



European
Social
Charter

Charte
Sociale
Européenne



COUNCIL
OF EUROPE

CONSEIL
DE L'EUROPE

24/05/2013

RAP/RCha/TUR/V(2013)

EUROPEAN SOCIAL CHARTER

5th National Report on the implementation of the
European Social Charter

submitted by

**THE GOVERNMENT OF
THE REPUBLIC OF TURKEY**

(Articles 3, 11, 12, 13, 14, 23 and 30
for the period 01/01/2008 – 31/12/2012)

Report registered by the Secretariat on 24 May 2013

CYCLE 2013

Republic of Turkey
Ministry of Labour and Social Security
General Directorate of External Relations and Services for Workers Abroad



REVISED SOCIAL CHARTER

**5th National Report on the Implementation of
the Revised European Social Charter**

submitted by

THE GOVERNMENT OF

THE REPUBLIC OF TURKEY

**For the period 1st January 2008 to 31st December 2012
on Articles 3, 11, 12, 13, 14, 23 and 30 Within the
Thematic Group 2**

(May 2013)

CONTENTS

ARTICLE 3 – THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS..... 3

Article 3 Paragraph 1 3

Article 3 Paragraph 2 13

Article 3 Paragraph 3 19

Article 3 Paragraph 4 24

ARTICLE 11 – THE RIGHT TO PROTECTION OF HEALTH..... 26

Article 11 Paragraph 1 26

Article 11 Paragraph 2 52

Article 11 Paragraph 3 72

ARTICLE 12- THE RIGHT TO SOCIAL SECURITY 84

Article 12 Paragraph 1-..... 84

Article 12 Paragraph 3 96

Article 12 Paragraph 4 99

ARTICLE 13- THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE..... 102

Article 13 Paragraph 1 102

Article 13 Paragraph 2-..... 112

Article 13 Paragraph 3-..... 113

Article 13 Paragraph 4-..... 117

ARTICLE 14 – THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES .. 121

Article 14 – Paragraph 1 122

Article 14 – Paragraph 2 144

ARTICLE 23 – THE RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION... 147

ARTICLE 30 – THE RIGHT TO PROTECTION FROM SOCIAL EXCLUSION AND POVERTY..... 163

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,

Article 3 Paragraph 1

the Parties undertake, in consultation with employers' and workers' organisations, 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 minimising the causes of hazards inherent in the working environment.

Scope of the provisions as interpreted by the ECSR

States party shall draw up a national policy on occupational health and safety, and periodically review it. Authorities shall consult employers' and workers' organisations when formulating national policies and strategies in this area. The improvement of occupational health and safety shall be pursued, inter alia, with training and research measures.

A- DEVELOPMENTS IN THE REPORTING PERIOD

1- LEGAL FRAMEWORK

1.1- National Occupational Health and Safety Policy

National Occupational Health and Safety Council which was established in 2005, is a platform which comes together with social partners, universities, professional organisations, non-profit organisations and other related institutions at least twice a year in order to determine necessities, priorities, policies and strategies about occupational health and safety and for the parties to express their views and thoughts.

Policy Document – II which includes goals planned to be reached in a period of 5 years from 2009 to 2013 has been prepared by the National Occupational Health and Safety Council by evaluating the realization degree of targets in the Policy Document – I which covered the period of 2006 – 2008. All council member institutions and organizations evaluate annually the practices related to the aims and share them with other parties.

In the Policy Document prepared by the National Occupational Health and Safety Council, a new approach about occupational health and safety has been adopted. It is aimed that preventive and preventive culture is adopted and put into practice. In order for this approach to be reflected in basic educational programmes, a cooperation protocol between Ministry of National Education and Ministry of Labour and Social Security (MoLSS) has been signed. In the scope of this protocol it is aimed that headmasters, vocational teachers and students of vocational and technical schools receive training on subjects of safe working, healthy living and occupational health and safety. It is aimed to create a safe life consciousness in employees of the future.

On 27 – 28th November 2010, 1st National Occupational Health and Safety Strategy Workshop has been organised in order to create basic policies in evaluating statistical data and evaluate Turkey's national occupational health and safety policy. In the scope of this workshop, within meetings of broad participation with universities, public institutions, non-profit organisations and private sector representatives, floors for exchange of information on titles such as; Evaluation of Corporate Structure, Legislations and Practices, Research and Statistics for Work Accidents and Occupational Diseases, and Occupational Health and Safety Education were created. In the scope of the workshop, Draft National Occupational Health and Safety Strategy Document has been prepared and preliminary preparations for the discussion of the outputs of the Workshop and the action plan has begun.

The Tripartite Consultation Board regulated in -Article 114 of the Labour Law, is an important social dialogue mechanism in the field of occupational health and safety with a consultative and tripartite quality. In order to oversee the mutual dialogue and cooperation for each and every regulation to be carried out related to work life, the Board convenes three times a year.

The above mentioned Board works efficiently in order to realize the tripartite cooperation as mentioned in Tripartite Consultation Convention (No. 144) of the ILO.

In the process of drafting the Draft Law on Occupational Health and Safety, consensus of major parties in work life and democratic participation were taken as basis. In this context, the Board has convened three times to discuss the Draft Law on Occupational Health and Safety. In addition technical committee studies were carried out with experts of confederations and bureaucrats of Ministry of Labour and Social Security.

1.2- Improvement of Occupational Health and Safety

With the Decree with the Force of Law No. 663 on the Organization and Duties of the Ministry of Health and its Affiliated Organizations/Affiliates, published on 2nd November 2011, the administration of the Ministry has been restructured to be composed of the Turkish Institution of Public Hospitals, the Turkish Public Health Institution (TPHI), the Turkish Drug and Medical Device Institution and the General Directorate of Health -for Borders and Coastal Areas. General Directorate of Basic Health Services, Presidency of Refik Saydam Health Centre, Maternal and Infant Health Unit, Tuberculosis Combat Unit, Malaria Combat Unit and Cancer Combat Unit have been added to the structure of the TPHI.

The TPHI first started its studies on laboratory safety in 2004 when it was organized within the Presidency of Refik Saydam Health Centre; and Laboratory Safety Council (LSC) was established. As a result of studies carried out by LSC, by the beginning of 2007, Laboratory Safety Directive and Guidelines for Techniques for Safe Working in the Laboratory; Responsibilities, Directions for Safety and Emergency Responses have been published. This publication was first ever in Turkey.

In 2008, awareness seminars for laboratory safety were organized; with more than 20 sessions in February and May of 2008. More than 800 personnel have participated in these seminars.

Also in 2008 for determining occupational safety problems of laboratories, general evaluation visits by LSC were effectuated and bio-risk trainings were given.

On 21st February 2011, Worker's Safety and Occupational Health Unit was established. The Unit firstly prepared and distributed "The Plan for Waste Management". As a result of observations of workplace accidents and problems, World Bank funded projects have been prepared for the education of personnel of laboratory cleaning services and outside laboratory cleaning services. This funding also provided education in an interactive medium. Similarly training was given to bureau personnel and technical personnel with World Bank funding. With these above mentioned trainings in 2011, 350 workers have received trainings on "Waste Management", "Use of Chemicals", "Communication", "Hygiene", "General Safety" and "Ergonomics" for one whole day.

A study group has been formed in the institution and OSHA accreditation studies have begun. In this respect OSHAS 18001:2007 Occupational Health and Safety Management System Documentation Education, OSHAS 18001:2007 Occupational Health and Safety Management System Hazard Assessment and Risk Analysis Education were carried out.

Within the framework of the aim of "quality and accreditation for qualified and efficient health services" which is one of the main goals of Transformation in Health Program, studies of quality in health institutions conducted by the Performance Management and Quality Development Department (established within the Strategy Development Department in May 2007), today includes all institutions that give health services and also contains all guidance in

this field. In this context in respect of both being accepted and considered effective in international sphere, important ground has been covered. In the improved sizing system, standards have been placed on a model that has 5 vertical and horizontal dimensions covering all departments of the institution. While vertical dimensions are composed of Corporate Service Management, Health Service Management, Support Service Management and Indicator Management, horizontal dimension include Safety of Patient and Worker. In this way a dimensional structure specific to our country has been established. In addition, within the scope of the project MATRA financed by the Government of the Netherlands, the Ministry of Health has brought up a group of educators to meet the aims of “Safety Education Policy” and also developed an education program and the according material for “Fundamental Safety Harmonization Training”. Ministry also prepared for other trainings such as “Specific Biosafety Training” and “Field Specific Training”. In this context Department of Worker’s Health and Safety of Public Health Institution has continued to give trainings to educators in order to increase the number of available teachers.

Moreover in the scope of “Improving Health and What is required in this Respect” Project, which has been carried out under the responsibility of the General Directorate of Basic Health Services of the Ministry of Health and State Planning Organization and has been recently transferred the TPHI, a study has begun which is planned to last until 2020 aiming to protect and improve health in the field of occupational health.

Within the scope of “International Health Regulations” document which is a legally binding document for WHO member States, Turkish Public Health Institution has been determined as a focal point and studies in this direction has begun with social partners. In this context the first activity has been realized in Ankara on 21 – 25th May 2012 which was “Workshop for Self Evaluation and Early Alarm Response System Standard Working Procedure Development”.

2- IMPLEMENTATION

2.1- Projects:

a- Project for Improving Occupational Health and Safety Conditions in Turkey’s Workplaces

Within the scope of the project which started on 11th March 2010; it is aimed to improve working conditions, structure registering systems and improve social awareness by introduction and education activities, from the aspect of occupational health and safety specifically in workplaces active in mining, construction and metal sectors.

b- Project for Establishment of Laboratories for Testing Personnel Preventive Equipment (PPE) Market Surveillance and Inspection

The main aim of the project which was begun in 2011 is to establish a laboratory to serve for PPE Testing in order to strengthen Market Surveillance and Inspection Laboratories in national level.

c- Project for Improving Regional Laboratories of Occupational Health and Safety Centre (İSGÜM)

With this project, procedures such as research, measurement and analysis related to occupational health and safety in Regional Laboratories of the İSGÜM in Istanbul, Ankara, Bursa, Izmir, Kocaeli and Kayseri has been standardized. Thus more qualified service for employers and workers has begun.

d- Project for Increasing Quality Levels of Services of Occupational Health and Safety in Turkey:

Within the scope of this project which aimed to determine the service criteria of institutions that provide Occupational Health and Safety Services and then to increase their quality of service, project experts coming from the Netherlands visited parties related to OHS. Visits to chosen good practice countries such as the Netherlands, Germany, Spain and England were carried out.

e- Project for Increasing Professionals' Awareness towards Occupational Diseases' Detection and Diagnosis:

The first stage of the project has been completed and conferences for increasing awareness were given to the society in 22 cities. Occupational disease seminars were conducted for primary care physicians. In the second stage of the project trainings will be given to physicians of Training and Research Hospitals which would give health reports determining insured individuals' degree of incapacity to work. The extent of the trainings will be determined by the Ministry of Health and the MoLSS.

2.2- Other Activities:

- a- In the reporting period, 19th World Congress on Safety and Health at Work has been conducted in Turkey as a part of developing and presenting the national occupational health and safety policy. The Congress was organized on 11 – 15th September 2011 with the collaboration of the ILO, the ISSA and the MoLSS. The aim of the Congress was to strengthen cooperation and information sharing among all social partners in order to improve occupational health and safety.
- b- Since 1987 every year Occupational Health and Safety Week has been organized. Public institutions, universities and non-profit organizations participate in these events. This activity aims the dissemination and improvement of the culture of occupational health and safety. With a view to serving this purpose the activity takes place each year in a different city.

3- STATISTICS AND OTHER INFORMATION

3.1- Funding for Occupational Health and Safety in the Reporting Period

Between the dates of 1st January 2008 and 31st December 2011 the budget of General Directorate of Occupational Health and Safety was 21 816 000 Turkish Liras (TL). Budget of the İSGÜM was TL 20 025 580. Total of money arising from penalties was TL 945 000. In the above mentioned period the budget of the carried out projects were as in the following; the budget of Project for Improving Occupational Health and Safety Conditions in Turkey's Workplaces was 4 million Euros, the budget of Project for Improving Regional Laboratories of İSGÜM was 1.8 million Euros, the budget of Project for Establishment of Laboratories for Testing Personnel Preventive Equipment (PPE) Market Surveillance and Inspection was 1.2 million Euros and the budget of Project for Increasing Quality Levels of Services of Occupational Health and Safety was 400 thousand Euros.

3.2- Number of Personnel who Work in the Field of Occupational Health and Safety Technical Infrastructure

Number of personnel who actively work in the General Directorate of Occupational Health and Safety is 159. Number of personnel who actively work in the İSGÜM is 121 and the total number of personnel who work in the 6 regional laboratories of İSGÜM is 61.

3.3- Number of Individuals and Institutions who benefited from Activities Realized in the Scope of Occupational Health and Safety

Within the scope of the Project for Improving Occupational Health and Safety Conditions in Turkey's Workplaces; 1000 workplaces received training for health observation, 1000 trainings were conducted on the subject of OHS Management Systems and Occupational Hygiene and 128 firms have benefited from consultation and education services. The 19th World Congress on Safety and Health at Work was organized in our country with the participation of more than 5000 national and international participants from all related partners. 3800 individuals participated in the 4 OSH Week Activities, which were organized in the above mentioned period and were open to everybody's participation. Within the scope of the program which was performed in 5 different cities (Ankara, Antalya, Bursa, İzmir and Istanbul) with the aim of raising consciousness among employers and employees about their responsibilities and trainings of OHS given to construction inspectors and control personnel in order to disseminate inspection and observation services that rely on preventive approach in construction sector, 4225 individuals received training. Within the scope of the first stage of Occupational Disease project, in 22 cities 2663 doctors and other healthcare personnel, and 1682 individuals from social partners (total 4305 people) received training on Occupational Diseases.

3.4- Positive Outcomes of the Implemented National Occupational Health and Safety Policy (decrease in occupational diseases and workplace accidents)

Number of workplace accidents which was 72963 (with a rate of 829 workers in 100 thousand workers) in 2008 has dropped to 62903 (with a rate of 627 workers in 100 thousand workers) in 2010.

B- RESPONSES TO THE FURTHER INFORMATION REQUESTS AND CRITICISMS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

1- General Aims of the National Policy

The requested information under this title is given in the previous paragraphs.

2- Administration of Preventing Occupational Risks

Information related to the duties of inspectors to share information about risks is given below. The sections of the duties of the Ministry of Labour and Social Security which are given to it by the Act no. 3146 related to inspection, are carried out by the Labour Inspection Board (LIB) of the Ministry as required by the ILC No. 81. In addition, in Chapter 7 Article 91 of the Labour Law No. 4857 titled "Supervision and Inspection of Working Conditions" it is stated that "The State shall follow up, supervise and inspect the implementation of labour legislation governing working conditions. This duty shall be performed by officials of the Ministry of Labour and Social Security in sufficient numbers and with the necessary qualifications, specially empowered to exercise supervision and to make visits of inspection."

In this context brief information about the activities carried out by the LIB are given below:

- a- In order to provide widespread and efficient inspection, determine special risks specific to sectors, make nationwide and workplace policies and to reach more workplaces and workers, as in the context of the aim of "Informing the public and the related parties in order to provide that the legislation is implemented and making sure that publicity actions are carried out by council member institutions." which is listed among the determined "2009 – 2013 National Occupational Health and Safety Aims" which is a part of 1st National Occupational Health and Safety 2nd Policy Document's action plan, projected inspection activities has been carried out.

Projected inspections carried out in 2011 have been realized in collaboration with social partners. For this purpose high level participation to opening meetings from employers and employees, governorships, municipalities, industry and trade chambers and trade unions and confederations was provided.

In the meetings; in addition to the introduction of new inspection vision, general knowledge related to projects was given to the participants. Both national and local media have attached great importance to those meetings.

In this context several publications were made. These are: “Guide for Occupational Health and Safety in Underground and Overland / Surface Mining Plants”, “Handbook for Occupational Health and Safety in Underground and Overland / Surface Mining Plants”, “Handbook for Occupational Safety in Construction Work”, brochures for “Safe Working with Pressurized Gas Cylinders”, “Safe Usage of Pressurized Gas Cylinders”, “Dangers of Pressurized Gas Cylinders, Transportation and Storage”, “Safe Working at High Levels in Construction Work” and booklets named “Worker’s Right to Rest in 30 Questions”, “Special Working Conditions for Child and Young Workers in 30 Questions”, “Special Working Conditions for Women Workers in 60 Questions”, “Pay in Labour Law in 40 Questions”, “Right to Compensation Arising from Labour Law in 40 Questions”, and “Working Hours in Labour Law in 50 Questions”.

These booklets and guides which were prepared in written medium were distributed to employers’ and workers’ trade unions, organized industrial zones, universities, professional organizations and the National Library. They were also publicised through the internet.

- b- In order to “decrease the rate of workplace accidents by 20%”, as listed among the determined “2009 – 2013 National Occupational Health and Safety Aims” which is a part of 2nd National Occupational Health and Safety Policy Document’s action plan, Labour Inspection Board examined reports of workplace accidents. Studies related to analysis of Social Security Institution’s statistics of workplace accidents in 2010 were carried out. “Labour Inspection Guide” which was prepared with aims of replacing reactive approach with a proactive approach, prioritizing preventive inspection, using sources for inspection efficiently, providing the effective participation of inspectors in the preparation of inspection programs, developing the management system perspective, improving communications with social partners and approximating labour inspection processes with international standards, was published on 19th September 2011.

In 2011 the following activities were completed: “Project for Safe Working at High Levels in Construction Work”, Projected Inspection related to Occupational Health and Safety in Mining Sector”, “Field Based Projected Inspection in Dilovası Organized Industrial Zone”, “Field Based Projected Inspection in Çerkezköy Organized Industrial Zone”, “Field Based Projected Inspection in Ostim and İvedik Organized Industrial Zone”, “Occupational Health and Safety Inspection in Producers and Importers of Explosive Materials and Pyrotechnic Goods”.

In addition, as required in some provisions of Regulation for the Control of Big Industrial Accidents, safety report and emergency plan guide and inspection service drafts which were needed to be prepared together with the Ministry of Environment and Urban Planning has been prepared by a team established in the LIB. In order to consult the Ministry of Environment and Urban Planning meeting with representatives of the Ministry were carried out and studies still continue. In context of sectorial studies, in order to conduct suitable studies for the Directive for the Control of Big Industrial Accidents (which is the basis point for the above mentioned Regulation) related to the chemical industry, the LIB begun inspections in Tüpraş Refineries in Kırıkkale, Kocaeli, İzmir and

Batman with the aim of preventing big industrial accidents especially in large scale petrochemical plants. These inspections continued in October and November 2011.

- c- About the subject which was mentioned under the title of “a 20% increase in occupational health and safety projects, trainings and publicity activities of member institutions of national council” (which is a part of National Occupational Health and Safety Document – II), in 2011 the LIB aimed to raise the awareness of our country towards occupational health and safety with inspections and trainings. For this purpose during inspections, trainings were given to workers as well as worker and employer representatives of workplaces.

In addition, parallel to the “Project for Safe Working at High Levels in Construction Work” in inspections which were carried out within the scope of the “Project for Safe Working in Heat Insulation Works” trainings were given to both the employer and also the participants from the building management.

- d- As mentioned above with the annexed Labour Inspection Guide of Ministerial Decree (no. 2011/8) new approaches were brought to labour inspection. Solution and risk based inspection programs that foresee participation of social partners were planned for 2012. According to this, aims of inspections are as follows: avoiding workplace accident and occupational diseases that arise from falling in construction work, firedamp explosions in underground coal mines, fires and explosions in chemical, dyeing and furniture sectors and equipment related in metal sectors, providing healthy and safe working environments, implementing the legislation and eliminating risks. In this context for the year 2012 the below mentioned inspections were planned and put into effect:

- Field based Inspection on Occupational Health and Safety in Adana Hacı Sabancı Organized Industrial Zone (OIZ),
- Risk Based Inspection in terms of Occupational Health and Safety in Workplaces Which Operate in Texture Sector at 1st, 2nd, 3rd and 4th OIZs in Gaziantep and Organized Industrial Zone in Osmaniye,
- Inspection on Occupational Health and Safety Aiming to Prevent Silicosis in Dental Prosthesis Laboratories (Ankara, Adana),
- Risk based Inspection in Construction Workplaces Oriented Towards the Aim of Safe Working at Height,
- Risk Based Inspection in Underground Coal Mining Plants,
- Field Based Inspection in Ostim-İvedik OIZ,
- Programmed Field Based Inspection in Dilovası OIZ (2nd stage),
- Field Based Inspection in Çerkezköy OIZ (2nd stage),
- Field Based Inspection in Karabük, Bartın, Çaycuma, Kdz. Ereğli OIZ,
- Field Based Inspection in Antalya OIZ,
- Risk Based Inspection on Fire and Explosion Hazards in Polyester Plants and Equipment Used in Manufacture of Furniture in Ankara, Siteler,
- Occupational Health and Safety Inspection in Construction Sites of Hydroelectric Power Plants (Pilot implementation),
- Occupational Health and Safety Inspection in Industrial Gases Storage and Filling Plants,
- Risk Based Inspection Intended Prevention of Hazards Caused by Equipment Used in Cold Forming (press) in Plants Manufacturing for Automotive Supply Industry (Bursa),
- Risk Based Inspection in Machinery Intensive Manufacturing Sector (Kayseri),
- Occupational Health and Safety Inspection in Shipyards,
- Inspection with the Target of Improving OHS in Large Scale Industrial Enterprises in Lüleburgaz,

- Risk Based Inspection in Metal Coating Workplaces Planted in Galvano Technical Industrial Area,
- Inspection on Improving OHS Conditions in Call Centers (İstanbul, pilot implementation)
- Sector Based Inspection in Weaving Mills and Textile Enterprises (Denizli OIZ),
- Field Based Inspection in Manisa OIZ, Muradiye OIZ and Manisa Medium Scale Industrial Zone,
- Risk Based Inspection in Metal and Texture Branches of Industrial Activity (Malatya, Adıyaman, Elazığ),
- Risk Based Inspection in Wood Working and Furniture Sector (Samsun, Çorum, Amasya, Ordu),
- Inspection on Improvement of OHS Conditions in Surface Mining Plants (including coal),
- Inspection on Improvement of OHS Conditions in Underground Mining Plants.

3- Improving Occupational Health and Safety

The information requested by the committee within this subtitle is indicated below.

3.1- Occupational Health and Safety Centre (İSGÜM)

The Occupational Health and Safety Centre, which is the only competent official institution for carrying out measures and analysis on workers and working environment in Turkey, functions /carries out duties through its central laboratory in Ankara and six affiliated regional laboratories (in İstanbul, İzmir, Adana, Kocaeli, Bursa and Kayseri provinces). The İSGÜM continues its studies in central and regional laboratories with its staff composing of engineers, experts and associate experts of OHS, physicians, chemists, biologists, doctors, pharmacists, psychologists, nurses, audiologists, audiometricians and technicians.

Services and major activities carried out by the İSGÜM are specified below:

Major Activities

- 1- Examining certain chemicals with regards to OHS and issuing control certificates within the import process.
- 2- Physical measurements of; noise, vibration, lightening, thermal comfort, airflow speed etc. in workplace environment.
- 3- Chemical measurements of; on gas, solvents, toxic substance, heavy metals etc. in workplace environment.
- 4- Biological measurements like; audio test, respiratory function test, blood and urine analysis etc.
- 5- Cooperating with international organizations which carry out studies in the field of OHS
- 6- Planning and carrying out activities on examining and researching to prevent OHS, accident at work and occupational diseases.

Services

- Taking dust samples from workplace environment and making gravimetric evaluation
- Measuring the airflow speed,
- Measuring conditions of thermal comfort (temperature, pressure, relative humidity, airflow speed),
- Measuring individual exposure to noise,
- Measuring individual whole body exposure to vibration,
- Measuring individual hands-arms exposure to vibration,
- Measuring lightening,
- Analysis of free silica in Fourier Transform Infrared Spectrophotometer,
- Instantaneous gasometry with detector or valve in workplace air,
- Gas-chromatography analysis,

- Determining concentrations of threadlike particles in dust,
- Species analysis of threadlike particles in dust,
- Analysis in high pressure liquid chromatography,
- Analysis in ion chromatography (per sample),
- Heavy metal analysis in air with atomic absorption device (graphite/aflame),
- Analysis of each additional element with atomic absorption device 15/1 (graphite/aflame),
- Analysis of heavy metal in air with atomic absorption device (hydride system),
- Analysis of each additional element with atomic absorption device 16/1 (hydride system),
- Analysis of lead in blood with atomic absorption device,
- Analysis of phenol in urine,
- Analysis of Hippuric Acid in urine,
- Analysis of Trichloroacetic (TCA) in urine,
- Audiometry,
- Electrocardiography (EKG),
- Test of glucose in blood,
- Test of cholesterol in blood,
- Test of albumin in blood,
- Test of total protein in blood,
- Test of GGT in blood,
- Test of AST in blood,
- Test of ALT in blood,
- Test of ALP in blood,
- Test of urea in blood,
- Test of creatinine in blood,
- Complete urine analysis,
- Taking and interpretation of lung PA x-ray,
- Respiratory function test,
- Complete blood count (cbt),
- Sedimentation,
- Certificate of control,
- Rectification of control certificate,
- Toluene analysis,
- Xylene analysis,
- Fundamentals of Occupational Health and Safety (Book sale),
- Training for interpretation of pneumoconiosis,
- Interpretation of x-ray for pneumoconiosis,
- Consulting services.

Quality Management System was established in accordance with the standards of ISO 17025 and the documentation was published on 27/04/2009. The application for accreditation was made to Turkish Accreditation Agency and the auditing process continues currently.

