditional cash transfers are supported in the medium and long term.

As of the end of June 2001, Social Solidarity Funds functioning under the General Directorate of Social Assistance and Solidarity have provided assistance to a total of 948,517 Turkish individuals over 65 years of age who are needy, poor and without any relatives, to be detailed as 705,108 for old-age, 62,789 for disability and 180,548 for invalidity.

The handouts known as Conditional Cash Transfers go to the poorest six percent of households, provided parents send their children to school or have them vaccinated when they're young. As of October 2005, this assistance had reached 1.9 million (roughly nine out of 10) of the poorest children in Turkey.

The Social Risk Mitigation Project's initial goal was to soften the impact of Turkey's 2001 economic crisis on poor households with emergency assistance, and improve their capability to cope with similar risks in the future.

In the process, the project has strengthened a network of 931 state-run Social Solidarity Foundations that are now better able to reach out to the poor, identify their needs and improve their prospects. Foundations, which used to distribute food and other benefits on an ad hoc basis, now have access to a computerized system and a clearly defined target group.

Reaching out to the poorest

The need for social assistance is particularly severe in eastern Anatolia, far from the dynamism of Istanbul, Izmir or Ankara.

The Social Risk Mitigation Loan Project will alleviate the impact of economic problems on poor households, and improve their capacity to withstand such risks in the future.

The components will achieve this through:

- 1) an adjustment portion, as a rapid relief response to vulnerable groups through existing channels. Financing will be available for public, and private sector import requirements of the balance of payments against a negative list, and, the Government will make use of the Turkish Lira counterpart loan funds, to finance priority actions for immediate relief. Disbursements for assistance programs include school materials, and textbooks; pharmaceuticals, and medical supplies; and, expansion of social assistance programs.
- 2) an investment portion to build institutional capacity of the government agencies providing coverage, and targeting social safety nets for the poor. This includes policy research, monitoring and evaluation, information technology development, and staff development, and training;
- 3) conditional cash transfers (grants), to finance an expanded social safety net, targeted to the poorest six percent families with children, with the proviso of positive family behavioral change with respect to education, and health; and,
- 4) local initiatives, by strengthening, and financing key programs proposed by the provinces, and local communities, to enhance employment opportunities aimed at poverty mitigation. Such programs are income-generating sub-projects, supported by technical assistance, employment training, adult literacy, and small business practices.

3) Please provide pertinent figures, statistics or any other relevant information: on the nature and extent of poverty and social exclusion, including the number of persons or households who are socially excluded or live in poverty; and on the methodology followed or criteria used to measure poverty and social exclusion, bearing in mind that the Eurostat at-risk-of-poverty rate before and after social transfers is used as a comparative value to assess national situations.

The New Concern With Poverty And Social Exclusion

Turkey's relations with the EU have also been very important in making poverty visible through an enhanced effort at the compilation of internationally comparable data, especially after 2004 when the Ministry of Labour and Social Security began to prepare the Joint Inclusion Memorandum for Turkey

It is also possible to observe a certain increase, between 2001 and 2004, in means-tested social expenditures by certain institutions directly involved in poverty alleviation.

More significant in this regard is the fact that the concern with social exclusion was reflected in the preparation of the reform of the social security system. The reform attempt was directed, first and foremost, by financial concerns. It also aimed to improve administrative efficiency by unifying different social security organizations within a Social Security Institution under the jurisdiction of the Ministry of Labour and Social Security. Yet, the reform had a separate component that explicitly dealt with non-contributory income maintenance mechanisms for those under threat of social exclusion. This social assistance component, too, would have been placed under The Social Security Institution and the Ministry of Labour and Social Security would have been invested with the responsibility of conducting a rights-based policy of social inclusion.

On the other hand, the Laws concerning Provincial Administration and Greater Municipalities could be enacted and certain changes were introduced in the legislation regulating the activities of the General Directorate of Social Services and Child Protection (SHCEK) concerning the disabled. The legislative changes that were introduced are of a nature to accord large responsibilities to the local government in social care and assistance, which could be fulfilled in partnership with the voluntary sector both in service provision and funding. The clauses 75 and 77 of the new legislation concerning Greater Municipalities are especially significant in their close conformity with the traditional tendency to situate social assistance in the realm of private benevolence.

For example, the Project Rainbow (*Gökkuşuğu Projesi*), led by the General Directorate for the Disabled and the Ministry of Education, appeals to philanthropic sentiments to meet the financial requirements of providing rehabilitation and labour market integration services to the disabled. The media coverage of the project indicates that it is highly successful in attracting important donations from benevolent individuals. It seems to be highly successful, as the Minister of Education put it, in “bringing the social state and the social society together”. “Bringing the social state and the social society together” also appears to be the objective of another project initiated by the Ministry of Education. This project is given the name “One Hundred Percent Support to Education” (*Eğitime % 100 Destek*) to indicate the extent of public participation as well as the tax rebates on donations that were raised to 100 percent of the sum donated.