3.2- Training and research activities carried out by the İSGÜM

Training activities:

- a) Providing skills trainings on safe working, healthy living and occupational health and safety for principals, workshop (?) class teachers and students of vocational and technical training institutions and creating awareness of safe living for future employees was targeted within the scope of cooperation with Ministry of National Education. In this context, studies on risk evaluation and measurement in Construction and Maritime

Vocational High Schools, which were determined to be pilot region for implementation in 2009, were completed and “the guide on occupational health and safety in Construction and Maritime Vocational High Schools” was prepared and published as well. These guides were delivered to Ministry of National Education for the purpose of distribution to 859 vocational and technical high schools across the country.

- b) Trainings for ILO International Classification of Radiographs of Pneumoconiosis
- c) Trainings for Staff of Units for Combatting Dust established in Mining Companies
- d) Trainings of occupational health and safety are organized for employers in cooperation with OSTİM-TÜTEV
- e) 4225 construction supervisors and controllers participated in the occupational health and safety trainings , which were hold within the scope of the program implemented in in Ankara, Antalya, Bursa, İzmir and İstanbul for the purpose of extending auditing and supervision services based on preventive approach in construction sector and providing awareness for employers and employees on their responsibilities.
- f) In addition to 2623 doctors and other medical staff, 1682 participants from social parties attended trainings on occupational diseases which were organized within the context of First Step of Occupational Diseases Project in 22 provinces.

Research Activities:

- a) The Project of Comparing the occupational health and safety conditions (with the study conducted 5 years ago) in quartz mining enterprises located in Aydın, Çine
- b) Project of follow-up and monitoring medical conditions of workers performing with manmade fibers and previously worked in the process of manufacturing lining and cement with asbestos
- c) Cooperation Project of conducting research on issues related with occupational health and safety in metal sector
- d) The Project on medical monitoring of employees and monitoring working environment with respect to results of risk assessment in gold mine enterprise
- e) The Project of conducting research on hazardous chemicals which are respired in pathology laboratories
- f) The Project on examining protocols on carcinogenic substances and import permits for solvents.

3.3- Occupational Health and Safety Week

Various events are being organized every year within the scope of Occupational Health and Safety Week since 1987. Participants from state institutions and organizations, universities, non-governmental organizations and private sector in particular take part in these events. Occupational Health and Safety Week, which aims to extend and improve awareness of occupational health and safety, is organized in different provinces of Turkey every year to achieve its objective.

3.4- Occupational Health and Safety Week Events

- Panel Discussions: Issues related with “occupational health and safety” are discussed by experts. Q&A parts of these panel discussions are made interactively with audiences.
- Seminars
- Theatre Performances: Plays related with occupational health and safety are performed
- Picture and slogan contest: this event is hold among elementary students
- Technical visits: Visits are organized to the prominent establishments of the region, which put emphasis on occupational health and safety, to examine good practices.

Article 3 Paragraph 2

the Parties undertake, in consultation with employers' and workers' organisations, to issue safety and health regulations.

Scope of the provisions as interpreted by the ECSR

The implementation of an occupational health and safety policy must include the adoption of framework legislation dealing with all aspects of health, safety and working conditions, as well as the adoption of regulations on specific risks concerning dangerous agents and substances (in particular, asbestos, ionising radiation and chemical substances). All workers –including temporary and self-employed workers–, all workplaces and all sectors of activity must be covered by occupational health and safety regulations. The regulations must be drawn up in consultation with employers' and workers' organisations.

A- DEVELOPMENTS DURING THE REPORTING PERIOD

1- LEGAL FRAMEWORK

Regulations on “Occupational Health and Safety Services”, “Duties, Authority, Responsibilities and Trainings of Workplace Physicians” and “Duties, Authority, Responsibilities and Trainings of the Occupational Safety Experts” which were prepared by receiving the views of all stakeholders were published in the Official Gazette no. 27768 dated 27.11.2010 and entered into force.

The preparation process of the Draft Law on Occupational Health and -Safety was realized through participation of all concerned parties. During the preparation of the Draft Law, tripartite consultative board meetings were held. A technical subcommittee was established for addressing the Draft Law. The enactment process of the Draft Law continues.

“Protocol of Collaboration” was concluded between the Ministry of Health and the MoLSS in April 2010, with a view to supplying occupational health services more effectively, improve policies and to determine the real dimension of the problems of the occupational health. As a result of this collaboration, the “Regulation on Duties, Authority, Responsibilities and Trainings of Workplace Physicians” no. 27768, dated 27.11.2010 was introduced.

Society health centres, supplying service under the MoLSS, have been authorized for providing occupational health services. In this context, the “Directive on Implementation Procedures and Principles of Fundamental Occupational Health Services” no. 20065 dated 16 June 2011 was introduced to arrange the procedures and principles on the provision of the services by workplace physicians of the society health centres.

In the context of the family physician practise, the “Directive on the Establishment and Operation of the Society Health Centres” no 25143 dated 3 August 2011 was introduced.

The obligation for having a porter examination of the workers in food businesses is regulated by Articles nos. 126 and 127 of the Law on Public Health in Turkey. The said Articles of the aforementioned Law were re-regulated by Article 58 of the Decree with the Force of Law no. 663, published in the Official Gazette dated 2 November 2011.

a- Article 126 of the Law on Public Health no. 1593 has been amended as below:

“Article 126- The owners of the food production and selling area and collective consumption areas and the workplaces where the cleaning business is done and the operator of these workplaces have to give education to their workers, employ the workers who had education and provide them to take education related with the business and activity of these workplaces about hygiene and the workers have to take this education.

If the workplace owners and the operators work personally, they are considered under the context of this paragraph. The workers whose contagious disease is documented and the ones who have open wound and dermatosis visible and gives discomfort to the direct beneficiaries

of the activities and services, including the owners and the operators of these workplaces, cannot work and cannot be employed in the workplaces stated in the first paragraph until their recovery is confirmed by the medical certificate. The workers are obliged to give information about their diseases to their employers.

b- Article 127 of the Law on Public Health in Turkey has been regulated as follows and the provisional clause was added to the Law.

“Article 127- The points related to the hygiene education in the workplaces said in the article no. 126, the kinds of the contagious diseases and the dermatosis which hampers work in these workplaces, the determination of the recovery, related procedures and principles which the craftsman is under the context of article no. 126 are arranged by the mutual regulation by the Ministries of Health, Home Affairs and Food, Agriculture and Stockbreeding.

In case the contagious or infectious disease occurs in the workplaces indicated in the Article 126, the required examinations are made by the concerned institutions by meeting the analysis expenditures of the workplace owners and operators.

Legal obligations arising from the contagious or infectious disease occur in the workplaces indicated in Article 126 and the compensation payments to be demande d in legal way /claimed by the institutions or the ones suffering from this situation and the other possible payments -shall be borne by the workplace owners and the operators.”

As a result, the workplace owners are obliged to make porter examination in suspected cases on workers’ health or in cases on epidemic illness and in addition to these; they are obliged to give education on hygiene to the all workers.

In this context, new porter regulation is worked on about how, in what way and in which subjects these educations will be realised.

2- IMPLEMENTATION

Information on the measures taken for the implementation of the legislation covering all workers in all workplaces was given in the context of the Paragraph 1 above.

B- RESPONSES TO THE FURTHER INFORMATION REQUESTS AND CRITICISMS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

In the context of this article, information demanded by the ECSR concerning the regulations on occupational health and safety is given below:

1- The content and scope of the occupational health and safety legislation, regulations on occupational health and safety.

The content of the legislation on occupational health and safety has been shaped with a new perspective in line with the principles cited below:

- Permanent development in the conditions of occupational health and safety
- Development of a general prevention policy in the workplaces
- Identification of the dangers in every step of the work with a risk assessment approach and taking measures.
- Collaboration of the various employers using the same workplace on the issue of occupational health and safety.
- The participation of workers to the decisions taken by the workplace management, consultation with workers for the measures to be taken.
- Instructing workers about the risks which can be faced with /confronted in the workplace.
- Employing an occupational health and safety official and shop steward.

However, following the enactment of the Draft Law on Occupational Health and Safety, all workers will have been taken under the scope thereof.

The list of the legislation of the occupational health and safety which is in force is as follows:

Table 1: Directives in force according to the 2nd Provisional Clause of the Labour Act no. 4857

No	Bylaw	Date / Number of the Cabinet Decree - Date / Number of the Official Gazette
1	Bylaw on Occupational Health and Safety	4.12.1973, No: 7/7583 – 11.1.1974 / 14765
2	Bylaw on the Measures in Jobs worked with Flammable, explosive, dangerous and hazardous substances in the workplace	27.11.1973, No: 7/7551– 24.12.1973 / 14752
3	Bylaw on Occupational Health and Safety Measures in Mines and Quarries Enterprises and Tunnel Construction	13.8.1984, No: 84/8428 – 22.10.1984 /18553
4	Bylaw on Occupational Health and Safety Measures for Construction Works	2.7.1974, No: 7/8602 – 12.9.1974 /15004

Table 2: Regulations in force according to the 2nd Provisional Clause of the Labour Law no. 4857

No	Regulation	Date / Number of the Official Gazette
1	Regulation on Safe Driving of electric locomotives in Underground Mines	28.5.1997 – 23002
2	Regulation on Workers in the Mines under Sea, Lake or River	13.4.1997 – 22963
3	Regulations on the Usage of Electricity in Gassy Mines	11.3.1997 – 22930
4	Regulation on Combating with Dust in Mining and Tunnel Construction	14.9.1990 - 20635 26.2.2000 – 23976 (amend.)
5	Regulation on Structure, Modus Operandi and Principles of Competent Committee with Jurisdiction to Decide on Suspension of Production or Closure of Enterprises Working on Manufacturing Products for National Security and Military Workplaces	11.1.1989 - 20046
6	Regulation on Machine Protectors	17.05.1983/18050

Table 3: Other Regulations

No	Regulation	Date / Number of the Official Gazette
1	Regulation on Residences of Seamen and their Health and Subsistence	20.12.1989 – 20378
2	Regulation on Principles and Procedures of Giving Certificate of Competency to Employees Working with Explosives	11.7.2002 – 24812

Table 4: List of Regulations on Occupational Health and Safety according to Articles of the Labour Law no. 4857

No	Regulation	Date / Number of the Official Gazette
1	Regulation on Works Which Cannot be Performed more than 7,5 Hours a Day due to Health Reasons	154/2004-25434
2	Regulation on Preparation, Completion and Cleaning Works	28/4/2004-25446
3	Regulation on Principles and Procedures for Employment of Child and Young Workers	6/4/2004-25425
4	Regulation on Working Conditions of Women Workers in Night Shifts	9/8/2004- 25548
5	Regulations on Procedures and Principles of Occupational Health and Safety Training of Workers	7/4/2004-25426
6	Regulation on Health and Safety Signs(92/58/EEC)*	23/12/2003-25325
7	Regulation on Health and Safety Measures in Working with Instruments with Screens (90/270/EEC)*	23/12/2003-25325
8	Regulation on Noise (2003/10/EC-86/188/EEC)*	23/12/2003-25325
9	Regulation on Vibration (2002/44/EC)*	23/12/2003-25325
10	Regulation on Health and Safety for Construction Works(92/57/EEC)*	23/12/2003-25325
11	Regulation on Health and Safety Precautions at Works with Chemicals (98/24/EC)(1991/322/EEC-2000/39/EC-2006/15/EC limit value)*	26/12/2003-25328 (Amended: 19/10/05-25971) (Amended: 20/03/2008 26822)
12	Regulation on Protection of Employees in Explosive Atmospheres (99/92/EC)*	26/12/2003-25328
13	Regulation on Health and Safety Measures at Work with Carcinogens and Mutagens (90/394/EEC-97/42/EEC-99/38/EC)*	26/12/2003-25328
14	Regulations on Health and Safety Measures in Asbestos Related Works (83/477/EEC)*	26/12/2003-25328 (Amended: 17/2/04-25376)
15	Regulation on Health and Safety Measures in Workplaces, Buildings and Outbuildings(89/654/EEC)*	10/2/2004-25369
16	Regulation on Health and Safety Requirements for Use of Work Equipment (89/655/EEC)*	11/2/2004-25370
17	Regulations on Manual Handling (90/269/EEC)*	11/2/2004-25370
18	Regulation on Use of Personal Preventive Equipment in Workplaces (89/656/EEC)*	11/2/2004-25370
19	Regulations on Health and Safety Requirements for Underground and Surface	21/2/2004-25380

	Mine Enterprises.(92/104/EEC)*	
20	Regulation on Requirements for Improving Safety and Health Protection of Workers in Mineral-Extracting Industries Through Drilling (92/91/EEC)	22/2/2004-25381
21	Regulation on Occupational Health and Safety for Fixed-Term or Temporary Employment(91/383/EEC)*	15/5/2004-25463
22	Regulation on Protection of Workers from Risks Related to Exposure to Biological Agents at Work(2000/54/EC- 93/88/EEC-97/59/EC-97/65/EC)*	10/6/2004-25488
23	Regulation on Health and Safety Requirements for Work on Board Fishing Vessels(93/103/EC)*	27/11/2004-25653
24	Regulation on Work Stoppage and on Closure of Workplaces	05/3/2004-25393 (Amended:28/10/2010-27743)
25	Regulation on Occupational Health and Safety Committees	7/4/2004-25426
26	Regulation on Duties, Authority Responsibilities and Trainings of Occupational Health and Safety Experts	27/11/2010- 27768
27	Regulation on Duties, Authority, Responsibilities and Trainings of Workplace Physicians	27/11/2010- 27768
28	Regulation on Occupational Health and Safety Services	27/11/2010- 27768
29	Regulation on Heavy and Dangerous Works	16/6/2004-25494 (Amended: 23/10/ 2004-25622) (Amended: 7/3/2010-27514
30	Regulation on Working Conditions of Pregnant or Breastfeeding Women, Breastfeeding Rooms and Child Nursing Homes (92/85/EEC)*	14/7/ 2004-25522

* Number of Directive of European Union

Table 5: Regulations Issued by the General Directorate of Occupational Health and Safety in Accordance with Other Laws

No	Regulation	Date / Number of the Official Gazette
1	Regulation on Personal Preventive Equipment (CE) (89/686/EEC)*	9/2/2004- 25368 29/11/2006-26361(Revised)
2	Regulation on Entrance and Proficiency Examinations of the Ministry of Labour and Social Security for Associated Experts of Labour, Associated Experts of Services for Workers Abroad, Associated Experts of Occupational Health and Safety	8/9/2010 - 27696

3	Regulating on Circulating Capital Enterprise of the Ministry of Labour and Social Security General Directorate of Occupational Health and Safety	31/03/2010-27538
4	Regulation on the Procedures and Principles of Market Surveillance and Inspection by the Ministry of Labour and Social Security	28/12/2004- 25684

* *Number of Directive of the European Union*

2- The aforementioned Regulations cover the most of the risks said below:

a- Risks for the establishment, arrangement and care of the workplaces

Regulation on the health and safety measures taken for the building and facilities of the workplace, prepared by taking into account the European Union Directive no. 89/654/EEC covers the risks for the establishment, arrangement and care of the workplaces.

b- Risks on chemical, physical, biological, and carcinogenic matters

Regulation on Health and Safety measures in the works with chemical agents prepared by taking into account the EU Directives no. 98/24/EC-1991-2000/39/EC-2006/15/EC covers the risks related to chemical agents.

“Regulation on Noise” prepared by taking into account EU Directive no. 2003/10/EC-86/188/EEC, “Regulation on Vibration” prepared by taking into account EU Directive no. 2002/44/EC, “Regulation on electromagnetic field and waves” no.(2004/40/EC) and “Regulation on artificial optical radiation” no. (2006/25/EC) of which the preparations are continued cover the risks of physical factors.

Regulation on the risks of the exposure to the biological factors prepared by taking into account the EU Directives no 2000/54/EC and 93/88/EEC-97/59/EC cover the risks related to the biological matters.

Regulation on health and safety measures on the protection of workers from the risks related to exposure to carcinogens at work and extending it to mutagens prepared by taking into account the EU Directives no 90/394/EEC and 97/42/EEC-99/38/EC covers the risks related to the carcinogens and mutagens.

c- Risks peculiar to maritime, construction and mining sectors

Regulation on Health and Safety in the building operation prepared by taking into account the EU Directive no. 92/57/EEC and the Regulation on workers’ health and work safety in the building operation covers the risks peculiar to construction.

Regulation on safety and health conditions in surface and underground mineral-extracting industries prepared by taking into account the EU Directive no. 92/104/EEC, Regulation on safety and health protection conditions in the mineral-extracting industries through drilling prepared by taking into account the EU Directive no. 92/91/EEC, Bylaw on measures for worker’s health and occupational safety in the establishment of tunnel and mining and quarry, Regulation on usage of the electric locomotive in the underground mining, Regulation on the works in the mines under the sea, lake or river, Regulation on the usage of electric energy in the gaseous mine, regulation on combatting with the dust in the construction of tunnel and mining and the quarry cover the risks peculiar to mining sector.

d- Risks peculiar to agriculture and transport sector

Although there is not a direct provision regulating the risks peculiar to any sector in our legislation, in accordance with Article 77 of the Labour Law no. 4857 it is envisaged that the employers shall be obliged to take all measures make available all equipment required to ensure occupational health and safety at workplaces, and the workers shall comply with such measures taken for occupational health and safety. The employers are obliged to check whether the measures taken for occupational health and safety are complied with or not, to

keep the workers informed of occupational risks they are exposed to, measures to be taken, and their legal rights and obligations, and to train them on issues relating to occupational health and safety. With the term of “to take all measures, make available all equipment” the obligations of the employers are kept broadly. They are forced to do what is necessary for providing occupational health and safety and to take all the measures against every kind of risks. In other words, the employers are not deemed to fulfil all the obligations by taking measures written in the legislation.

The employer should take other occupational health and safety measures (hence, acknowledging the standards adopted nationally and internationally) which are not envisaged in the national legislation, yet scientific and technological developments should lead to.

For providing an effective and efficient protection against these risks, special arrangements determining the implementation of rules clearly have been introduced. Risk limit set by the national legislation conform to the international standards.

3- Protection of workers against asbestos and radiation

The workers are protected against asbestos and radiation rays in the same level as envisaged / required by the international standards.

Regulation on Health and Safety Measures in Asbestos Related Works has been prepared by taking into account the European Council Directives no. 83/477/EEC dated 19/9/1983 and no. 91/382/EEC dated 25/6/1991 and the European Parliament and Council Directive no. 2003/18/EC dated 27/3/2003 for incorporating all provisions of the *acquis* into our legislation properly.

Limit values stated in the Regulation on Health and Safety Measures in Asbestos Related Works are in conformity with the values totally ensured by the concerned European Council Directives. Technological progress related with the subject, is reviewed periodically in parallel with the developments in the scientific and technological knowledge. Moreover, in our country asbestos usage in the workplaces has been prohibited. In spite of this, there is not a study carried out for taking inventory for determining the buildings and materials in which asbestos is used.

On the other hand, Turkish Atomic Energy Authority, regulates the legislation on the protection of people’s and workers’ health against the dangers generating from the radiation rays by taking into account the European Union Directive no. 96/29/Euratom.

Article 3 Paragraph 3

the Parties undertake, in consultation with employers' and workers' organisations, to provide for the enforcement of such regulations by measures of supervision.

Scope of the provisions as interpreted by the ECSR

States party must provide for the enforcement of health and safety regulations by measures of supervision. Compliance with this undertaking is assessed by taking into account developments in the number and frequency of work accidents and occupational diseases, as well as the setting up and maintenance of an effective inspection system (that is, conducting a “minimum number of inspections on a regular basis” and putting in place an efficient and dissuasive system of penalties in the event of breaches of the regulations).

A- DEVELOPMENTS IN THE REPORTING PERIOD

1- LEGAL FRAMEWORK

The aforementioned regulations on occupational health and safety have been implemented effectively. As per the supervision of the implementation, related measures envisaged by the regulations have been taken. In this context, activities of labour inspection have been carried on effectively; sanctions have been imposed in case of violation.

2- IMPLEMENTATION

The number of work accidents and the ratio of this to the 100.000 workers have been seen in tables below including inspections on occupational health and safety realized by the labour inspectors, results of the inspections, imposed administrative fines and fatal accidents.

STATISTICS OF OCCUPATIONAL HEALTH AND SAFETY INSPECTION	NUMBER OF INSPECTION				NUMBER OF CONTACTED WORKERS					
	<i>General Inspection</i>	<i>Control Inspection</i>	<i>Review Inspection</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Young</i>	<i>Child</i>	<i>Total</i>	<i>Apprentice</i>
2008	7.666	1.496	14.284	23.446	760.494	114.161		531	875.186	1.139
2009	6.082	1.011	12.616	19.709	738.616	128.944	70	96	867.726	706
2010	5.556	889	10.839	17.284	1.971.567	239.894	125	131	2.211.717	2.382
2011	6.699	1.889	7.314	15.902	1.353.841	194.893	180	59	1.548.973	2.057

ADMINISTRATIVE FINES RECOMMENDED ACCORDING TO THE RESULTS OF OCCUPATIONAL HEALTH AND SAFETY INSPECTION	NUMBER OF WORKPLACES	AMOUNT OF FINES (TL)
<i>2008</i>	2.075	4.060.821,00
<i>2009</i>	2.946	6.917.000,00
<i>2010</i>	1.349	2.548.596,00
<i>2011</i>	1.873	7.264.784,00

STATISTICS OF OCCUPATIONAL HEALTH AND SAFETY

Years	Number of Workplaces	Number of Workers	Number of Work Accidents	Accident Rate (per 100.000 Workers)	Number of Deaths (In case of Work Accidents)
2008	1.170.248	8.802.989	72.963	829	865
2009	1.216.308	9.030.202	64.316	712	1171
2010	1.325.749	10.030.810	62.903	627	1444

RESULTS OF OCCUPATIONAL HEALTH AND SAFETY INSPECTION	<i>Operation Permit</i>	<i>Duration</i>	<i>Made a Notification</i>	<i>Administrative Fines</i>	<i>Closure/Stoppage</i>	<i>Faultless</i>	<i>Removing from the scope of the law</i>	<i>Unattainable Inspections</i>
<i>2008</i>	3.147	7.341	6.232	2.075	77			1.488
<i>2009</i>	2.422	5.170	4.732	2.946	86	4.799	131	1.881
<i>2010</i>	463	3.898	7.059	1.377	367	1.870	52	3.177
<i>2011</i>	422	4.973	4.258	1.873	484	1.874	71	2.873

B- RESPONSES TO THE FURTHER INFORMATION REQUESTS AND CRITICISMS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

In the context of this Paragraph, information demanded in the previous Conclusions of the ECSR is given below:

1- Protection of temporary workers

In accordance with the Labour Law no. 4857, the provisions in the legislation for occupational health and safety have also been implemented to the temporary workers in the workplace. Together with the enactment of the Draft Bill on Occupational Health and Safety, all workers and the workplaces have been covered.

2- Personal Scope of the Regulations

Occupational health and safety legislation of Turkey has been prepared by taking into account the ILO Conventions no.155 on Occupational Health and Safety, no.161 Occupational Health Services and European Union Framework Directive on Occupational Health and Safety no. 89/391. Self-employed is not covered in the definition of the employer under the heading of definitions of Article 3 of the Directive no. 89/391/EEC. The definition of the worker under the heading of definitions of Article 3 of the aforementioned Directive is stated as “any person employed by an employer, including trainees and apprentices but excluding domestic servants”. Thus, occupational health and safety legislation of Turkey prepared by taking into account the provisions in the Framework Directive of the EU no. 89/391/EEC do not cover the self-employed and domestic workers.

3- Consultation to the organizations of employers and employees

Tripartite Consultation Board meetings have been held by gathering government, employers’ and employees’ representative organizations for preparing the legislation. If so urged by the Board, technical commissions may be established for monitoring and elaborating draft bills. Moreover, social partners (employers and employees’ trade unions), universities, professional organizations and the other concerned organizations and institutions determine the needs, priorities, policy and the strategies on the issue of occupational health and safety in the National Occupational Health and Safety Council. The legislation which is on preparation is shared by all concerned parties / stakeholders and their views are taken. However, at the preparation stage, the draft legislation is shared by the public via the website of the Ministry.

Article 3 Paragraph 4

the Parties undertake, in consultation with employers' and workers' organisations, to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

Scope of the provisions as interpreted by the ECSR

States party must give all workers in all branches of the economy and every undertaking access to occupational health services. These services may be run jointly by several undertakings. If occupational health services are not established by every undertaking the authorities must develop a strategy for that purpose, in consultation with employers’ and employees’ organisations.

A- DEVELOPMENTS IN THE REPORTING PERIOD

1- LEGAL FRAMEWORK

After the annulment of the “Regulation on Duties, Authority, Responsibilities and Trainings of Workplace Physicians” 3 different regulations have been laid out with taking into account the opinions of all concerned parties The “Occupational Health and Safety Regulation”, the “Regulation on Duties, Authority, Responsibilities and Trainings of Workplace Physicians” and the “Regulation on Duties, Authority, Responsibilities and Trainings of Occupational Safety Experts” came into force by being published in the Official Gazette no: 27768 dated 27.11.2010.

2- IMPLEMENTATION

The Project for Increasing the Quality Level of Occupational Health and Safety Services in Turkey:

In the scope of the project which will last 24 months and of which the service quality is aimed to increase by determining the service criteria for foundations and institutions which are supplying occupational health and safety services, project experts from Holland and parties in Turkey connected with occupational health and safety services (TİSK, Türk-İş, TTB, TMMOB, Türk Traktör, Social Security Institution, Ministry for Health, Occupational Disease Hospital) have been visited and legislative information have been exchanged. Study visits have been made to good practice countries like Holland, Germany, Spain and England.

3- STATISTICS AND OTHER INFORMATION

Statistics about occupational health and safety services are as follows:

- Number of Mutual Health Security Units authorized by our Ministry: 174
- Number of Mutual Education Institutions authorized by our Ministry: 51
- Number of Community Health Care Centres: 12
- Number of Workplace Doctors: 6.771
- Number of Occupational Safety Experts: 5497
- In 1.200.000 workplaces, the establishment of a mutual database in which occupational health and safety services will be recorded and the General Directorate for Occupational Health and Safety, the Social Security Institution, the Labour Inspection Board and the Ministry of Health will share information, is in progress.

B- RESPONSES TO THE FURTHER INFORMATION REQUESTS AND CRITICISMS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

1- Workplace medical services (Application of the legal obligations provided in accordance with the Law on Public Health and Article 81 of the Labour Law)

Issues i.e. how the legal obligations about workplace medical services will be performed are ensured by the Regulation on Duty, Authority, Responsibility and Education of Workplace Doctors and the Occupational Health and Safety Regulation. Topics like community health centres affiliated to the Ministry of Health which are authorized to supply workplace medical service; qualification, duty, authority, responsibility and working principals and fundamentals of workplace doctors; educational institutions for workplace doctors; education and exams of workplace doctors; the charge of workplace doctors in Workplace Health and Safety Units and Mutual Health and Safety Units are regulated in the scope of the legislation.

With the enactment of the prepared Draft Law on Occupational Health and Safety workers in all workplaces working in all sectors will benefit from workplace doctor services. According to our legislation workplaces can build Mutual Health Safety Units where a workplace doctor is employed by fulfilling the conditions defined in the Occupational Health and Safety Regulation.

ARTICLE 11 – THE RIGHT TO PROTECTION OF HEALTH

With a view to ensuring the effective exercise of the right to protection of health,

Article 11 Paragraph 1

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 organisations, to take appropriate measures designed *inter alia*, to remove as far as possible the causes of ill-health.

Scope of the provisions as interpreted by the ECSR

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.

A- DEVELOPMENTS IN THE REPORTING PERIOD

1- LEGAL FRAMEWORK

1.1- General Health Insurance

Important decisions which affect the health policy of our country have been taken and related implementations have been put into force in the reporting period. In this sense the most important development to be considered is the establishment and praxis of the “General Health Insurance”.

In this scope by force of the social state understanding defined in Article 56 of our Constitution, an insurance model to which our citizens will contribute proportionally with their ability to pay and from which they will get service according to their requirements has been established.

Beside the establishment of the general health insurance, the improvement of private insurance has been supported and supporting measures has been taken so that it can play a subsidiary role in the system. In addition, with diverging the current retirement insurance and health insurance, health insurance transactions has been gathered under a single roof.

Law No: 5510 on Social Insurances and General Health Insurance dated 31.05.2006, which aims to gather everybody under the scope of one health insurance scheme, has been published in the Official Gazette No: 26200 dated 16.06.2006. At first the Law was planned to come into force in 01.01.2007, but because some Articles have been cancelled by the Constitutional Court, it was applied after the necessary changes have been made on 01.10.2008. With this Law, persons who were subject to the Social Insurances Institution (SSK), Pension Fund for the Self Employed (Bağ-Kur) and the Civil Servants’ Pension Fund, voluntary insured persons who get pension and their dependents and children aged under 18, have been taken under the scope of general health insurance and started to profit from medical benefits.

With the amendments made on Provisional Article 12 of the Law No: 5510, foreigners, who reside in Turkey and are not insured in the scope of countries legislation, have been taken into the scope of the Law optionally too.

The obligation to enter into the scope of the general health insurance for Turkish citizens who do not have any social security, started on 01.01.2012. After this date, some 9.320.000 persons, who were given a green card according to Law No: 3186 and benefited from medical care for free (expenses were financed by the Ministry of Health), have been taken into the

scope of general health insurance and hence, have been subjected to the Social Security Institution (SGK).

1.2- “The Law for Preventing the Harms and Controlling of Tobacco Products” Which Prohibits Smoking in Open and Closed Public Areas

Cigarette/Smoking is an important public health problem in our country. Smoking leads to over 50 health problems including death, starting from prenatal period, in the childhood and maturity. It is one of the most preventable illness and death reasons. Today 1.3 billion people in the world, of which 80 % are from developing countries, and 16 million people in our country are smoking. In our country 100.000 persons are losing their life every year because of smoking related diseases.

Our country is ranked third in Europe and seventh in the world at smoking and the smoking rate for adult men is calculated close by 50 %.

The “Framework Convention on Tobacco Control” prepared by the World Health Organization and currently signed by 171 countries has been signed by the Minister of Health in 2004 and the accordingly drawn up “National Tobacco Control Program” has been announced in December 2007. With the amendments made in Law No: 4207 on Preventing the Harms and Controlling of Tobacco Products, pursuant to the Program, new regulations about the use of cigarette and tobacco products have been introduced. Precautions, which started to be implemented on 19th May 2008 and aimed to prevent passive smoking, have been supported by our nation at the rate of 95 %.

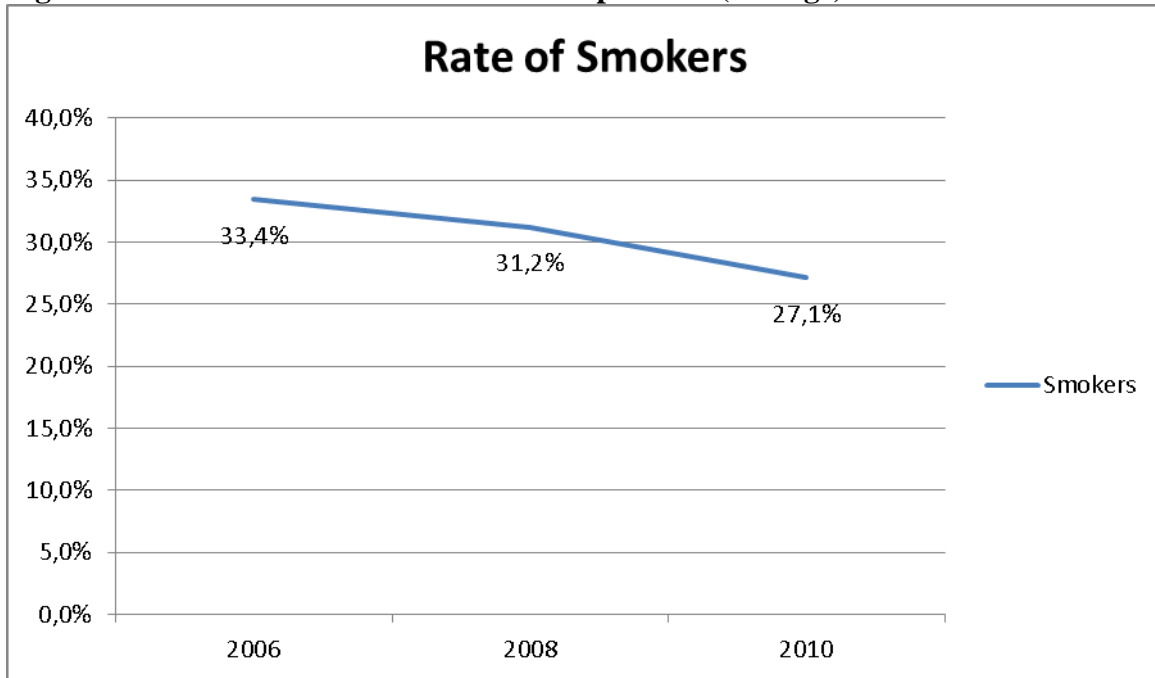
Our country is ranked sixth in the world and third in Europe at tobacco control efforts and comprehensiveness of the current legal regulations.

Besides taking preventive measures against starting to use tobacco and tobacco products, the Ministry of Health has carried out efforts for current cigarette addicts like, establishing and enhancing the number of smoking cessation clinics, launching the smoking cessation hotline ALO 171 in October 2010, distributing the medicals for treatment of smoking cessation for free under doctor control. Decrease degrees set in the measurements in the shred amount in indoor air in different areas are as below:

- In public spaces 57% - 97 %
- In hospitals 75 %
- In shopping centres 89 %
- In private firms 78 %- 90 %

The application rates for 11 diseases, including asthma attacks, upper and lower respiratory infections, to hospitals in Istanbul affiliated to the Ministry of Health between 19th July 2009 and 1st July 2010 has been analyzed by experts from Marmara University. A decrease of 20 % in application because of respiratory infections and asthma attacks has been determined. By comparison with the results of the Global Adult Tobacco Researches made by TURKSTAT in 2006 and 2008, the rate for smokers in the general society decreased 2.2 % points from 33.4 % to 31.2 %. Averagely 7 % of smokers quitted smoking and the tendency to quit using tobacco and its products was found more common among young people. 44 % of workers started to consume lesser cigarettes within working hours. Although it was not prohibited, 19 % of smokers have quitted smoking at home. The Global Adult Tobacco Research was repeated in 2010. In 2010 the rate of smokers decreased to 27.1 %. The rate of smokers can be seen below:

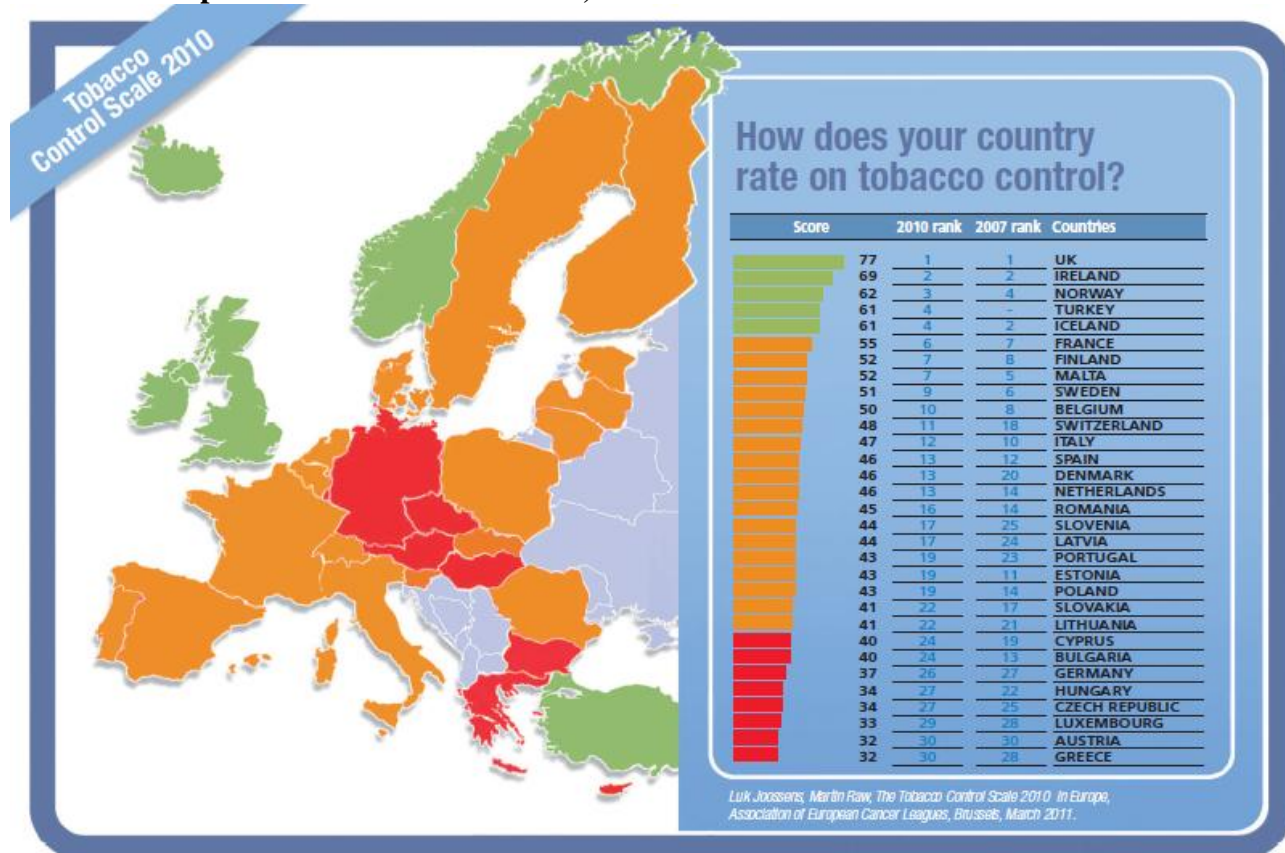
Figure 1: The Ratio of Smokers to Total Population (>15 age)



The Association for Public Health Experts (HASUDER) has analyzed the appeals about smoking related diseases to the 112 Emergency Health Services in 2010 in Ankara. After the implementation of the Law the emergency applications because of heart and respiratory diseases and paralysis especially at men have decreased as expected. The emergency applications because of heart and respiratory diseases at women have decreased also.

The Policy Package to Control the Tobacco Epidemia (MPOWER) has been prepared by the WHO to guide countries at their tobacco control efforts in the light of international experience. Our country is one of the spearhead countries which has accomplished all components of the MPOWER strategy, as can be seen below:

Table 1: European Tobacco Control Scale, 2010



In the evaluation of the Belgian expert Luk Joosens, consultant of European Cancer League, made during the European Tobacco Congress in 27-29 March 2011 in Amsterdam, it has been remarked that Turkey is at rank 4 in between 30 European countries. Turkey won general approval with its successful practices in tobacco control.

We have completed 100 from 100 subheadings of the MPOWER policy package.

1.3- Gathering Civil Servants Under The Roof of the Social Security Institution (SGK)

The civil servants and their dependents, whose health expenses have previously been met by the public authority they have worked for, have been taken also under the roof of the SGK after the insured related with the Social Insurances Institution (SSK), Pension Fund for the Self Employed (Bağ-Kur) and the Civil Servants' Pension Fund. After these amendments, civil servants and their dependents have started to get their medicines from all pharmacies contracted with the SGK, instead of the pharmacies contracted with their agency like previous.

1.4- The Regulation Enabling the Full Time Work of Doctors

The "Full Time Law" came into effect as of February 2011 in university hospitals. With this Law financial adjustments have been made to develop education and scientific work, to promote citizen-oriented healthcare delivery and to pay a good extra charge to faculty members and other health staff in university hospitals.

The purpose of the regulations is to enhance the financial conditions of the university hospitals and increase the supplementary payments of faculty members and health staff.

2- IMPLEMENTATION

Since the end of 2002 a range of changes and innovation have been carried out by the 58th, 59th and 60th Cabinets through the “Transformation in Health Program” to give more effective, productive, modern and qualified health service. Beside the positive impacts to the basic health indicators the Transformation in Health Program made contribution to the increase of satisfaction rates for health services of citizens. The Transformation in Health Program has been keynoted in the OECD Health System Researches Turkey-2008 Report as below: “The health system reform is a permanent process. In these first stages of the implementation it can be seen that Turkey is one of the several middle income countries that can carry out a gigantic reform effectively. The Program reflects an important progress in Turkey’s social assistance system and is also a “best practice” example for other countries challenging with the same issues.”

On the other hand in the light of the Transformation in Health Program and in the scope of the Public Finance Management and Control Law No: 5018 which is one of the important steps of the public administration reform, the Ministry of Health has drawn up its own “Strategic Plan”. It is aimed that this Strategic Plan which covers the 2010-2014 period, takes the Ministry of Health to the vision of a “Leader Ministry of Health” by setting light to the next five year period.

The purposes and the complementary targets in the Plan are the focal point of the investments and activities which will be done by the Ministry of Health 5 years along to achieve its duties (missions). With analyzing in the frame of the 4 basic functions of health systems, these activities have been rated above the methods which will be followed to achieve the strategic goals.

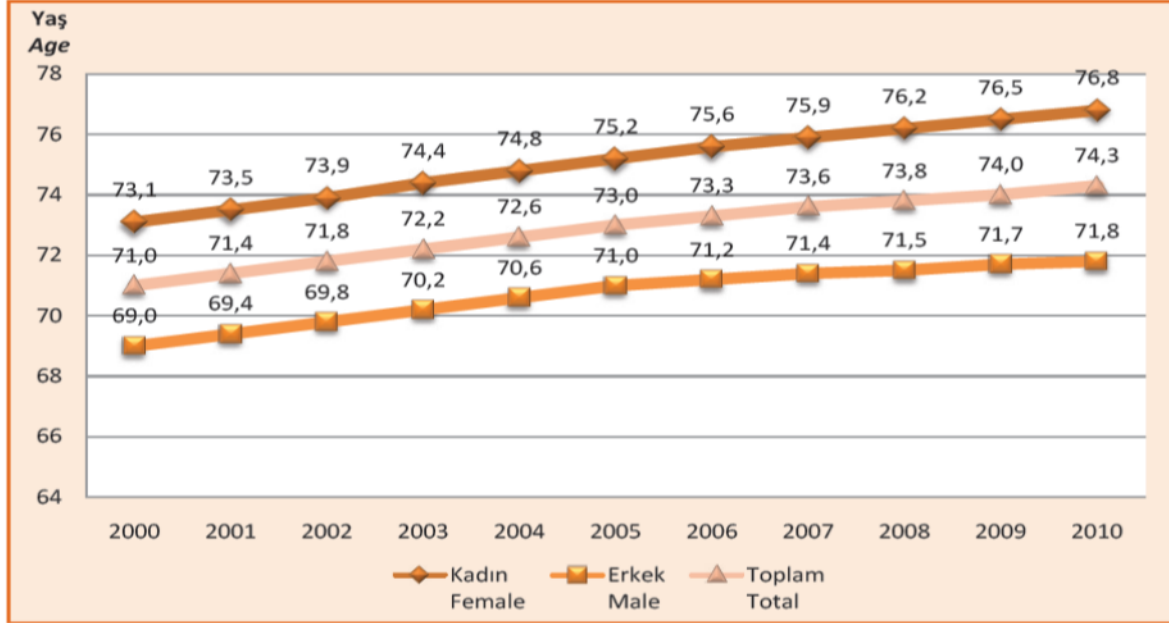
An ultimate goal has been specified in the Plan: “Increasing and improving the health level of our nation”. To achieve this ultimate goal, 3 strategic goals have been determined. In the working methodology of the plan, methods suggested by different schools have been approached together. Vision, mission, ultimate goal, strategic goal and targets have been determined by the Strategy Developing Supreme Board which takes part in policy making in the Ministry. Sub goals, target-driven strategies and performance indicators have been formed with the participation of the related units. The monitoring and evaluation of the plan will be realized with the periodic follow of the performance indicators, recommended by the units and approved by the administration.

3- STATISTICAL DATA AND OTHER INFORMATION

Data and indicators about basic health indicators, healthcare and medical personnel are given below:

Figure 1: Life Expectancy at Birth

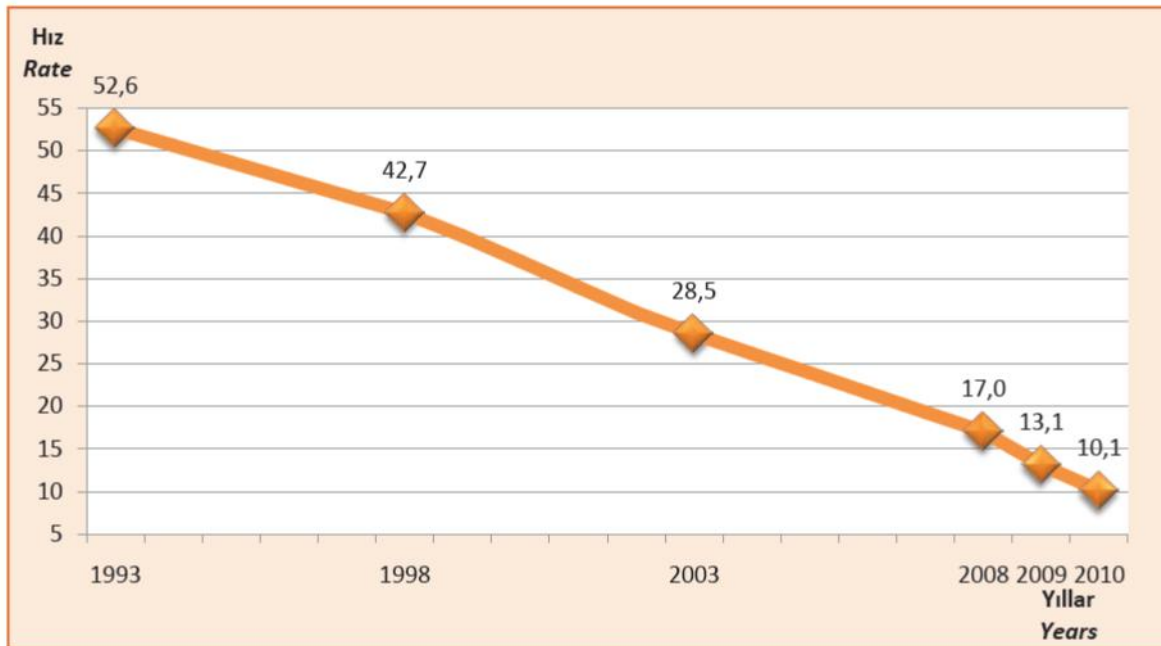
Şekil 2.1. Yıllara Göre Doğumda Beklenen Yaşam Süresi, (Yıl), Türkiye
Figure 2.1. Life Expectancy at Birth by Years, (Year), Turkey



Kaynak: TÜİK
Source: TURKSTAT

Figure 2: Infant Mortality Rate by Years

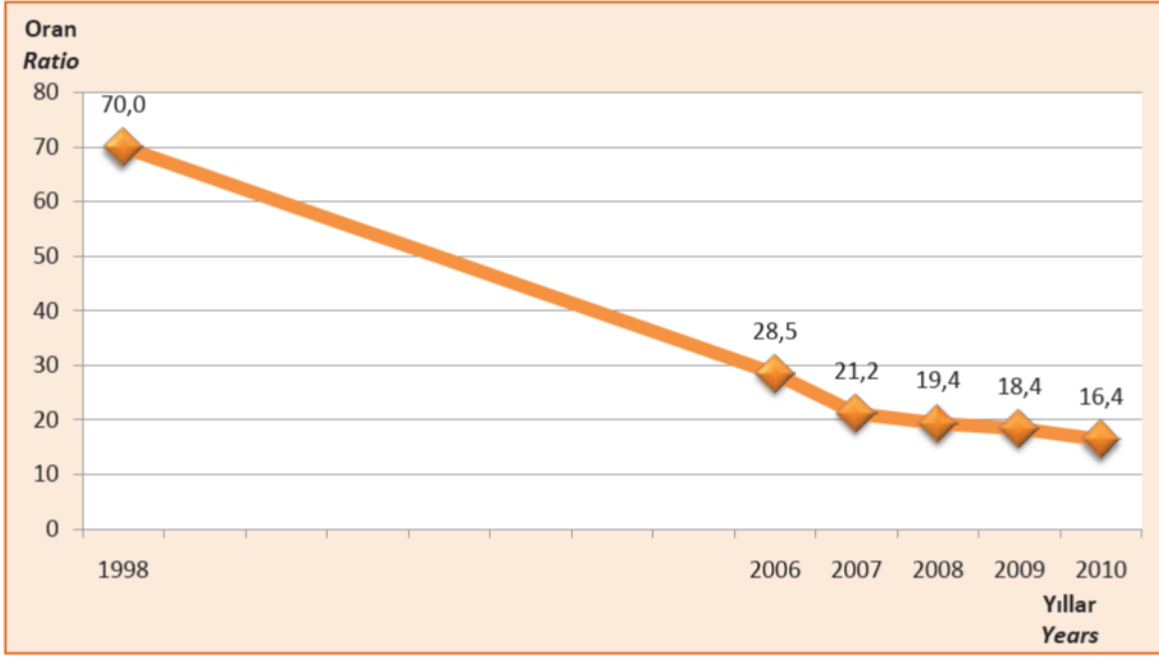
Şekil 2.2. Yıllara Göre Bebek Ölüm Hızı, (1.000 Canlı Doğumda), Türkiye
Figure 2.2. Infant Mortality Rate by Years, (per 1.000 Live Births), Turkey



Kaynak: 1993, 1998, 2003, 2008 TNSA; 2009, 2010 AÇSAP Genel Müdürlüğü
Source: TDHS 1993, 1998, 2003 and 2008; GD-MCHFP 2009, 2010

Figure 3: Maternal Mortality Ratio by Years

Şekil 2.11. Yıllara Göre Anne Ölüm Oranı, (100.000 Canlı Doğumda), Türkiye
Figure 2.11. Maternal Mortality Ratio by Years, (per 100.000 Live Births), Turkey



Kaynak: 2006 Ulusal Anne Ölümleri Araştırması, 1998, 2007, 2008, 2009 ve 2010 AÇSAP Genel Müdürlüğü

Source: National Maternal Mortality Survey 2006, GD-MCHFP 1998, 2007, 2008, 2009 and 2010

Figure 4: Rate of Vaccination

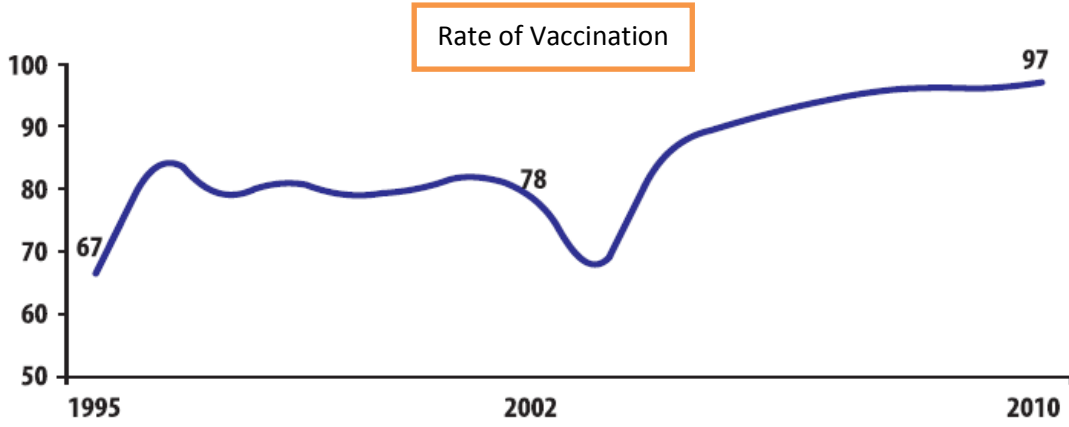
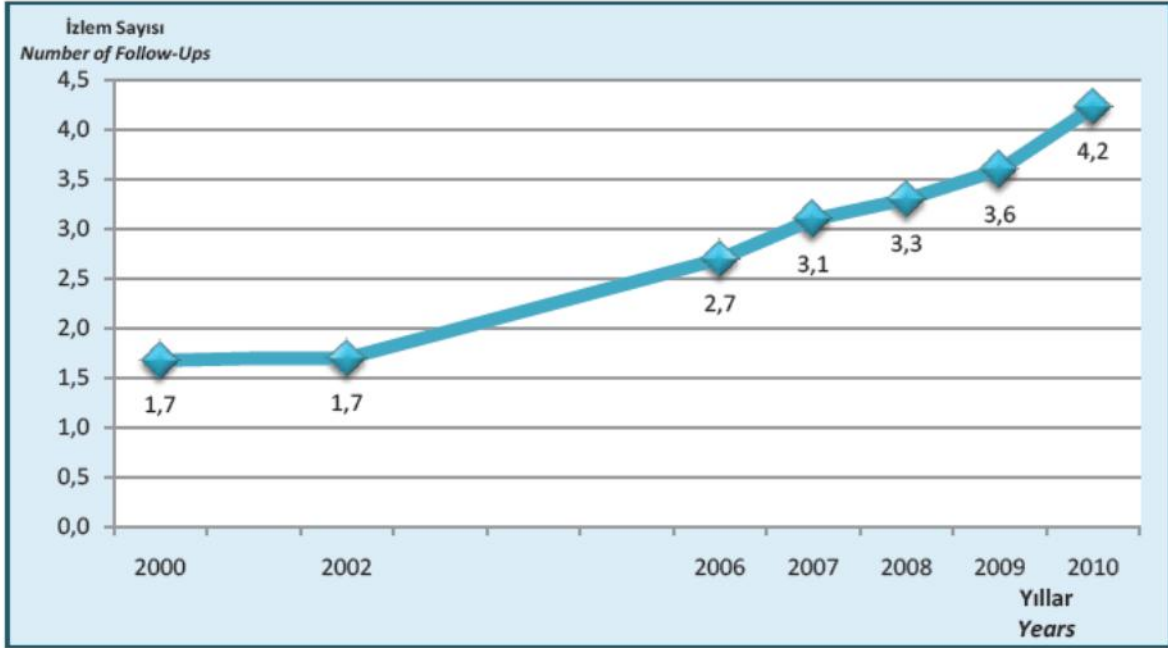


Figure 5: Average Number of Follow-Ups per Pregnant Women by Years

Şekil 5.12. Yıllara Göre Gebe Başına Ortalama İzlem Sayısı, Türkiye

Figure 5.12. Average Number of Follow-Ups per Pregnant Women by Years, Turkey

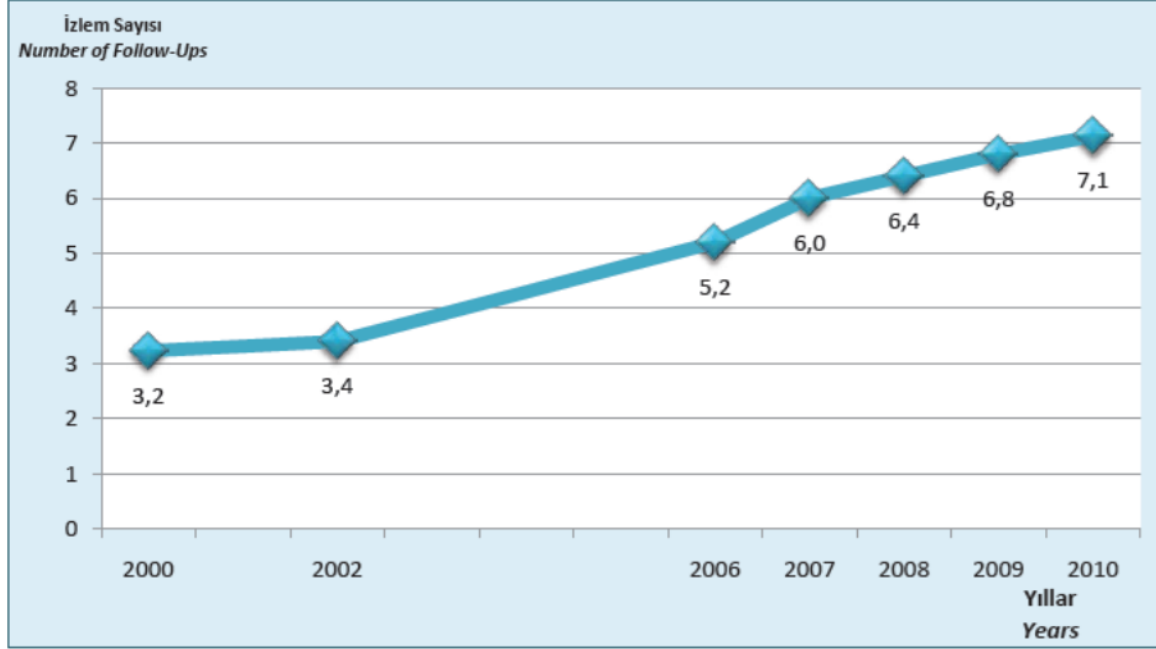


Kaynak: Temel Sağlık Hizmetleri Genel Müdürlüğü

Source: General Directorate of Primary Health Care Services

Figure 6: Average Number of Follow-Ups per Infant by Years

Şekil 5.13. Yıllara Göre Bebek Başına Ortalama İzlem Sayısı, Türkiye
Figure 5.13. Average Number of Follow-Ups per Infant by Years, Turkey

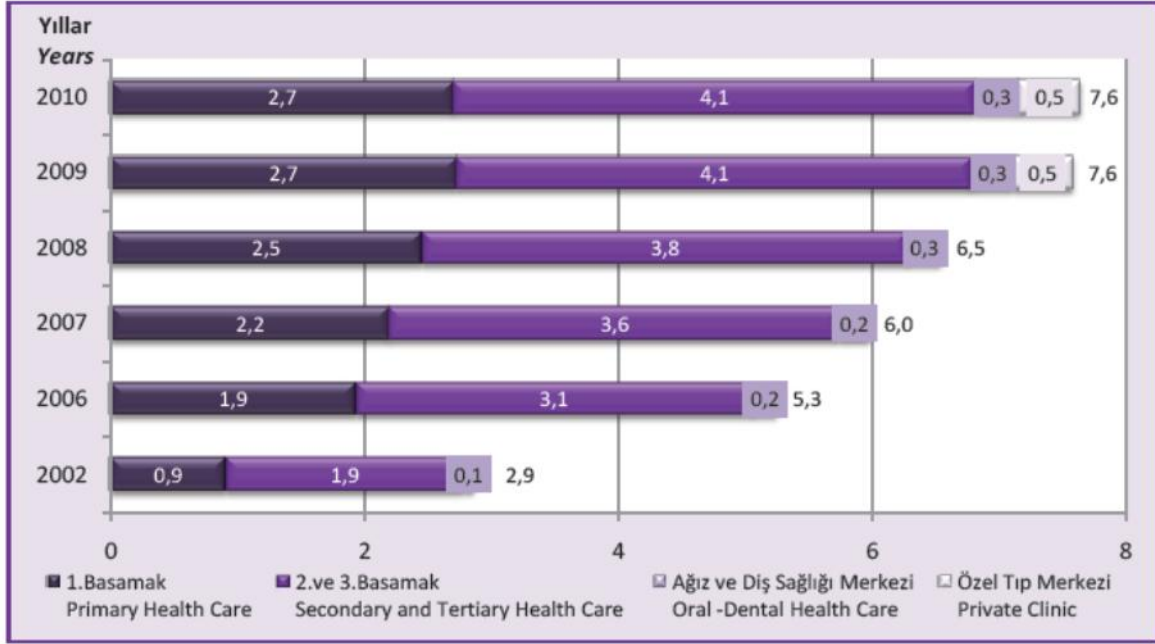


Kaynak: Temel Sağlık Hizmetleri Genel Müdürlüğü
Source: General Directorate of Primary Health Care Services

Figure 7: Per Capita Visits to the MoH Primary Health Care Facilities by Years

Şekil 8.17. Yıllara Göre Kişi Başı Sağlık Kuruluşlarına Müracaat Sayısı, Türkiye

Figure 8.17. Per Capita Visits to the MoH Primary Health Care Facilities by Years, Turkey



Kaynak: Sağlık Bakanlığı İlgili Birimleri, Nüfus: TÜİK

Source: MoH Units, Population: TURKSTAT

Not: Sağlık Bakanlığı birinci basamak kuruluşları ile tüm yataklı tedavi kurumlarına yapılan başvuruları kapsamaktadır.

Note: Covers the visits to the MoH primary health care facilities and all inpatient treatment facilities

Table 1: Distribution of Some Health Care Personnel by Sectors and Titles

Tablo 7.1. Bazı Sağlık Personelinin Sektörlere ve Unvanlara Göre Dağılımı, 2010

Table 7.1. Distribution of Some Health Care Personnel by Sectors and Titles, 2010

	Sağlık Bakanlığı <i>Ministry of Health</i>	Üniversite <i>University</i>	Özel Sektör <i>Private Sector</i>	Diğer * <i>Other *</i>	Toplam <i>Total</i>
Uzman Hekim <i>Specialist Physicians</i>	31.527	11.843	19.749	444	63.563
Pratisyen Hekim <i>General Practitioners</i>	33.229	262	4.328	999	38.818
Asistan Hekim <i>Medical Residents</i>	7.679	13.340	0	47	21.066
Toplam Hekim <i>Physicians Total</i>	72.435	25.445	24.077	1.490	123.447
Diş Hekimi <i>Dentists</i>	7.069	1.219	12.987	157	21.432
Eczacı <i>Pharmacists</i>	1.854	218	23.499	935	26.506
Sağlık Memuru <i>Health Officers</i>	65.842	7.086	21.515	-	94.443
Hemşire <i>Nurses</i>	77.472	15.852	17.209	4.239	114.772
Ebe <i>Midwives</i>	45.515	561	4.253	14	50.343

Kaynak: Personel Genel Müdürlüğü, Diğer; Başbakanlık Devlet Personel Başkanlığı

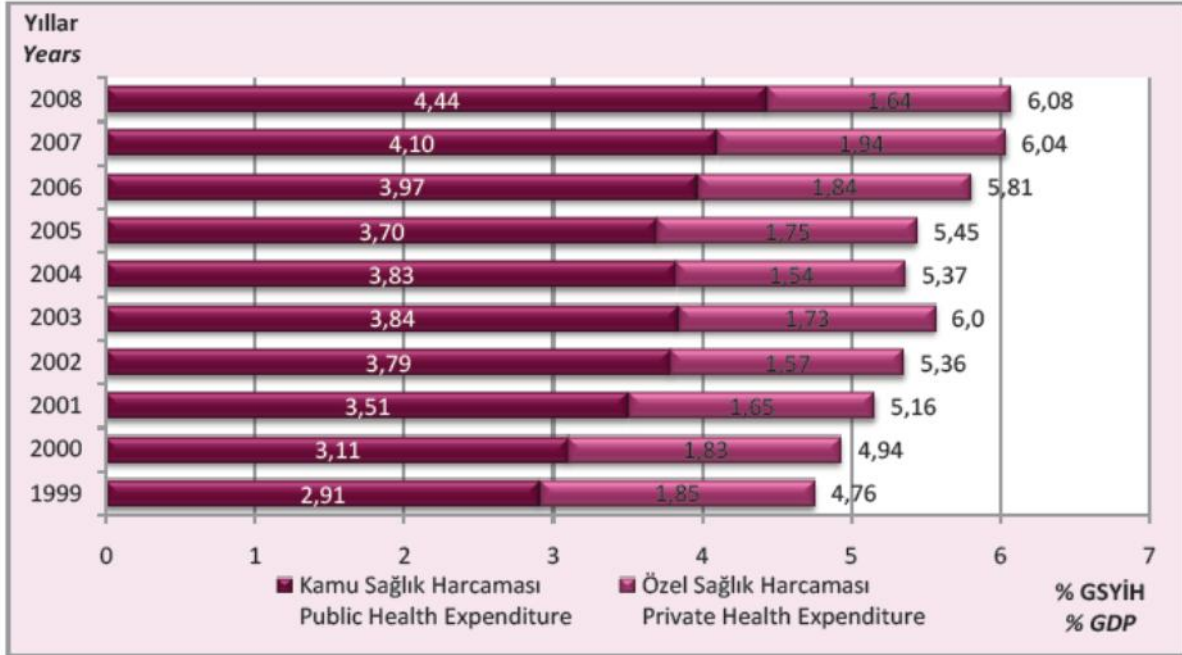
Source: General Directorate of Personnel, Other; Prime Ministry State Personnel Presidency

*Diğer; diğer kamu kurumları ve yerel idarelerde çalışan sağlık personeli sayılarını içermektedir. MSB'ye bağlı kurum ve kuruluşlarda çalışan sağlık personeli sayıları dahil değildir.

*Other covers personnel assigned in other public establishments and local administrations. Health care personnel working in the MoD-affiliated facilities are not included.

Figure 8: Share of Public and Private Health Expenditure in GDP by Years

Şekil 9.1. Yıllara Göre Kamu ve Özel Sağlık Harcamasının GSYİH İçindeki Payı, (%) Türkiye
Figure 9.1. Share of Public and Private Health Expenditure in GDP by Years, (%), Turkey



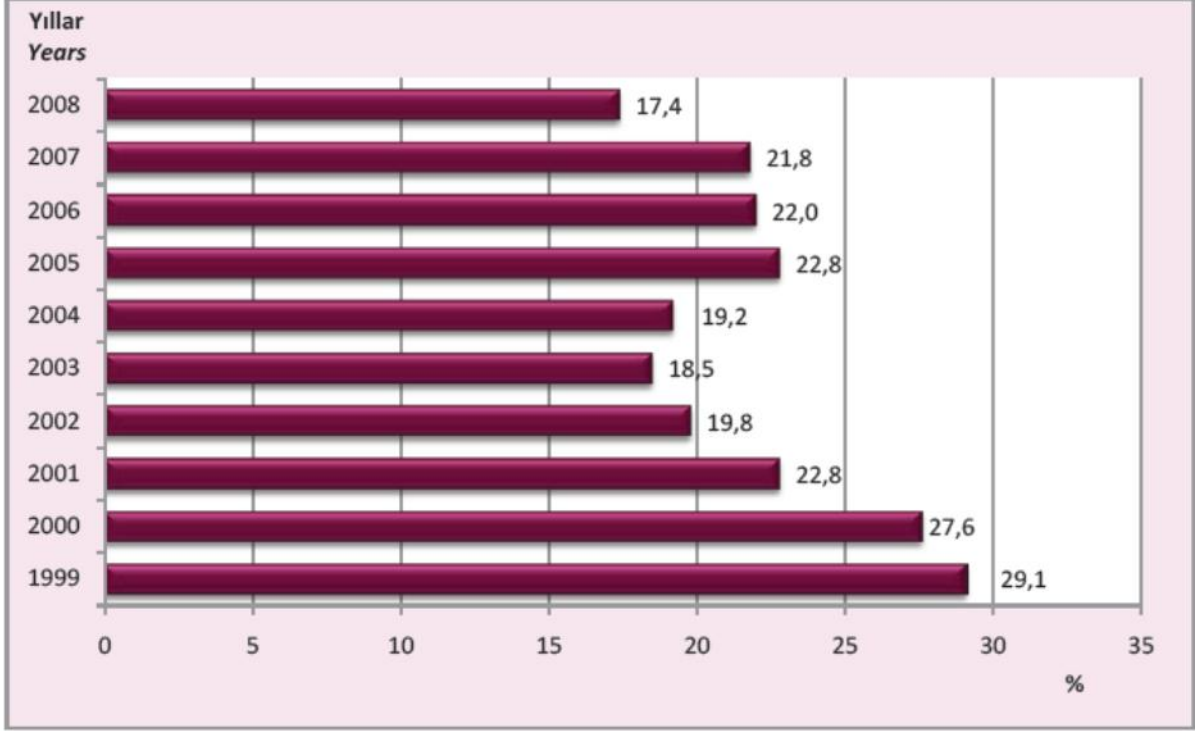
Kaynak: 1999-2000, OECD Sağlık Hesapları Sistemine Göre Türkiye Ulusal Sağlık Hesapları, SB Hıfzıssıhha Mektebi Müdürlüğü. 2001-2008, TÜİK

Source: 1999-2000, Turkey National Health Accounts by the OECD Health Accounts System, MoH School of Public Health. 2001-2008, TURKSTAT

Figure 9: Share of Out-of-Pocket health Expenditures in Total Health Expenditures by Years (%)

Şekil 9.8. Yıllara Göre Cepten Yapılan Sağlık Harcamalarının Toplam Sağlık Harcamaları İçindeki Oranı, (%) , Türkiye

Figure 9.8. Share of Out-of-Pocket Health Expenditures in Total Health Expenditures by Years, (%), Turkey



Kaynak: 1999-2000, OECD Sağlık Hesapları Sistemine Göre Türkiye Ulusal Sağlık Hesapları, SB Hıfzıssıhha Mektebi Müdürlüğü. 2001-2008, TÜİK

Source: 1999-2000, Turkey National Health Accounts by the OECD Health Accounts System, MoH School of Public Health. 2001-2008, TURKSTAT

Figure 10: Share of the persons paying medical expenses from their own pockets

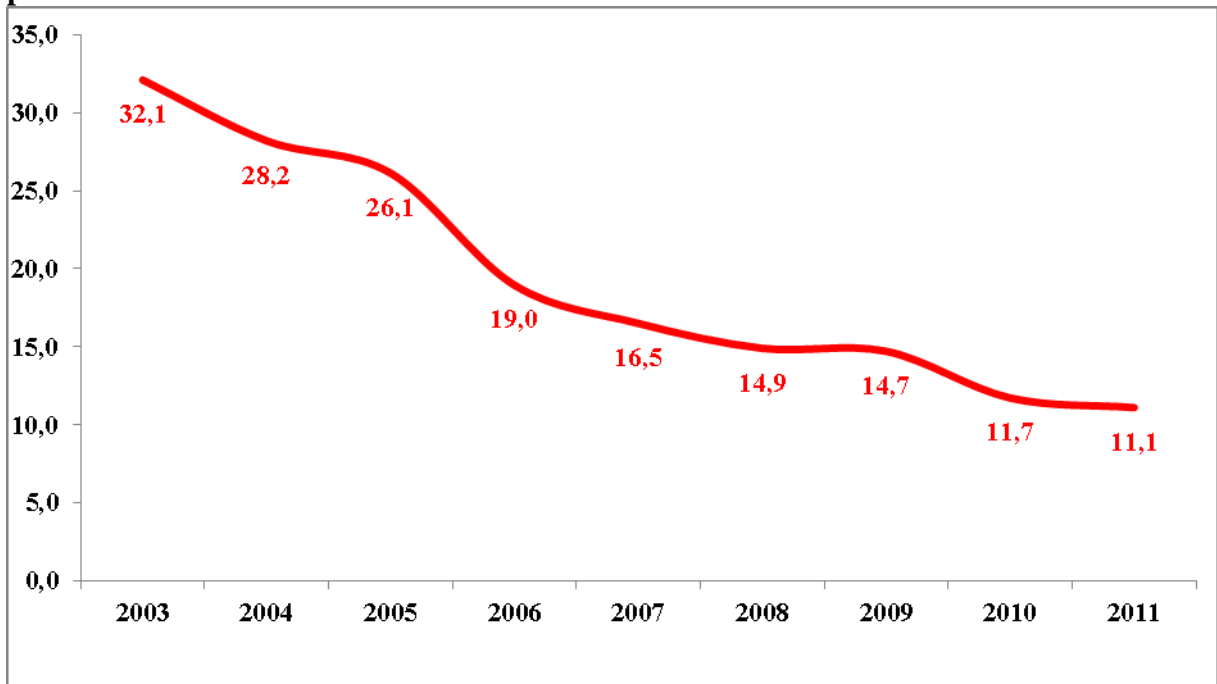


Figure 11: Rate of Health Care Services Satisfaction

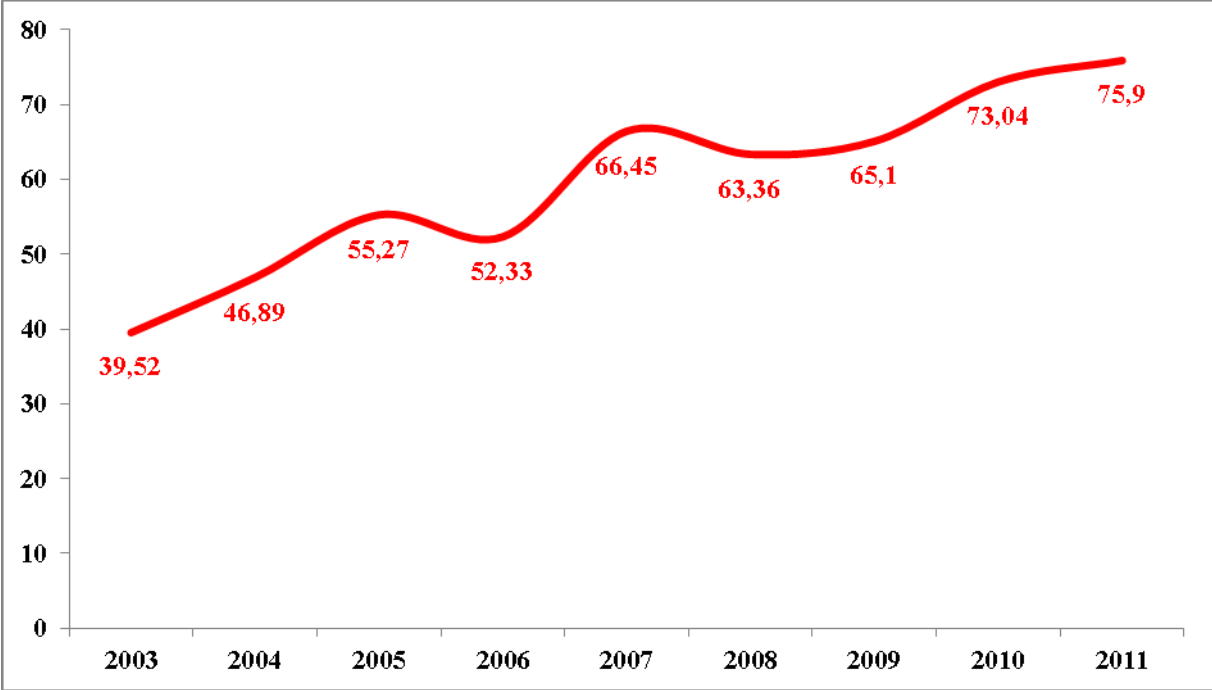
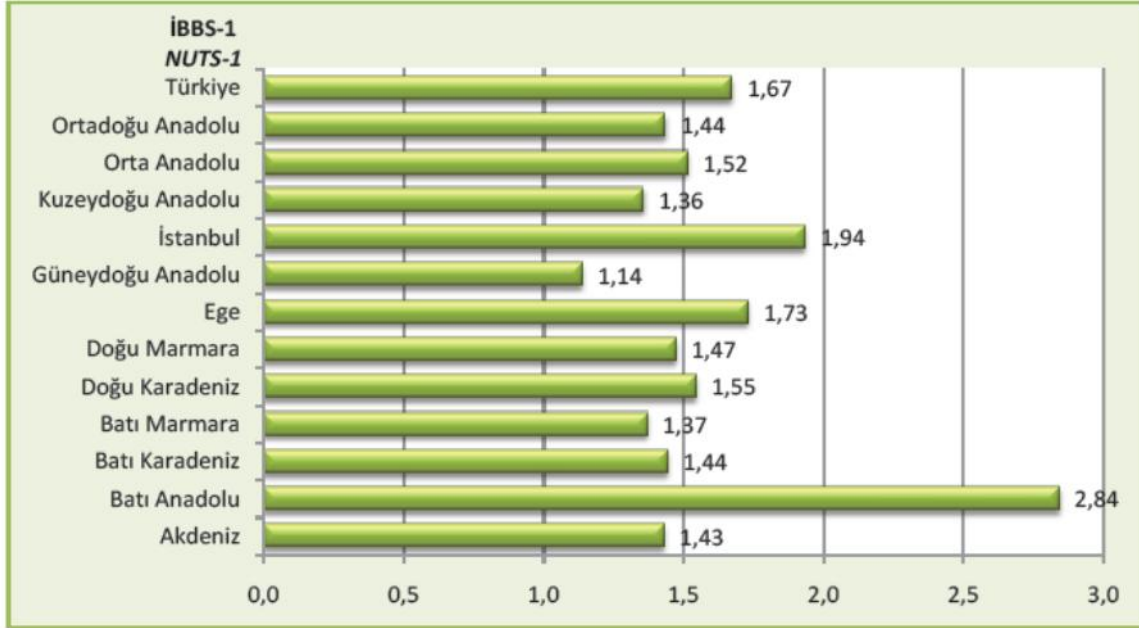


Figure 12: Number of Total Physicians per 1,000 by NUTS-1, All Sectors

Şekil 7.1. İBBS-1'e Göre 1.000 Kişiyeye Düşen Toplam Hekim Sayısı, Tüm Sektörler, 2010

Figure 7.1. Number of Total Physicians per 1.000 Population by NUTS-1, All Sectors, 2010



Kaynak: Personel Genel Müdürlüğü, Başbakanlık Devlet Personel Başkanlığı, Nüfus: TÜİK

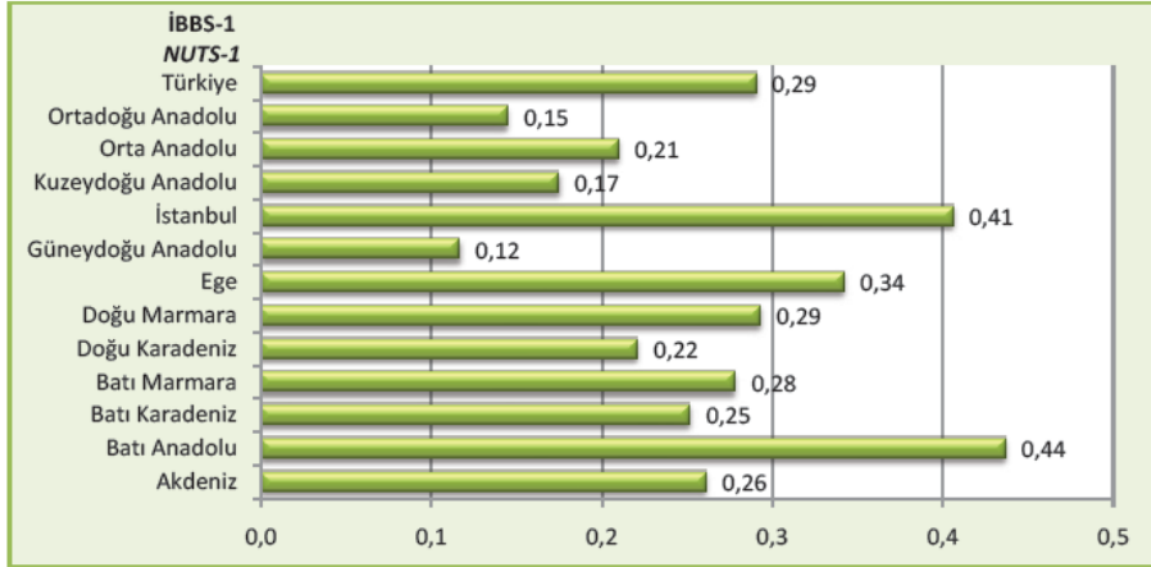
Source: General Directorate of Personnel, Prime Ministry State Personnel Presidency, Population: TURKSTAT

Not: Diğer kamu kurumları ve yerel idarelerde çalışan hekim sayıları dahildir. MSB'ye bağlı kurum ve kuruluşlarda çalışan hekim sayıları dahil değildir.

Not: Other covers physicians assigned in other public establishments and local administrations. Physicians working in the MoD-affiliated facilities are not included.

Figure 13: Number of Dentists per 1,000 Population by NUTS-1, All Sectors

Şekil 7.5. İBBS-1'e Göre 1.000 Kişiyeye Düşen Diş Hekimi Sayısı, Tüm Sektörler, 2010
Figure 7.5. Number of Dentists per 1.000 Population by NUTS-1, All Sectors, 2010



Kaynak: Personel Genel Müdürlüğü, Başbakanlık Devlet Personel Başkanlığı, Nüfus: TÜİK
Source: General Directorate of Personnel, Prime Ministry State Personnel Presidency, Population: TURKSTAT

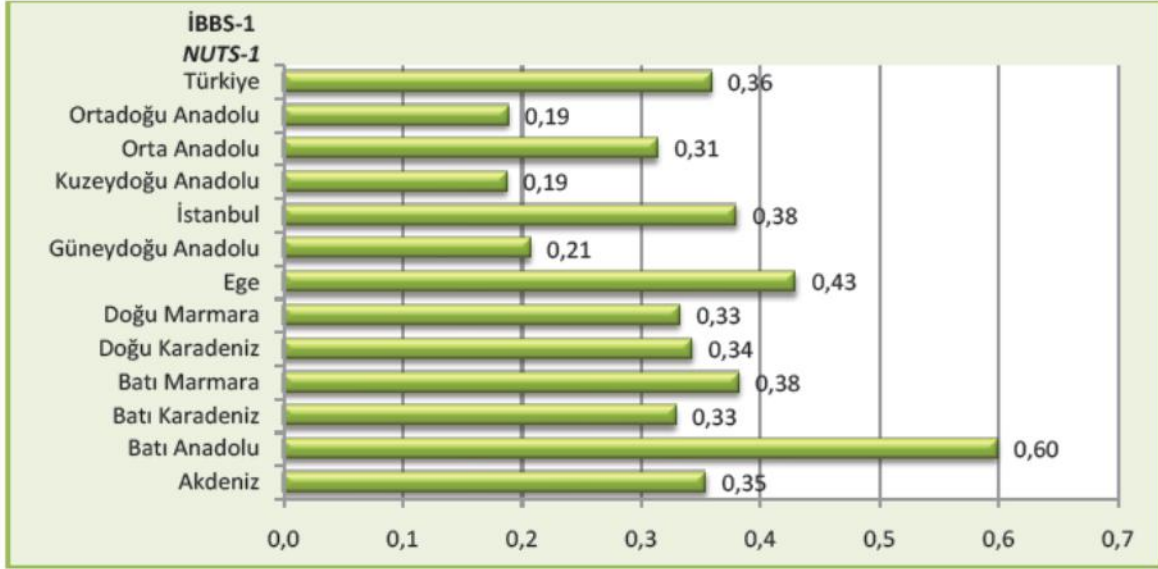
Not: Diğer kamu kurumları ve yerel idarelerde çalışan diş hekimi sayıları dahildir. MSB' ye bağlı kurum ve kuruluşlarda çalışan diş hekimi sayıları dahil değildir.

Note: Other covers dentists assigned in other public establishments and local administrations. Dentists working in the MoD-affiliated facilities are not included.

Figure 14: Number of Pharmacists per 1,000 Population by NUTS-1, All Sectors

Şekil 7.6. İBBS-1'e Göre 1.000 Kişiyeye Düşen Eczacı Sayısı, Tüm Sektörler, 2010

Figure 7.6. Number of Pharmacists per 1.000 Population by NUTS-1, All Sectors, 2010



Kaynak: Personel Genel Müdürlüğü, Başbakanlık Devlet Personel Başkanlığı, Nüfus: TÜİK

Source: General Directorate of Personnel, Prime Ministry State Personnel Presidency, Population: TURKSTAT

Not: Diğer kamu kurumları ve yerel idarelerde çalışan eczacı sayıları dahildir. MSB'ye bağlı kurum ve kuruluşlarda çalışan eczacı sayıları dahil değildir.

Note: Other covers pharmacists assigned in other health establishments and local administrations. Pharmacists working in the MoD-affiliated facilities are not included.

Figure 15: Number of Nurses 1,000 Population by NUTS-1, All Sectors

Şekil 7.7. İBBS-1'e Göre 1.000 Kişiyeye Düşen Hemşire Sayısı, Tüm Sektörler, 2010
Figure 7.7. Number of Nurses per 1.000 Population by NUTS-1, All Sectors, 2010



Kaynak: Personel Genel Müdürlüğü, Başbakanlık Devlet Personel Başkanlığı, Nüfus: TÜİK

Source: General Directorate of Personnel, Prime Ministry State Personnel Presidency, Population: TURKSTAT

Not: Diğer kamu kurumları ve yerel idarelerde çalışan hemşire sayıları dahildir. MSB' ye bağlı kurum ve kuruluşlarda çalışan hemşire sayıları dahil değildir.

Note: Other covers nurses assigned in other public establishments and local administrations. Nurses working in the MoD-affiliated facilities are not included.

Figure 16: Number of Midwives per 1,000 Population by NUTS-1, All Sectors

Şekil 7.8. İBBS-1'e Göre 1.000 Kişiyeye Düşen Ebe Sayısı, Tüm Sektörler, 2010

Figure 7.8. Number of Midwives per 1.000 Population by NUTS-1, All Sectors, 2010



Kaynak: Personel Genel Müdürlüğü, Başbakanlık Devlet Personel Başkanlığı, Nüfus: TÜİK

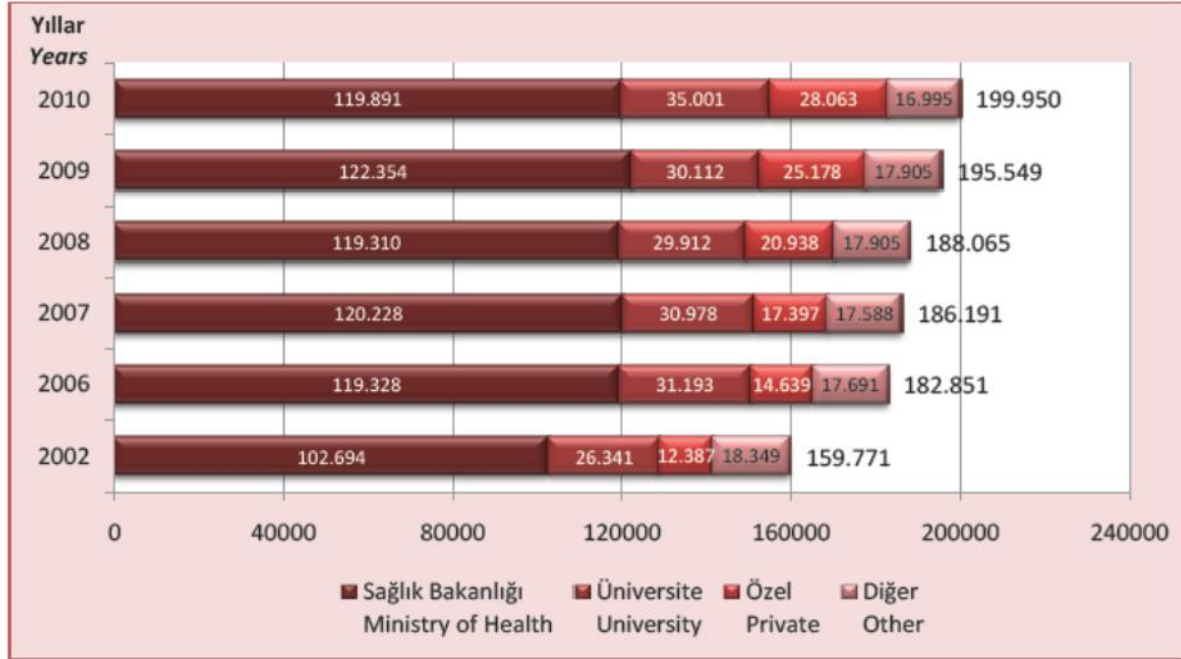
Source: General Directorate of Personnel, Prime Ministry State Personnel Presidency, Population: TURKSTAT

Not: Diğer kamu kurumları ve yerel idarelerde çalışan ebe sayıları dahildir. MSB'ye bağlı kurum ve kuruluşlarda çalışan ebe sayıları dahil değildir.

Note: Other covers midwives assigned in other public establishments and local administrations. Midwives working in the MoD-affiliated facilities are not included.

Figure 17: Number of Hospital Beds by Years and Sectors

Şekil 6.2. Yıllara ve Sektörlere Göre Hastane Yatağı Sayısı, Türkiye
Figure 6.2. Number of Hospital Beds by Years and Sectors, Turkey



Kaynak: Tedavi Hizmetleri Genel Müdürlüğü

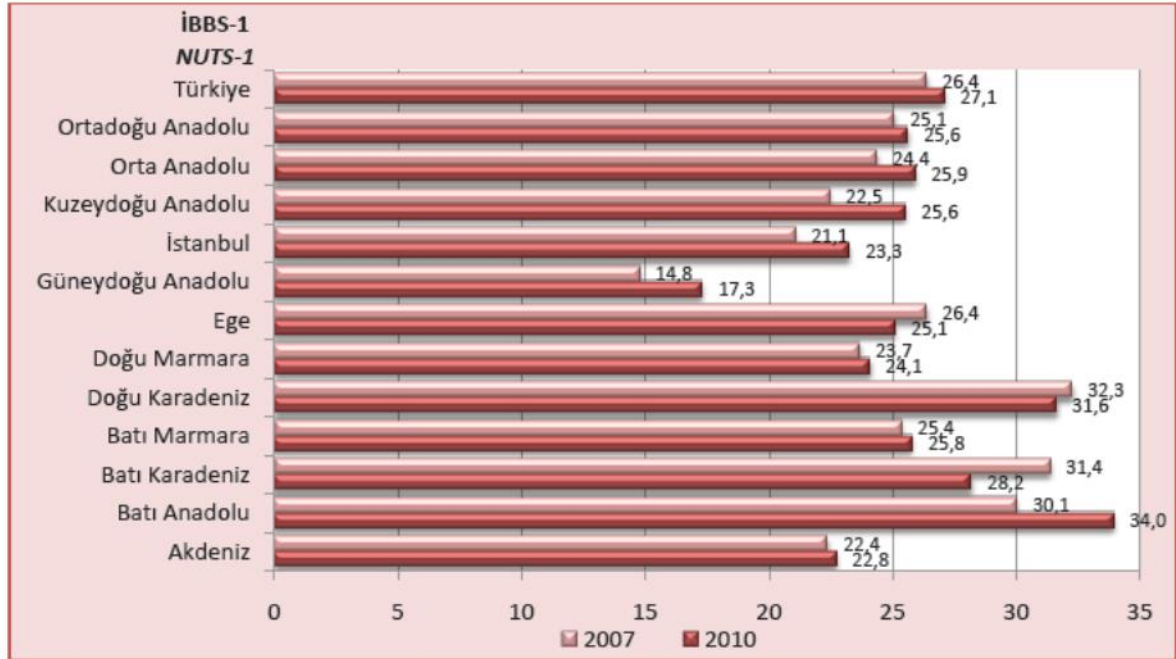
Source: General Directorate of Curative Services

Not: Diğer; diğer kamu kuruluşları ve yerel idarelere ait hastaneleri kapsamaktadır. Diğer hastanelere dahil edilen kurumlar için bakınız sayfa 135. Karşılaştırılabilir olması amacıyla 2002 yılı için 28.979 olan SSK hastaneleri yatak sayısı Sağlık Bakanlığı yatak sayısına dahil edilmiştir. Yatak sayısına dahil edilen yatakların tanımları için bakınız sayfa 135. 2008 yılından önceki yıllara ait yatak sayıları tanıma göre yeniden düzenlenmiştir.

Note: Other refers to the hospitals owned by other public establishments and local administrations. For detailed information about other public establishments included in other hospitals, please see the page 138. For comparability, the SII hospital beds, which were 28.979 in 2002, were included in the MoH hospital beds. For descriptions of beds included in the number of beds please see the page 138. The number of beds for the years before 2008 was rearranged in compliance with the description.

Figure 18: Number of Hospital Beds per 10,000 population by NUTS-1, All Sectors

Şekil 6.3. İBBS-1'e Göre 10.000 Kişiyeye Düşen Hastane Yatağı Sayısı, Tüm Sektörler, 2007, 2010
Figure 6.3. Number of Hospital Beds per 10.000 Population by NUTS-1, All Sectors, 2007, 2010



Kaynak: Tedavi Hizmetleri Genel Müdürlüğü, Nüfus: TÜİK

Source: General Directorate of Curative Services, Population: TURKSTAT

Not: MSB'ye bağlı hastane yatak sayısı 15.900 olup Türkiye toplamında gösterilmiştir. MSB'ye bağlı hastaneler hariç 10.000 kişiye düşen yatak sayısı 2007 ve 2008 yılları için 24,1'dir. 2009 yılı için 24,8 ve 2010 yılı için 25,0'tir.

Note: 15.900 hospitals beds at the MoD-affiliated hospitals are included in the total of Turkey. Except for the MoD-affiliated hospital beds, the number of beds per 10.000 population is 24,1 for 2007 and 2008 while it is 24,8 for 2009 and is 25,0 for 2010.

Figure 19: The Number of Persons Participated in the Activities Personnel of Turkish National Police (EGM), Anti-Smuggling and Organized Crime Department (KOM), Turkey Drug and Drug Addiction Monitoring Centre (TUBIM), 2010

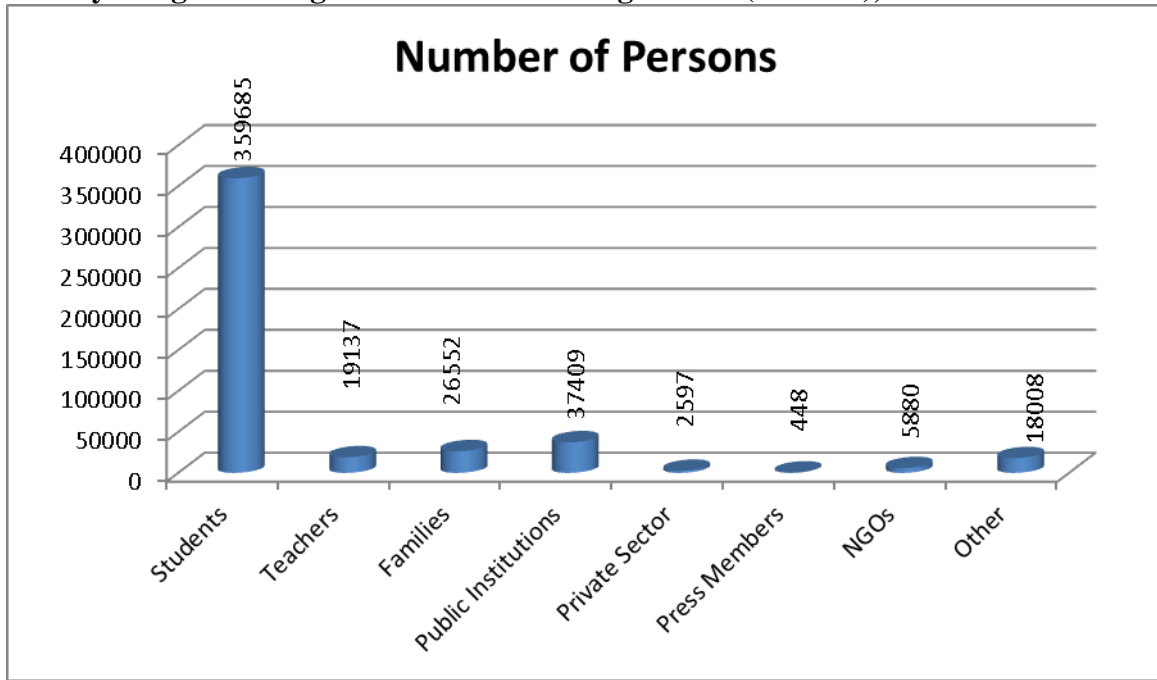


Figure 20: Number of Preventive Activities Carried out by the Provincial Contact Points of TUBIM and Number of Persons Participated Those Activities, 2010

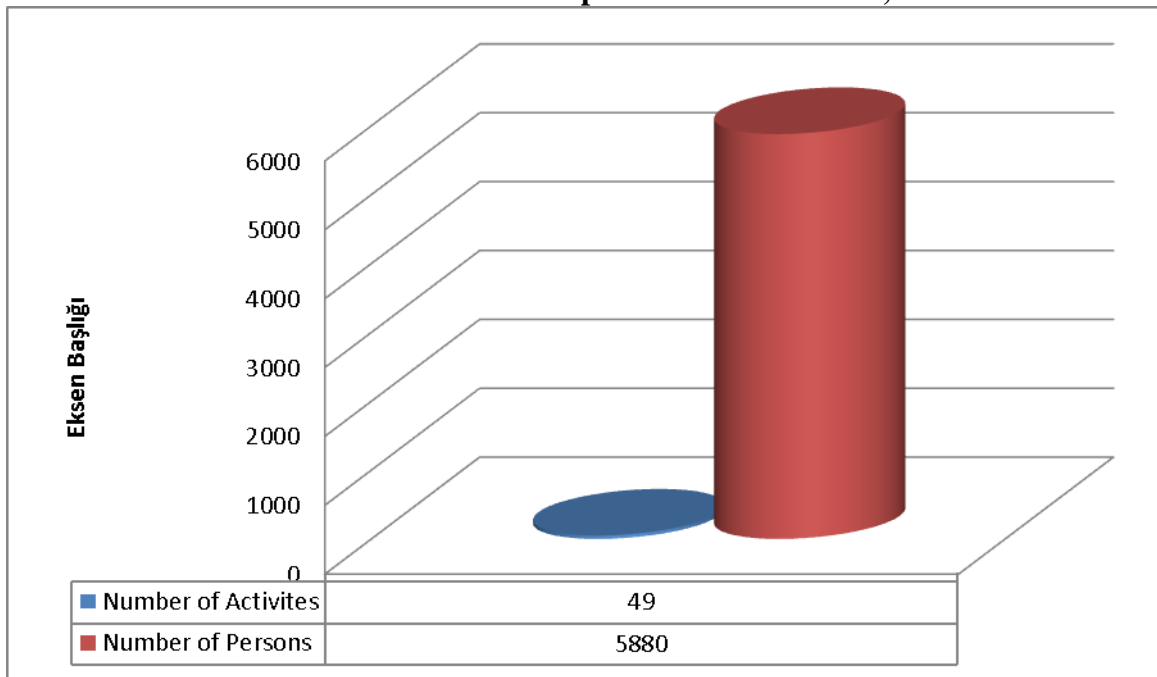
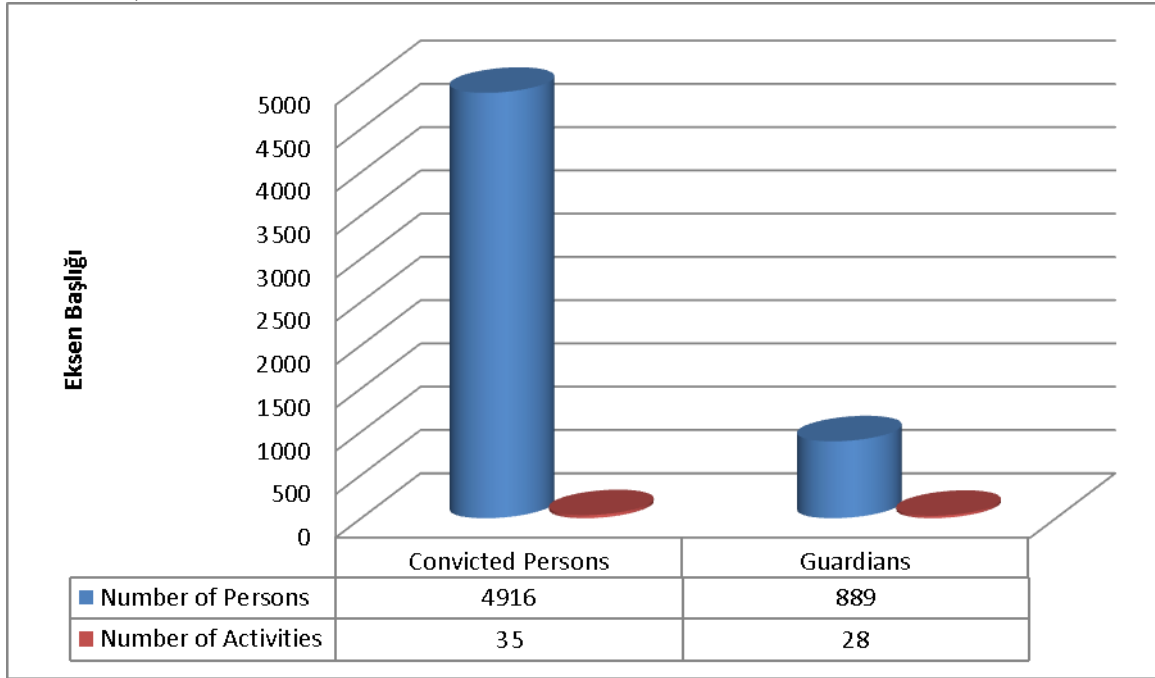


Figure 21: Number of Preventive Activities Carried out by the Provincial Contact Points of TUBIM and Number of Convicted Persons and Guardians Participated Those Activities, 2010



B- RESPONSE ON THE EUROPEAN SOCIAL CHARTER COMMITTEE'S INFORMATION REQUESTS AND CRITICISM

1- General Indicators

a- Life Expectancy in Turkey

Life expectancy in Turkey is shown in the Figure 1 under Article 11 Paragraph 1 Section C. The Life expectancy which was 75,6 years by women and 71,2 by men at an average of 73,3 in 2006 has risen to 76,8 by women, to 71,8 by men and to 74,3 as an average in 2010.

b- Death Causes in Turkey and Precautions

The statistics about death causes are produced by the Turkish Statistical Institute. Statistics about this topic were kept; beginning in 1931, only for 25 city centres with the most population until 1949, for all city centres between the years 1950-1956, and until 1957 for all city centres and suburbs.

Between the years 1957-2008 death causes statistics were presented as another publication for the cities and counties. Death causes statistic which were produced with the death rate statistics until the year 2009, are being produced as a different publication apart from death rate statistic since 2009.

The Turkish Statistical Institute and Ministry of Health, have been running a "Death Causes Statistics" project since 2005, parallel to the EU harmonization process to set the standards for statistics. The aim of the project is to maximize the quality and the reliability of death causes statistics, to provide the comparativeness between countries and to provide the production of death cause statistics in international standards.

In this context, firstly a "Death Certificate" which conforms to the World Health Organization (WHO) standards was developed. To test the application of the new death certificate, pilot studies were carried on between the years 2006-2008.

Between the months October-December 2008, certification trainings were provided for doctors who were responsible filling out death certificates. Doctors who were working at cities which were part of the pilot studies have been grouped again for reminder trainings. At least two city reference doctors from each city were trained. And those city reference doctors trained the institution reference doctors who also trained other doctors at their institution.

As of January 1st 2009, the use of the new death certificate begun. With the new certificate, besides the list of diseases causing the death and time; information about infant deaths has also started to be compiled. Death causes statistics are covering all city and county centres and all residential areas with doctors.

Death certificates are filled out by; the hospital for all death cases seen by a doctor, cottage hospitals, family health centres, municipality hospitals, forensic medicine institutions and other health institutions.

The coding of the parts concerning death causes is filled out according to International Classification of Diseases (ICD-10) and the reason behind the disease is being found out according to the WHO rules.

Compiled according to 2009 data and the disease reason fixated, from 280 531 deaths, 155 274 were men and 125 257 were women.

39,9 % of the deaths were caused by circulating system diseases.

The first five reasons causing death were 39,9 % circulating system diseases, 20,7 % carcinomas, 8,9 % respiratory system diseases, 6,4 % endocrine nutrition and metabolism diseases and 4 % external wounding and poisoning.

Table 1: Causes of Death by Sex

Distribution of Death Causes by Sex			
%			
	Total	Men	Women
Total	100,0	100,0	100,0
Circulating system diseases	39,9	36,2	44,4
Carcinomas	20,7	24,4	16,0
Respiratory system diseases	8,9	10,1	7,4
Endocrine nutrition and metabolism diseases	6,4	4,8	8,3
External wounding and poisoning	4,0	4,9	2,8
Other	20,2	19,6	21,0

c- Preventions for Reducing Mother and Infant Death Rates and the Results

In the year 2003, within the application of the Health Transformation Program which was run by the Ministry of Health, mobilization was made for the preventive and basic health care services and the budget was raised from 928 million Turkish Liras in 2002 to 4, 136 billion Turkish Liras in 2010. Thus, the resource allocated was approximately doubled in terms of 2010 prices in 8 years.

One of the major parts of the Health Transformation Program are family doctors which form the curtail step of modern health services. With the family doctor application, the extent of preventive health services has also been expanded. The encouragement of healthy life program has been added to the preventive health services such as vaccination, pregnant and infant follow-ups and health check-ups. Preventive health services such as vaccinations, infant and pregnant follow-ups, 15-49 years old women follow-ups, check-up programs, vitamin D and iron support, periodic health controls for specific age groups and national disease control programs are being conducted under the authority of family doctors. The number of infant and pregnant follow-ups has risen, mother and infant death rates decreased and vaccination rates have come up to 97 % through those services.

The number of “Baby Friendly Hospitals” has risen from 141 in the year 2002 to 784 in the year 2010 for the encouragement of breastfeeding, taking into consideration the fact that breastfeeding in the first 6 months and breastfeeding with supplementary nutrition until the second age of the infant -reduces infant death rates by 20 %. Each infant, born in “Baby Friendly Hospitals” makes a healthy start to life with human breast milk nurture. To prevent

mothers and infants from anaemia, pregnant women are given free iron support. Each year, approximately 1 million pregnant women take advantage of this service. Since the start of the project in 2004 iron support to 7,5 million infant has been given until the end of 2010. Just in the year 2010, 1,245million infants were supplied with iron support.

Through the studies run by Atatürk University Faculty of Medicine in the Eastern Anatolian Region, the “rachitic incidence” which was %61 in the year 1998 came down to 1 per thousand in 2008.

One of the applications started by the Health Transformation Program is the “Guest Mother Project”. With this application, risky pregnant women are being lodged in secure medium. Due to climate risks, pregnant women in risky environments have been invited to “Mother Hotels/Rest Houses” 4 weeks before the expected delivery date and have been nursed through the pregnancy period and after, until the transportation to their homes have been available depending upon weather conditions. In 2010, 6.229 expected mother enjoyed this service.

Through all those applications important developments in health indicators have been achieved:

Through the Health Transformation Program, maternal death rates improved more than any other country with the same income bracket. In 2010 according to the WHO statistics, while maternal death rate was 91 % per hundred thousand in high-mid ranged income bracket countries, it was 16,4 % per hundred thousand in our country. In the year 1960 the OECD Maternal Death Rate was 60% per hundred thousand. The improvement achieved by the OECD Countries in 23 years, has been achieved by our country in 8 years. While maternal death rate was 3,4 times above the average of the OECD in the year 2000, it fell down to 1,6 times in 2009. Both before the Health Transformation Program and in 2008, Turkey has shown a better performance than other income and health expense comparable countries, and its relative position has improved more in 2009.

According to Turkish Population and Health Research results in 2003 infant mortality which was 28,5 % per thousand, reduced to 17 % in 2008, and according to Ministry of Health data 13,1 % in 2009 and 10,1% in 2010. It is well known that developed countries with infant mortality rates under 5 % per thousand had rates about 30 % in the 1960’s. The improvement achieved by the OECD Countries in 30 years, has been achieved by our country in 8 years. Turkey’s relative position at its income level has improved considerably since 2002.

Improvements achieved by years in maternal and infant mortality are shown in the previous sections.

2- Health Services System

a- Access to Health Services

“. With a view to showing distribution of health sector employment, the Ministry of Health has made use of the “Turkish Statistical Region Units Specification”, in the “Health Statistics Year Book” published by it as used by the Turkish Statistical Institute as well. This Specification has been the one used by the European Union Countries for Turkey.

According to this Specification, the distribution of health sector employment is shown in the previous sections.

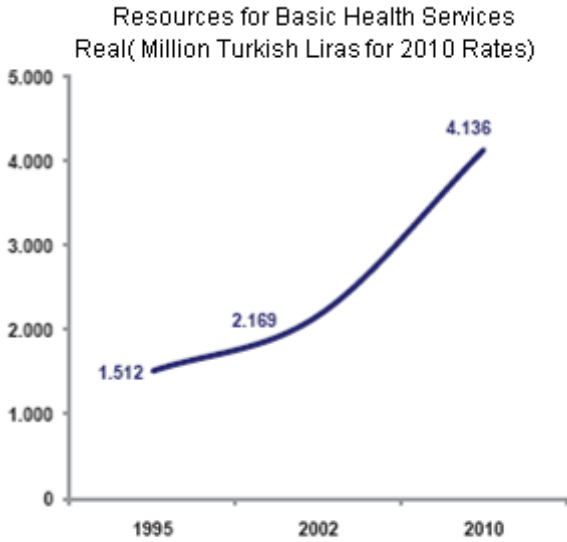
b- Results of the Health Transformation Program

Since the end of year 2002, the results and indicators achieved by the “Health Transformation Program” by the 58th 59th and 60th Cabinets are shown in (At: 11.2).

c- Resources Allocated from the Budget to Preventive and Basic Health Services

In 2002 the budget allocated to preventive and basic health services which was 928 million Turkish Liras has reached to some 4.136 billion in 2010. Hence, in terms of 2010 prices, the real funds allocated have doubled since 2002. The budget allocated to preventive and basic health services has risen to 6.424 billion Turkish Liras in 2011.

Figure 1: Resources Allocated to Basic Health Services



The GDP rate of health expenses allocated from the budget is shown in Figure 9 under Article 11 Paragraph 1 in the Section C.

d- Data Related to Health Sector Employees and Health Services

Hospital bed numbers in Turkey in years are shown in Figure 17-18 under Article 11 Paragraph 1 in the Section C.

e- Provisions Made/Should be Made to Increase the Number of Hospital Capacity, Health Sector Employment Especially Doctors Nurses and Obstetricians:

Projects and goals for 2023 designated by the Ministry of Health as regards this subject are cited below:

- While the qualitative bed ratio was 6% in 2002, in recent years it has climbed up to 30%. To continue providing a modern and quality service, all hospital rooms will have to be with two beds maximum, with bathroom and toilette by the year 2005 (?),
- Through the Public-Private Cooperation creating big campuses consisting of health facilities, research-development units, high technology centres, social life areas, medical science universities and big recreation areas,
- Carrying out Green Hospital Projects with LEED certificates,
- Spreading Treatment diversity country-wide, completing regional development in health services, increasing service quality, developing health campuses across the country for cost-effective health services, creating 38 thousand new hospital bed capacity in 22 cities on 30 campuses through the Public-Private Cooperation,
- For reducing the gap by health service employment, the capacity of medicine faculties has risen from 4500 to 7500 students. Increasing this number to 10000 and to 20000 for nurses,
- Increasing the number of doctors from 120000 today to 130 thousand by 2015, to 155 thousand by 2019, and to 200 thousand by 2023
- Increasing the number of midwives from 163000 today to 238000 by 2015, to 310000 by 2019, and to 400 thousand by 2023
- Increasing the number of health sector employees from 650000 today to 715000 by 2015, to 853000 by 2019, and to 1.1 million by 2023
- Hence, providing the quality health service for our citizens to be sustainable.

Article 11 Paragraph 2

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 organisations, to take appropriate measures designed *inter alia*, to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health.

Scope of the provisions as interpreted by the ECSR

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.

A- DEVELOPMENTS IN THE REPORTING PERIOD

1- LEGAL FRAMEWORK

The following information is given about the services of consultation and diagnosing diseases which carried out in schools and in other parts of society.

1.1- Reduction of Maternal and Child Mortality

Detailed information is given under the section concerning Paragraph 1. In addition, following the 2005-2006 National Maternal Mortality Study new recommendations and methods has been developed and with the Circular no. 2007/27 "Maternal Mortality Data System" has been established and started to be implemented in 81 provinces as of 05/04/2007. However, due to the problems occurred in the provinces during the implementation a new additional regulation was needed and those problems were fixed by the Circular no. 2007/57. Maternal death notification forms have been regularly examined by the Preliminary Examination and the Central Review Committee of the Department of Women and Reproductive Health of the Public Health Agency of Turkey, and evaluated according to the WHO's three-delay model in terms of preventability and the measures and suggestions for the identified problems have been reported to the relevant institutions.

1.2- Health Education in Schools

Compulsory "Health Information" courses are included in weekly lesson programs of 9th year classes of all the secondary schools of the Ministry of National Education.

Health, Hygiene, Nutrition and Green Crescent Clubs are established in all secondary schools according to the goals of the "Regulation of Social Activities of Elementary and Secondary Education Institutions of the National Education Ministry".

In addition, according to the "Regulation -on Social Activities of Elementary and Secondary Education Institutions of the National Education Ministry" health related special Days and Weeks are set in all elementary and secondary education institutions. Those Days and Weeks are as follows:

First Week of January	Tuberculosis Combat Training Week
25 January	World Leprosy Day
25 - 31 January	Leprosy Week

14 March	Medicine Day
1-7 April	Cancer Combat Week
7 April	World Health Day
7 - 13 April	Health and Social Security Week
8 - 14 April	Health Week
First Week of May	Traffic and First Aid Week
4 - 10 May	Work Safety Week
10 - 16 May	People with Disabilities Week
14 May	World Pharmacists Day
3 -9 November	Organ Donation and Transplantation Week
12 November	Disaster Preparedness Training Day
22 - 27 November	Mouth and Teeth Health Week
1 December	World AIDS Day
3 December	International Day of People with Disabilities
10 December	World Human Rights Day

In addition, there are compulsory Health Courses in all secondary level schools. The contents, the details related with the said Course are as follows:

“Syllabus of the Health Course

Chapter I – The Purposes of the Course

The purpose of this Course is to enable the students to;

1. grasp fundamental concepts and terms related with health,
2. understand that both being in a healthy condition and living a healthy life should be regarded as one of the fundamental human rights,
3. understand the social and economic reasons behind the societal health problems,
4. make an effort for improving their state of health by analysing the conditions related with themselves and the environment they live in,
5. realize that their negative attitudes and behaviours affecting their personal state of health also affect the health of the society and that a healthy society is consisted of healthy individuals,
6. - benefit from / take advantage of the institutions providing health services in a timely and correct manner,
7. comprehend the positive influence of the preventive health services on the individual and societal state of health,
8. recognize that state of health is a measurable concept and thus it is possible to compare the societies in terms of their state of health levels,
9. adapt themselves to the physical and psychological changes occurring in their adolescence period in accordance with an understanding that is aware of the fact that growth is a process which is consisted of certain distinct phases,
10. To improve and maintain their state of health and to adapt the necessary principles for a healthy life as behaviour,
11. make use of the information they acquired on health in accordance with their own conditions,
12. be aware of their own mistakes regarding their state of health and to take steps in order to correct those mistakes,
13. generate solutions for the problems they face in their life,

14. understand the importance of mental state of health in terms of individual and societal health,
15. develop a consistent world-view for a healthy life,
16. evaluate the consequences of the habits harmful to health in terms of individual and societal health,
17. serve as a model by opposing the practices that may affect individual and societal state of health,
18. realize that family planning increases the individual quality of life,
19. comprehend the importance of adequate and balanced nutrition in terms of improving and protecting individual state of health,
20. grasp the importance of early diagnosis in terms of the treatment of the diseases,
21. take due precautions against the infectious diseases,
22. follow the developments related with health issues.

Chapter II – Healthy Life

In this Chapter,

1. Health services are classified and the ways for benefitting from those services are explained,
2. The rights of the individuals in the process of benefitting from the services of health institutions are enumerated.

Chapter III – Improving and Protecting the State of Health

In this Chapter,

1. The importance of improving and protecting the state of health,
 2. The importance of physical activities and rest on the state of health,
 3. The importance of adequate and balanced nutrition in line with the phases of growth,
 4. The reasons behind the obesity and the effects of it on health,
 5. The importance of individual hygiene in terms of healthy life,
 6. The importance of dressing preferences in terms of protecting and maintaining health,
 7. The importance of dental health,
 8. The important points related with the protection of dental health
- are explained.

Chapter IV – Mental Health

In this Chapter,

1. The importance of mental wellbeing in terms of a healthy life,
 2. The effects of personal and environmental factors on the mental health,
 3. The necessary precautions for the protection and maintenance of mental health,
 4. The factors leading to stress and their implications on the state of health,
 5. The ways for dealing with stress
- are explained.

Chapter V – Habits harmful to Health

In this Chapter,

1. The concepts such as addiction, deficiency and tolerance,
 2. The reasons behind the addictive substance use,
 3. The effects of addictive substance use on the economy of the family and the country,
 4. The effects of tobacco and tobacco products on human state of health,
 5. The effects of alcohol on the state of health and behaviours of individuals,
 6. The effects of alcohol addiction on the family and social relations of the individuals,
 7. The effects of drug use on the state of health and behaviours of individuals,
 8. The ways for staying out of those substances,
 9. The treatment ways for addicted persons
- are explained.

Chapter VI – Basic Concepts and Principals Related with Diseases

In this Chapter,

1. The importance of early diagnosis in terms of the cancer treatment,
2. The ways for cancer prevention,
3. The important measures for increasing the life quality of diabetic individuals,
4. The reasons behind and the treatments for cardiovascular diseases,
5. The genetic reasons behind the diseases such as mediterranean anaemia, mediterranean fever and haemophilia and the consequences of kin marriages,
6. The reasons behind and the treatments for chronic lung diseases,
7. The concepts related with infectious diseases,
8. The main reasons behind the spread of infectious diseases,
9. The general characteristics of and the protective measures against food- and water-borne the infectious diseases,
10. The general characteristics of and the protective measures against air-borne infectious diseases,
11. The general characteristics of and the protective measures against contact-borne infectious diseases,
12. The general characteristics of and the protective measures against vector-borne infectious diseases,
13. The general characteristics of and the protective measures against zoonotic infectious diseases,
14. The general characteristics of and the protective measures against sexually transmitted infectious diseases,
15. The importance of rational medical drug use,
16. The necessary actions to be taken at home in cases of fever,
17. The important points to be considered for home care, are explained.

Apart from this Course on Health, Traffic and First Aid Course in the secondary school includes the informational programmes on the following issues:

1. Basic concepts related with the first aid,
2. The differences between first aid and immediate aid,
3. The purposes and fundamental practices of first aid,
4. The measures to be taken for safe first aid,
5. The first aid kits that have to be present in motor vehicles,
6. Importance of creating a secure environment in line with the conditions of the event,
7. The importance of understanding the conditional necessities of the patient or injured person,
8. The methods of basic life support,
9. The importance of organ and tissue donation,
10. First aid practices in cases related with respiratory standstill,
11. First aid practices in cases of strangulation,
12. First aid practices in cases of bleeding,
13. First aid practices in cases of concussion,
14. First aid practices in cases of traumatisation,
15. First aid practices in cases of burnt, freezing and heat stroke,
16. First aid practices in cases of fracture, dislocation and sprain,
17. First aid practices in cases of loss of consciousness,
18. First aid practices in cases of intoxication,
19. First aid practices in cases of bite and sting,
20. Basic rules for patient handling and transport,

In addition to these studies, “School Health Services” are being carried out in order to provide protective health services for the students and the teachers, to improve the quality of life and to provide information on the issues related with hygiene.”

2- IMPLEMENTATION

2.1- Health Scanning

“School Health Services Protocol” was signed and put into force on 29.09.2006 between the Ministry of National Education and the Ministry of Health.

Numbers of schools in which health scanning is performed, as well as of students and teachers who are scanned by the teams of the Ministry of Health under the coordination of the Ministry of National Education, by educational years in primary and secondary educational institutions covered by this Protocol are given below:

Educational Year	Number of Schools	Number of Students	Number of Teachers
2007–2008	27.528	3.997.621	50.367
2009–2010	35.420	3.679.480	106.363
2010–2011	11.849	1.278.807	20.443
2011–2012	5207	536.799	5.252

Technical works goes on about the integration of health scanning studies into the Family Medicine system as a result of the launch of the said system overall the country by the Ministry of Health on 13 December 2010.

2.2- White Flag Project

The “White Flag Cooperation Protocol” was signed between the Ministry of National Education and the Ministry of Health on 03.08.2006 in order to encourage the educational institutions affiliated to the Ministry of National Education towards cleaning and hygiene and to improve school health to a better level. Schools inspected in accordance with the criteria specified under the scope of the aforesaid Protocol are evaluated according to scoring system and schools which score 90 or more over 100 points are granted with the “White Flag”, the “Certificate” and the “Brass Plate” valid for two years, which resemble the health and cleaning state of the school.

Number of schools which received the Certificate, the White Flag and the brass plate overall the country from the date of start of the Protocol up to today is indicated below:

School	White Flag	Certificate	Brass Plate
6830	6830	6830	6830

Number of schools which received the White Flag constitutes 12 % of all the schools. Significant improvements have been observed in terms of environmental cleanness and hygiene as well as physical structures of schools, which tried to reach the benchmark set, compared to pre-protocol period.

2.3- School Cafeterias, Collective Eating, Anti-Obesity and Physical Activity Efforts

The Circular No. 2007/33, dated 18.04.2007 and titled “Inspection of School Cafeteria and Applicable Hygiene Rules”, and the Circular dated 21.07.2011 No. 1782 titled “Food Sales in School Cafeteria”, which were prepared with joint efforts of the Ministry of National Education, Ministry of Food, Agriculture and Stockbreeding and the Ministry of Health, were put into practice with the purpose of protecting the health of our students with health and hygiene conditions required to be borne by cafeterias, buffets, tea houses etc. in schools and other educational institutions, improving their awareness on healthy nutrition, and preventing

any possible food poisoning, contagious diseases, diseases connected with insufficient and unbalanced nutrition and obesity.

In line with those Circulars, it has been ensured to carry out general cafeteria inspections on whether the food sold in school cafeterias and catering houses in the provinces lead to obesity, and suitable food for healthy nutrition has been recommended. Sales of refreshments, excluding mineral waters, which have high level of energy and low nutritive level (energy drinks, gaseous drinks, aroma drinks and cola drinks) as well as of fried foods and chips, which could lead to unbalanced nutrition and obesity in children, as well as automatic vending machines have been prohibited and .

The Governor's Offices have been instructed in order to prevent the activities of street sellers in the vicinity of the school, and an official letter was sent to the Ministry of Interior to enable the municipalities to follow up the issue.

185 provincial trainers were trained in Rize Çayeli In-Service Training Institute between 6 – 10 July 2009 on the issues of nutrition in school age children, mass catering, obesity, physical activity, minimum and technical hygiene rules of school cafeteria, food inspection of cafeteria and catering houses. The trainers provide trainings overall the country in order to train the teachers, students and parents on healthy nutrition, struggle against obesity and physical activity. In 2009- 2010 educational year, mass nutrition training was given for 4 hours to 61.172 teachers overall the country in their schools.

The Circular No. 2010/15, dated 15.02.2010 titled "Catering Services in Schools" was issued for ensuring compliance with hygiene rules and taking measures in order not to encounter any shortcoming in terms of presentation of food, period of storage, providing the food at a certain temperature, transportation of food etc. in catering services to be provided to the students in various boarding schools which are affiliated to the Ministry of National Education.

Subjects regarding healthy life and healthy environment in our schools have been included in the primary and secondary education curricula. The Science and Technology courses given in primary education institutions and the Health Knowledge course given in secondary education institutions has been at the stag of revision in accordance with contemporary conditions and the subjects of "Diabetes" and "Healthy Nutrition" have been included in these books.

2.4- Nutrition Friendly Schools Project

Studies have been launched within the scope of the Protocol on Nutrition Friendly Schools signed on 21.01.2010 between the Ministry of National Education and the Ministry of Health, and the schools are assessed whether they bear the conditions required concerning healthy nutrition criteria. 202 schools have received the "Nutrition Friendly School Certificate" as of 03.08.2011.

2.5- Actions for Struggling Against Diabetes

The "Turkey Diabetes Control Program", prepared with the contribution of the Ministry of Health, the WHO, the International Diabetes Federation and the Ministry of National Education, is started to be implemented. Within the scope of program studies, the "Protocol on Diabetes Education Program in Schools" was signed on 27.04.2010 between the Ministry of National Education, the Ministry of Health, the Child Endocrinology and Diabetes Association. Actions are being carried out via that Protocol, with a view to developing the capabilities of teachers, students and parents in public and private educational institutions on the issues of early diagnosis of diabetes in children and caring for students with diabetes at schools.

The number of schools, students, teachers and parents who received education on awareness-raising on diabetes and obesity overall the country within the scope of the Program for Diabetes Education in Schools are shown below:

Number of Schools	Number of Students	Number of Teachers	Number of Parents
24.904	7.547.573	585710	581.807

2.6- Personal and General Hygiene Works

Relevant actions have been carried out within the scope of the “National Action Plan” concerning hand hygiene prepared under the coordination of the Ministry of Health. Besides, the subject of hand hygiene is included in the scope of curricula in primary and secondary institutions.

A seminar has been organised for provincial educators with the participation of occupational course teachers in 100 health occupational high schools overall the country in relation to project preparation within the scope of school and environmental health works, inspection of logical environment in project preparation, regulation related to cafeteria inspection in schools, providing for personal hygiene, electromechanical pollution, noise and air pollution, the relation between environment and health, diseases starting with water and measures to be taken, pesticides, chemical hazards, cosmetics, make up materials, toilet taps and hygiene in schools, hand washing, use of carboys and water dispensers, influenza and precautions to prevent from influenza, and ways of protection. The provincial trainers, the managers and their teachers who have received this training have provided information in relation to this issue.

2.7- Works for Struggling Against Tobacco, Alcohol and Substance Abuse

The Circular No. 2005/90 on the implementation of the Law on Prevention of Hazards of Tobacco and Tobacco Products No. 4207, has been sent to central and peripheral organizations of the Ministry of National Education and the Circular No. 2008/ 16 on the implementation of said Law has been sent to the Governor’s Offices.

Three posters demonstrating the hazards of tobacco and tobacco productions have been selected and a total of 180.000 posters have been printed, being 60.000 from each, and distributed to 81 provincial national education directorates.

A panel on Tobacco and Youth was organized in collaboration with the WHO on 31 May 2008, which is “World No Tobacco Day”. The Minister of National Education, the Members of Parliament, the Undersecretary, the General Director of the said Ministry and Governor of the province and many other high rank officials as well as 1200 students attended the event.

The curriculum of Health Knowledge Course, which was given in secondary education institutions, has been re-arranged and the subject of “Hazards of Tobacco” has been included in the scope.

The Ministry of National Education has actively participated in studies of the National Tobacco Control Program Action Plan and the Tobacco and Health National Committee.

The “Global Youth Tobacco Survey” has been carried out in 70 schools in 30 provinces through health occupational high school teachers in order to determine the attitudes and behaviours of young people in relation to tobacco in collaboration with the Ministry of National Education and the Turkey Office of the WHO.

Three seminars have been organized concerning the activities related to struggling against substance abuse (tobacco – alcohol and drugs) and 294 health and guidance teachers, who work in 280 health vocational high schools in our 81 provinces, have been trained as provincial trainers. It has been planned to provide training of 4 hours to 620.000 teachers in 3 years and the training activities have been going on within this scope.

All teachers, who received training on activities related to struggling against substance abuse (tobacco- alcohol and drugs) overall the country as well as 17 million students and their parents have been trained in line with the program that was planned.

Training was given to 154 people in tobacco control practices seminar for Provincial National Education Deputy Directors, Branch Directors and Chiefs for 3 days on December 2011.

2.8- Relationship Between HIV/ AIDS Programs and Reproductive and Sexual Health Programs and Access of Adolescents to Health Education and Services

136 provincial trainers have been trained in adolescence health trainers' training seminars. Those teachers have provided 12-hour training to other teachers in the provinces and raise their awareness. Issues such as reproductive health, HIV/ AIDS, sexual health have been covered by this training.

The most prominent activity carried out in relation to adolescence of young people has been the "Project on Education Concerning the Change during Adolescence (ERDEP)" which has been implemented in primary schools by the Ministry of National Education.

The Ministry has carried out the ERDEP towards young people since 2000 with the support of two private companies. With the help of the Project, 450.000 students in 1.200 schools have been reached and a high support of the public has been seen. The newspapers overall the country have published coverage of the Program and the practices have been broadcasted on TV. In general, the reaction of people towards the adolescence trainings given to teenagers has been positive. Parents have believed that their children would benefit from the Program, although they have found the length of courses quite short. During the Project Assessment Meeting held in February 2001, it was determined that the long term objective of the Project as to attach training on adolescence to the curriculum in primary and high school education would be realized. It was targeted that the activities under the ERDEP would be extended to 18 new provinces in 2001.

Training was provided to 10.5 million students between 1999- 2011 within the scope of the ERDEP. 667000 thousand girl students in 8.487 primary schools in 37 provinces as well as 200000 mothers of those students who have been expected to attend the training have been planned to be trained in 2011 – 2012 Educational Year.

The Collaboration Protocol has been signed on "Development of Awareness on Hygiene and Skin Health among Youngsters" between the Ministry of National Education and the Procter & Gamble Sales and Distribution Limited in order to contribute in raising a generation aware of skin health and hygiene.

Actions have been carried out on sexually transmitted diseases in collaboration with the Ministry of Health and relevant information has been provided according to levels of the children on December 1st, AIDS days.

The topics covered under health information course which has been taught in 9th class of secondary education schools have been; symptoms and effects of sexually transmitted diseases, risky behaviours and ways to protect against these diseases, importance of monogamy (in terms of sexually transmitted diseases), fungi of sexual organs and ways of protection, and problems encountered by AIDS and Hepatitis B patients.

Anatolian Health Vocational Schools' curricula include subjects i.e. anatomy and physiology, sexually transmitted diseases, reproductive health, HIV/ AIDS and sexual health as part of health education courses.

2.9- Studies on Mouth and Teeth Health

With a view to contributing to raising a generation aware of mouth and teeth health in schools, the "Protocol of Collaboration on Development of Mouth and Teeth Health Awareness" has been signed between the Ministry of National Education and Colgate

Palmolive Cleaning Products Industry and Trade Incorporation. Within the scope of the Protocol, training actions have been carried out in 53 provinces being in 22 provinces in the first year, in 14 provinces in the second year and in 17 provinces in the third year. Cartoons approved by the Ministry of Health have been shown to students during those trainings and tooth brush and tooth paste have been distributed together with a training set. In total 2.535.824 students have been reached in 53 provinces. .

2.10- Blood Donations and Thalassemia Awareness Raising Actions

Within the framework of the “Protocol on Execution of Activities to Promote Voluntary Blood Donor” signed between the Ministry of National Education and the Turkish Red Crescent, “Blood Donor Trainers’ Training Seminar” has been organized in –two periods, activity costs of which have been covered by the Turkish Red Crescent. A total of 350 voluntary trainers of blood donor trainers have been raised through the training activities carried out.

The “**Thalassemia** Trainers’ Training Seminar” has been organized in collaboration with the **Thalassemia** Federation in order to increase the knowledge of teachers on “**Thalassemia**”, to help diagnose the disease at early stage and to raise awareness among teachers, students and parents. 41 teachers have been selected from 33 provinces, where the disease has been frequently seen, have attended the training activity, cost of which has been covered by the **Thalassemia** Federation, and those teachers informed around 4.000 colleagues on **Thalassemia** disease.

2.11- Hygiene and Skin Health Project in Youngsters

The “Protocol of Collaboration on Development of Hygiene and Skin Health Awareness among Youngsters”, with a term of 3 years, was signed on 22.07.2009 between the Ministry of National Education and the Procter and Gamble Sales and Distribution Limited, in order to develop hygiene and skin health awareness among youngsters.

Within the scope of the project which has been carried out based on the Protocol, training is provided by professional trainers to 1 million secondary school 9th and 10th class students per year and at the end of the training, the booklets approved by the Training and Education Board of the Ministry of National Education have been distributed to the girl and boy students.

The years of training provided to students in order to raise awareness among youngsters on hygiene and skin health, as well as the number of provinces, number of schools, number of boy students and number of girl students are shown below.

Educational Year	Number of provinces	Number of Schools	Number of Boy Students	Number of Girl Students
2009-2010	26	2.598	390.464	315.604
2010-2011	25	2.790	366.633	339.070
2011-2012	29	1.709	559.647	442.872

Note: The numbers shown in trainings to be given in 2011- 2012 educational year are the planned numbers and the actual number of girl and boy students who received training will be clear at the end of the educational year.

2.12- Good Nutrition Good Future Project

The “Collaboration Protocol on Good Nutrition Good Future” was signed on 23.1.2009 between the Ministry of National Education and the Tuvana Foundation for Reading Children (TOCEV).

Within the scope of the Project which has been carried out based on the Protocol, food aid has been provided as approved by the Ministry of Food, Agriculture and Stockbreeding to the families of poor children who have been successful and keen for reading on regional basis. The number of family parcels and child parcels distributed in provinces and districts in 2010 – 2011 educational year and 2009 – 2010 educational year within the scope of Good Nutrition Good Future Project are shown below.

Educational Year	Number of provinces	Number of districts	Family parcels	Child parcels
2009-2010	3	12	202	500
2010-2011	3	15	181	500

2.13- Clean Trace Training Program Collaboration Protocol

In order to contribute in raising generations aware of adobe and environmental cleanness, the “Clean Trade Training Program Collaboration Protocol” was signed on 06.12.2010 between - the Ministry of National Education and the TOCEV. According to the schedule determined by the parties, relevant trainings have been provided to teachers and students in pre-school, primary and secondary education schools in provinces where the program has been carried out, and a play is demonstrated related to the subject at the end of the training, and the “Cleanness and Hygiene Booklet” approved by the Training and Education Board of the Ministry has been distributed free of charge under the supervision of school administrations together with the cleaning products approved by authorized bodies to be distributed in closed packages.

Number of provinces, schools and students trained in 2010- 2011 educational year under the scope of the Protocol are shown below.

Educational Year	Number of Provinces	Number of Schools	Number of Students
2010-2011	4	10	2.605

2.14- School Vaccination Practice

Within the scope of school vaccination, the Ministry of Health has sent a letter on application of school vaccination in 2010- 2011 educational year and 2011- 2012 educational year to the governor’s offices in 81 provinces.

2.15- In Service Training Actions

a) Within the scope of the Project on “First Step to First Aid” carried out with the TOCEV, trainings have been given in our regional boarding schools, and first aid cabinets have been distributed to the schools and booklet approved by the Training and Education Board of the Ministry of National Education have been distributed to the students at the end of the trainings. This project was selected as 3rd among hundreds of projects overall the world and was awarded accordingly. Teachers of 200 health vocational high schools have been trained as provincial trainers on first aid overall the country and those teachers have provided more than 150.000 teachers per year with applied first aid training for 18 hours.

b) Training has been provided for 136 trainer teachers in two stages within the scope of adolescence health trainers’ training seminar. These teachers provide 12-hour training to other teachers in the provinces and raise their awareness.

c) Within the scope of trainers’ training seminar on mass nutrition in schools, 186 provincial trainers have been trained on importance of optimal nutrition and health, mass

nutrition service stages, obesity, physical activity and health, nutrition of school age children and importance of providing minimum and technical hygiene in cafeterias.

d) Within the scope of the seminar on preventing crime and violence, teachers from 81 provinces have been trained as provincial trainers as part of anti-violence actions in educational institutions and these teachers trained other teachers in the provinces.

e) The Seminar on preventive health services (Influenza, Tobacco, Alcohol and Substance Abuse) has aimed at teaching the importance of active / passive effects, economic dimension and environmental impacts of tobacco use, risk perception in anti-tobacco actions, struggling with tobacco in risk groups, importance of young age, importance of legal regulations, teaching the actions of different groups, the dependence, substances that cause dependence, recognizing the child using narcotics, raising awareness among children and youngsters on the importance of alcohol use and importance of approaches of the family towards children using alcohol and substance.

f) Three seminars have been organized concerning the activities related to struggling against substance (tobacco, alcohol and drugs) abuse and 294 health and guidance teachers, who work in 280 health vocational high schools in 81 provinces, have been trained as provincial trainers.

g) **Mouth and Dental Health Trainings**

100 provincial trainers have been trained

h) **School Environmental Health Trainings**

100 provincial trainers have been trained

2.16- Actions for Protection Against Pandemic Influenza

This Project covers all teachers, students and staff who work in all schools and institutions affiliated to the Ministry of National Education. The collaboration protocol, which was signed on 20.10.2009 between the said Ministry and the Ministry of Health, will be carried out overall the country until the risk of disease is eliminated. 105 vocational course teachers whose origin have been health profession from 81 provinces were trained between 12 – 16 October 2009 in order to be assigned as provincial trainers.

2.17- Collaboration Protocols

The protocols signed between the Ministry of National Education and public institutions, universities, non-governmental organizations in the field of school health are indicated below.

a) In order to provide contribution in raising a generation having awareness on mouth and teeth health in schools, the “Protocol of Collaboration on Development of Mouth and Teeth Health Awareness” has been signed between the Ministry of National Education and Colgate Palmolive Cleaning Products Industry and Trade Incorporation.

b) There is an increasing awareness towards the reasons of arteriosclerosis, its results and prevention of these results. The “Protocol of Collaboration on Prevention of Arteriosclerosis with a Consciousness of Life Style” has been signed between the Ministry of National Education and the Arteriosclerosis Association with a view to contributing to raising a healthy generation, covering the teachers who have been elected as the target group.

c) The “Protocol of Collaboration on “Dissemination of First Aid Knowledge and Awareness” has been signed between the Ministry of National Education and TUVANA Foundation for Reading Children (TOCEV)

d) The “Protocol of Collaboration on Carrying Out Safe Food Healthy Life” has been signed between the Ministry of National Education, Ministry of Agriculture, Ministry of Health and Ministry of Industry.

e) The “Protocol of Collaboration on the White Flag” has been signed to be implemented in schools affiliated to Ministry of National Education.

f) The “Protocol of Collaboration on School Health Services” has been signed between the Ministry of Health and the Ministry of National Education

- g) The “Protocol of Collaboration on Execution of Activities for Voluntary Blood Donor Training” has been signed between the Ministry of National Education and the Turkish Red Crescent.
- h) The “Protocol of Collaboration on Campaign for Blood Donation for Staff in Central Organization” has been signed between the Ministry of National Education and the Turkish Red Crescent.
- i) The “Protocol of Collaboration on Health, Cleaning, Nutrition and Family Social Solidarity Donation Envelop and Money Box Between the Red Crescent Club and the Turkish Red Crescent” has been signed between the Ministry of National Education and the Turkish Red Crescent
- j) The “Protocol of Collaboration on Development of Awareness on Hygiene and Skin Health among Youngsters” has been signed between the Ministry of National Education and the Procter & Gamble Sales and Distribution Limited in order to contribute in raising a generation aware of skin health and hygiene.
- k) The Project on Education Concerning the Change During Adolescence (ERDEP)
- l) The “Protocol of Collaboration on Actions for Protection against Pandemic Influenza” has been signed between the Ministry of Health and the Ministry of National Education”
- m) The “Protocol of Collaboration on Development of Awareness on Adolescence among Girl Students” has been signed between the Ministry of National Education and the Komili Cleaning Products Marketing Inc.
- n) The “Protocol of Collaboration on Diabetes Training Program in Schools” has been signed between the Ministry of National Education, the Ministry of Health and the Child Endocrinology and Diabetes Association.
- o) The “Protocol of Collaboration between the Ministry of National Education and the Ministry of Health on “Nutrition –Friendly Schools Project”.
- p) The Protocol of Collaboration between the Ministry of National Education and the TUVANA Foundation on Reading Children (TOCEV) on “Clean Trace Training Program”.

2.18- Project on the Blood Donors of the Future

The European Union has gathered together all pre-accession financial assistances that have been provided to candidate and potential candidate countries for 2007 – 2013 period under a single roof. Within this scope, the financial collaboration process between Turkey and the European Union will be carried out through IPA (Instrument for Pre-Accession Assistance) in 2007 – 2013 period.

The actions for “Raising Blood Donors of Future” which has been included in 2010 Program of component I of Pre-Accession Financial Assistance Tool (IPA) have been coordinated by the Ministry of National Education and the project activities will be launched in 2013.

Senior Program Officer (SPO): Ministry of Health

Project Beneficiaries: Ministry of National Education, Ministry of Health, Turkish Red Crescent

Period: 24 Months (Period of implementation of project activities following the end of tender process)

Total Budget: 2,5 million Euros

Unit In Charge of the Tender: Central Finance and Tender Unit

General Purpose of the Project: Overcoming the problems in supplying safe blood and contributing the improvement of community health.

Purpose of the Project: Providing safe blood from blood donors voluntarily without expecting any benefit.

Project Target:

1. Establishing collaboration between the Ministry of National Education, Ministry of Health and Turkish Red Crescent.
2. Making required arrangements in relation to blood donation in relevant courses of primary education and secondary education curricula, and supporting these arrangements with educational tools and equipment.
3. Improving the capacities of Ministry of National Education, Ministry of Health and Turkish Crescent Staff in the field of “Blood Donor Training and Raising”

The Target Group of the Project: Students in primary and secondary educational institutions, their families, school managers, teachers, and relevant staff employed in the Ministry of National Education, the Ministry of Health and the Turkish Red Crescent.

Project Activities:

1. Renewal of the existing curriculum at primary and secondary education levels and developing materials regarding the importance of blood donation parallel with EU practices.
2. Improving the human resources capacities of the Ministry of Health, the Ministry of National Education and the Turkish Red Crescent, and raising awareness in line with EU practices on raising voluntary and non-profit blood donors.
3. Following the inception of the project, 2 “Blood Donor Training and Raising Campaign” are planned to be organized in 500 pilot schools by the end of the first year (in 2012 – 2013 educational term) and the “Press and Public Relations Campaign” overall the country.

Results Expected:

1. Improving the level of knowledge and perception among children on the importance of voluntary and non-profit blood donation at national level.
2. Creating focus points within the body of the Ministry of National Education (in Provincial National Education Directorates). Enabling collaboration between the institutions through coordination between the Provincial Health Directorates and units of the Turkish Red Crescent, which are the focal points.
3. via the campaigns to be carried out throughout the project,
 - 250.000 students
 - 25.000 parents of students,
 - 30.000 units of blood donation,
 - 15.000 voluntary and non-profit donors will be acquired.

3- STATISTICAL DATA AND OTHER INFORMATION

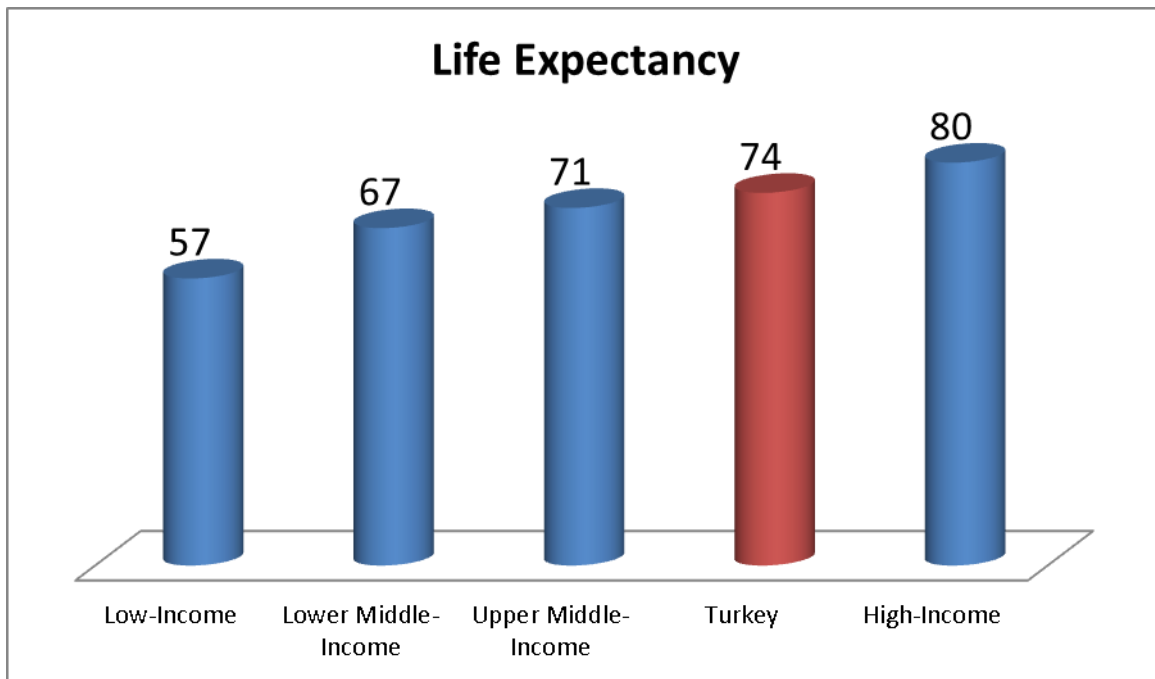
1. Results of the Implementation of the Transformation of Health Programme

A. Improvement in the Health Indicators

Although Turkey is classified among the upper middle-income countries by the WHO, health indicators achieved by Turkey can be compared with the high-income countries.

i. Life Expectancy at Birth

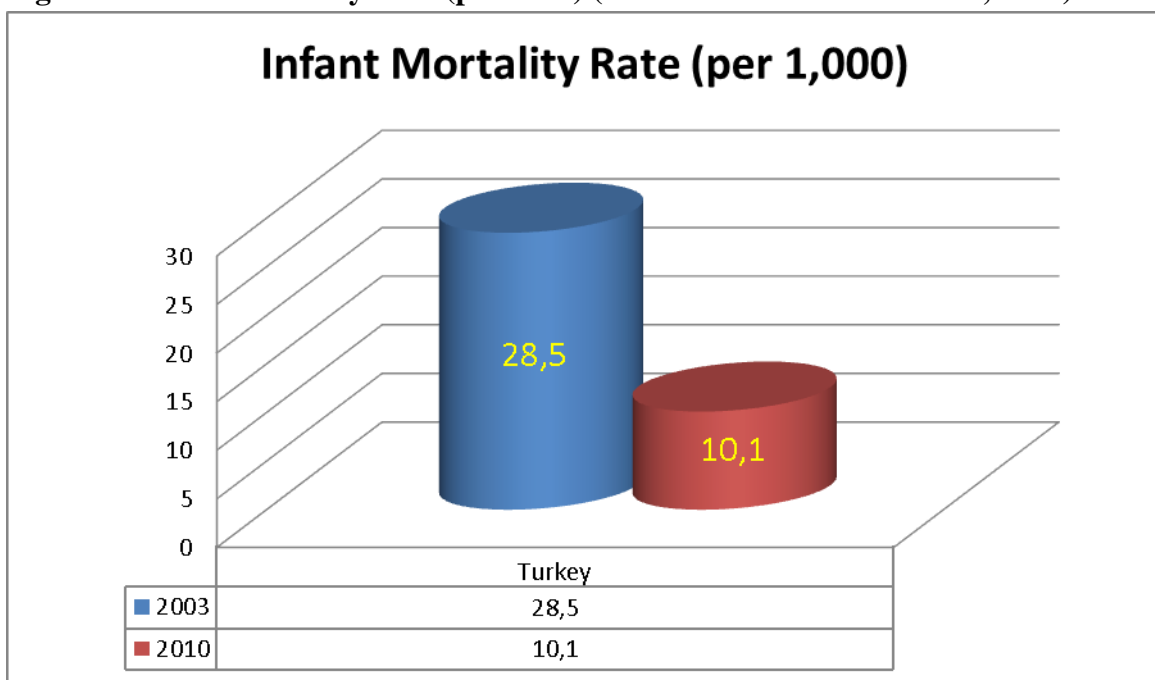
Figure 1: Life Expectancy (Source: WHO, Statistics Yearbook 2010)



According to the World Health Organization's World Health Report (1998), estimated life expectancy at birth for Turkey in the year 2025 was 75. However this number is almost already achieved by Turkey.

ii. Infant Mortality

Figure 2: Infant Mortality Rate (per 1000) (Source: OECD Health Data, 2009)

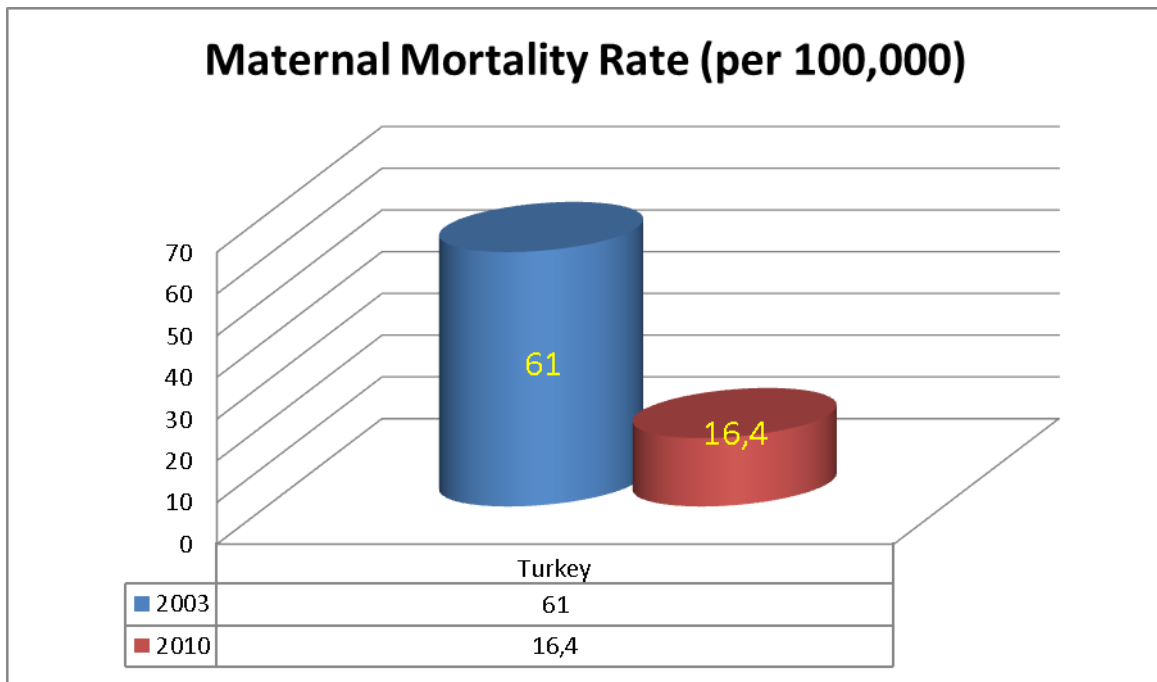


Infant mortality rate for Turkey for the year 2025 was estimated as 16 per thousand in the World Health Report (1998) of the WHO.

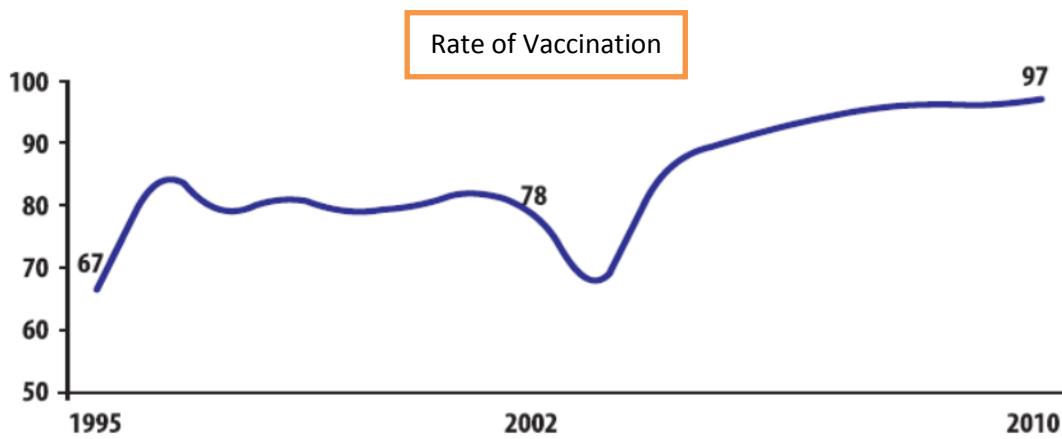
iii. Maternal Mortality

Maternal mortality rate is one of the important indicators of health. Turkey has also managed to decrease maternal mortality rate in the last eight years for a considerable degree.

Figure 3: Maternal Mortality Rate, per 100,000 (Source: OECD Health Data, 2009)

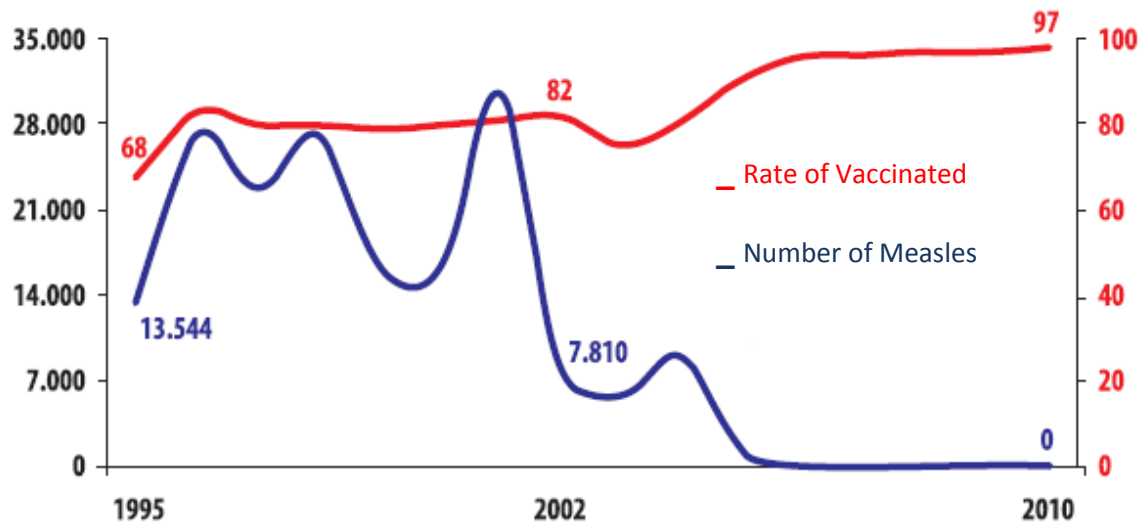


iv. Vaccination Rate



v. Measles

Figure 5: Number of Measles Diagnosis and Rate of Vaccinated Persons

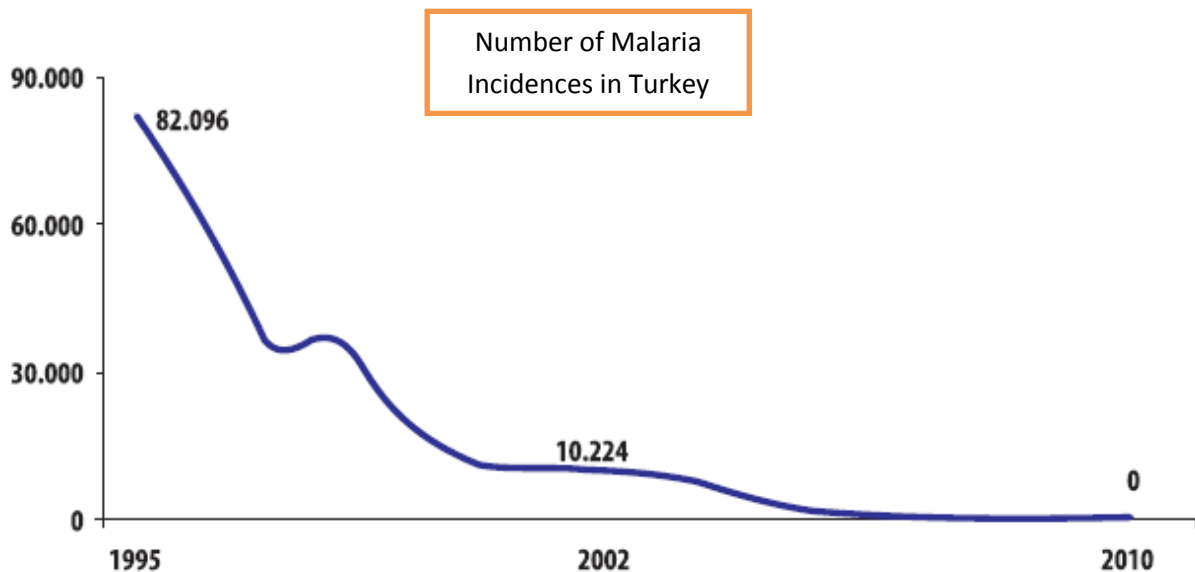


There has not been any person diagnosed measles since the year 2008 in Turkey, and thus it is eliminated for Turkey.

vi. Malaria

As a result of the programmes carried out by Turkey for the last decade, the number of malaria cases decreased to zero in 2010 from 10,224 in 2002. And it is possible to claim that the malaria disease is in the stage of elimination for Turkey.

Figure 6: Number of Malaria Cases

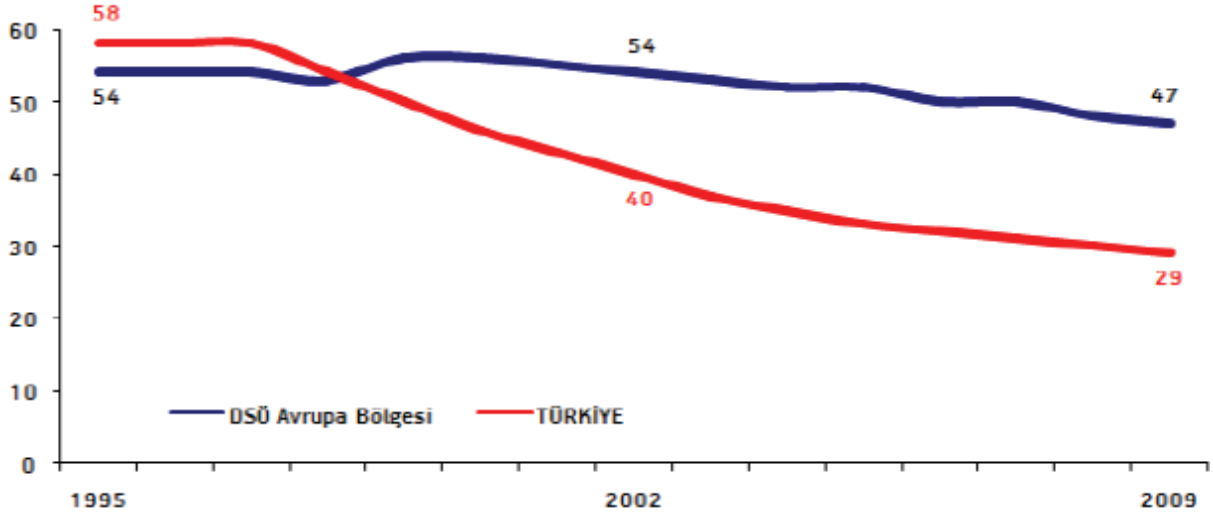


vii. Tuberculosis

Figure 7: Rate of Tuberculosis Incidences in Turkey and in the WHO European Region

Rate of Tuberculosis Incidences in Turkey and in the WHO European Region (per 100,000)

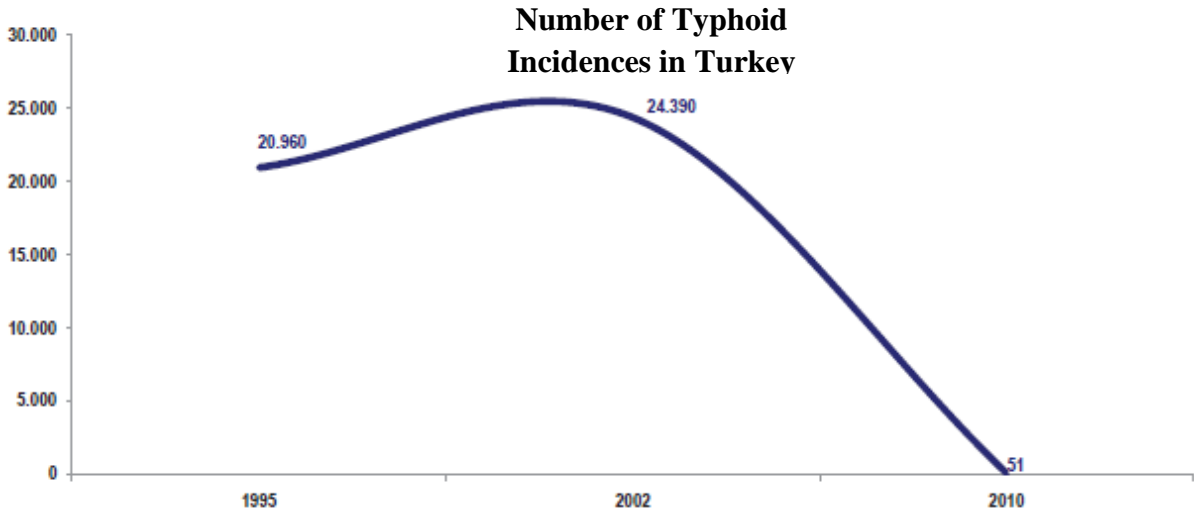
DSÖ Avrupa Bölgesi ve Türkiye TB İnsidansları (yüzbinde)



Number of tuberculosis incidence in Turkey was 40 per 100,000 in 2002; however Turkey has succeeded to decrease this rate to 29 in 2009, which is a better performance than the European Region's.

viii. Typhoid

Figure 8: Number of Typhoid Incidences in Turkey



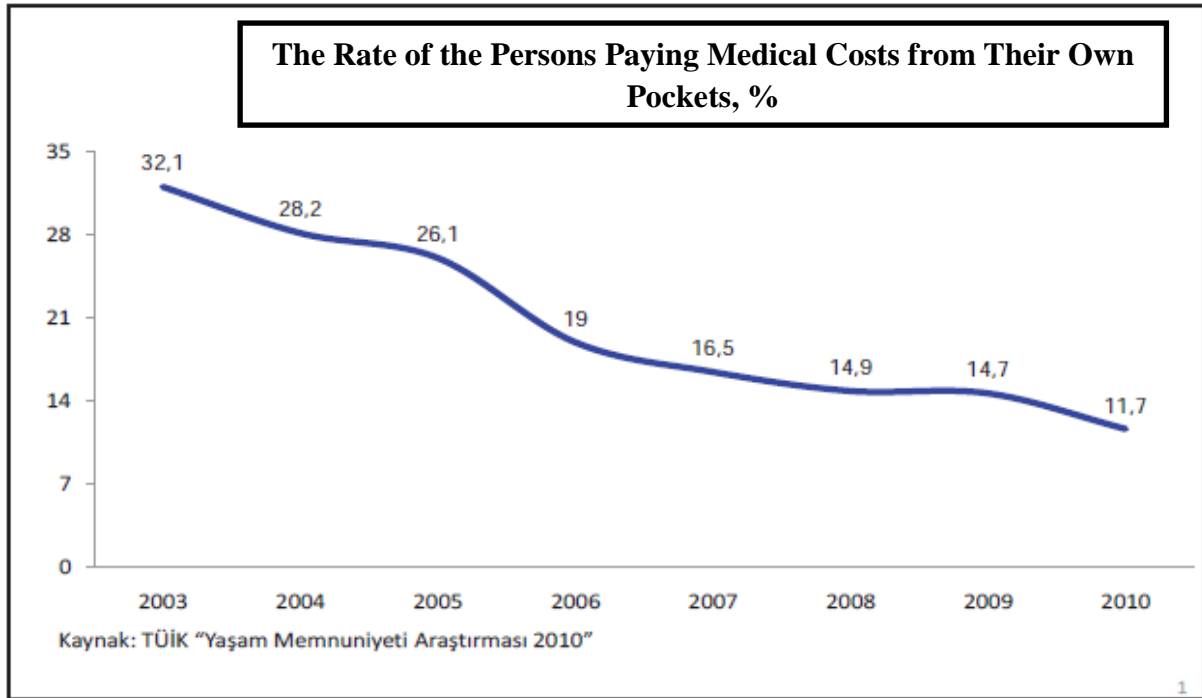
The main reason behind this successful combat against typhoid has been the improvement in the microbiological security of the drinking water as a result of the close cooperation among the Ministry of Health, Ministry of Environment and Forestry, Ministry of Interior and municipalities. Another important factor in this regard has been completion of infrastructural investments for the rural areas that had not have access to clean water and roads in accordance with the KÖYDES Project.

B. Protecting Citizens from Financial Risks

Covering the Medical Costs

Emergency and intensive care services provided by public and private hospitals have been free from any charge in Turkey. Besides, any additional charges for the operations related with the incidences such as burn injuries, cancer, new-borns, transplantation, dialysate and cardiovascular surgery in the private sector hospitals have not been allowed anymore.

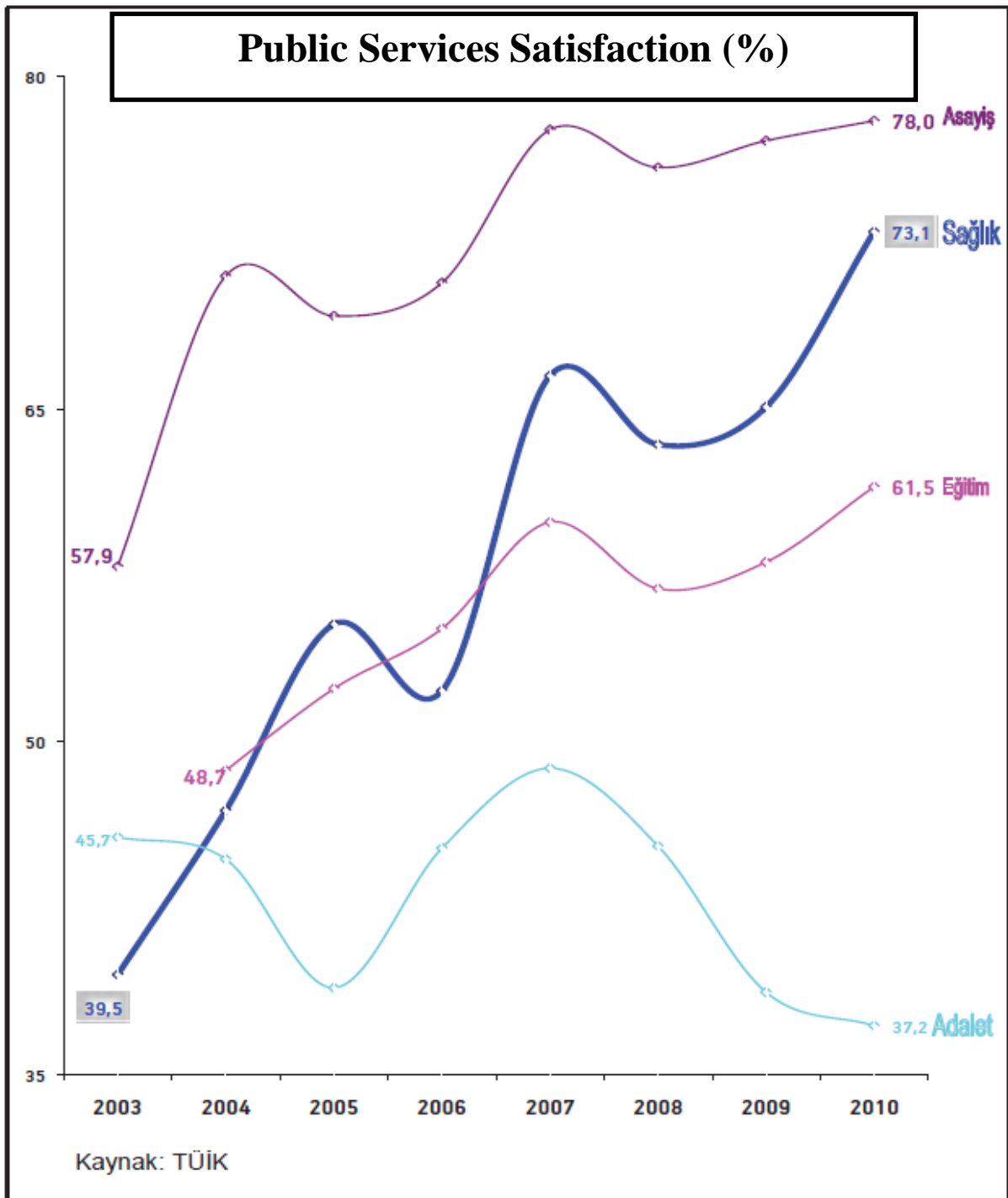
Figure 9: The Rate of the Persons Paying Medical Costs from Their Own Pockets
(Source: TÜİK, 2010)



Health Care Services Satisfaction

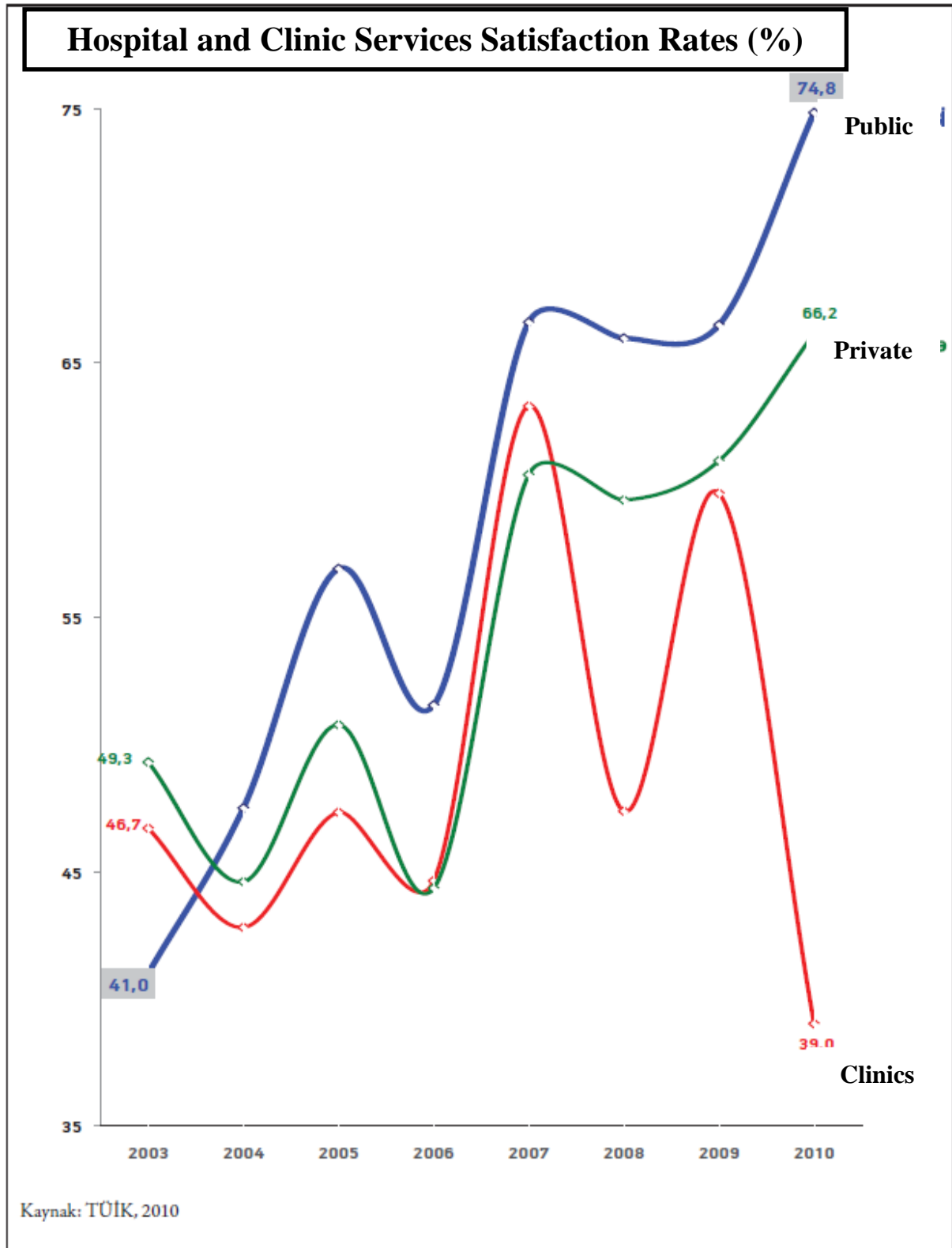
According to the 2010 Life Satisfaction Survey of Turkish Statistical Institute (TÜİK), healthcare satisfaction rates have risen from 39.5% in 2003 to 73.1% in 2010.

Figure 10: Public Services Satisfaction Rates



According to the same survey, the satisfaction with the services of public hospitals has risen from 41% in 2003 to 74.8% in 2010.

Figure 11: Hospital and Clinic Services Satisfaction Rates (Source: TÜİK, 2010)



Article 11 Paragraph 3

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 organisations, to take appropriate measures designed *inter alia*, to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

Scope of the provisions as interpreted by the ECSR

There must be sufficiently advanced and detailed legislation and specific preventive and protective measures to deal with air, water and noise pollution, nuclear risks, asbestos, food safety and, for States party that have not accepted Article 31, public health standards in housing. There must also be a policy to prevent smoking, alcoholism and drug addiction, a widely available vaccination programme and measures to deal with contagious diseases. Finally, there should be measures to prevent accidents on the road, in the home, during leisure time and in the work place, other than occupational accidents covered by Article 3.

The details regarding the legal framework and implementation of this Article and statistical data regarding it are below:

PREVENTION OF PREVENTABLE RISKS POLICIES

1- Reduction of environmental risks

1.1- Air Pollution

96/62/EC Air Quality Framework Directive and sister directives (99/30/EC, 2000/69/EC, 2002/3/EC and 2004/107/EC) and Air Quality Assessment and Management Regulations have been incorporated into our legislation on 2008. The tolerance values set by the Ministry of Environment and Urban Planning will be gradually reduced starting from 2014 and full harmonization will be achieved by European Union limit values.

It has been planned to establish 8 “Regional Clean Air Centres” in İstanbul, İzmir, Konya, Ankara, Adana, Samsun, Diyarbakır, Erzurum provinces by 2014 and to install air quality testing system, laboratory infrastructure, and units of assessment, modelling and management systems by building analysis units at each region. Marmara Clean Air Centre is the first installed centre.

Directives of 2008/50/EC External Environment Air Quality and Clean Air for Europe (CAFE) will be incorporated into our legislation in 2012.

Air quality across the country is tracked by 122 fully automated and national air quality network connected centres in 81 city centres and in some district areas. Two parameters (sulphur dioxide-SO₂) and particulate item (PM₁₀) are tested in all Centres except in the some major provinces (Ankara, İstanbul, İzmir and Kayseri). Total of 209 monitoring stations measuring air quality is planned to be opened by 2014 for the implementation of the EU acquis.

The regulations and circulars issued for air pollution control purposes are given below:

- Regulation of reduction of sulphur rate in some types of fuel oils, No: 27368, Dated: 10/06/2009
- Some Gasoline and Diesel Quality Regulation, No: 25489, Dated: 11/06/2004 (98/70/EC as amended by 2003/17/EC)
- Large Combustion Plants Regulation, No: 27605, Dated: 08/06/2010
- Regulation of air pollution control caused by heating, No: 25699, Dated: 13/01/2005
- Regulation of control of emissions causing odour, No: 27692, Dated: 09/04/2010
- Industrial Air Pollution Control Regulation, No: 27277, Dated: 07/03/2009

Circulars:

- No: 2009/19, Industry Regulation Application
- No: 2010/14, Control and prevention of air pollution

- No: 2011/1, Import of controlled substances
- No: 2011/4, Solid Fuels

1.2- Noise Pollution

To combat noise pollution, Assessment and Management of Environmental Noise Regulation, in accordance with the European Union Directive Number 2002/49/EC on Environmental Noise Management, has been published in the Official Gazette No. 27601 dated 4 June 2010. With this Regulation Environmental Noise Limit Values have been introduced to the following places:

- Transportation resources (roads, railways, waterways, airports)
- Industrial facilities
- Construction activities
- Offices, workshops, plants
- Entertainment places

Again, with this Regulation, it has been made compulsory to prepare noise maps for the areas having more than 100,000 resident population and settlements which have more than 1,000 people per km, also for the main highways, for major railways and airports. It is also compulsory to prepare prevention and control measures taking into account the results of the noise maps. The programs, duties, authorizations, responsibilities are determined for the preparation of noise maps and action plans.

1.3- Water Pollution

Determination of characteristics and pollution of surface water and groundwater in the basin, pressure and impact of urban, industrial, agricultural, economic etc. activities, detailed examination of watershed-based pollution sources, prevention of pollution in the basin, organizing the short, medium and long term plans and studies with the participation of all stakeholders in the basin, also tracking of 16 action plan prepared by the abolished Environment and Forest Ministry and 9 plans prepared by the Forest and Water Affairs Ministry and waste water treatment in the basin and water pollution prevention activities are carried out.

In addition, there is an on-going study to revise the Regulation of Water Pollution and Control, within the framework of the developing and changing conditions and needs of the day and in the context of harmonization of EU legislation, prevention of surface and ground water resources, making sure the best use of resources, to achieve water pollution preventions in accordance with sustainable development goals. This Regulation is planned to be published in 2012.

As a result of work done for the protection of water resources at the Ergene Basin level, watershed-based discharge limits are restricted by Circular Number 2011(10), dated 01.11.2011 and a big step has been taken towards the improvement of water quality. Also, colour parameters which was published in the Official Gazette No. 27914, dated 24.04.2011 has been added to the discharge charts of the Water Pollution Control Regulation.

To minimize the negative environmental impact of the textile industry and to provide an environment coherent management, to control of all kind of emissions, discharges and wastes exposed to water/air/ground during the production and to provide effective the use of raw materials and energy Pollution Prevention and Control Circular was published in the Official Gazette No. 28142, dated 14/12/2011.

Furthermore, it is made compulsory with the said Circular to prepare the clean production plans at the existing facilities and to submit them to Ministry of Environment and Urban Planning until 31.12.2012. It is obligatory to put the existing best techniques into practice until 31.05.2015 that is provided for caustic recycle in clean production plans. In addition to

these, studies for the preparation of communiques supporting clean production concerning other sectors except textile sector will be initiated within the shortest time.

In order to build waste water purification plants of the municipalities in accordance with the country needs and to maximize the benefit that will be obtained from waste water investments an “Action Plan for Waste Water Treatment” was prepared by the Ministry of Environment and Urban Planning and prioritizing of 25 river basins of our country is being realized with this planning and within this scope the follow-up of the waste water plants is made on a basin basis.

As a result of the studies aiming at protecting the environment in our country and the financial and technical support given by the Ministry of Environment and Urban Planning, the number of municipalities and population that are offered services with sewerage system and waste water plant has significantly increased. In accordance with the data of Turkish Statistical Institute (TUIK), while the proportion of population being offered services with the sewerage system to the total population of the municipality was 83% in 2002, whereas this rate reached to 88% in 2010. While the number of municipalities with waste water treatment plants being offered services was 278 in 2003, it increased to 438 in 2010. While the proportion of the population of municipalities that are offered services with the waste water treatment plants to the total population of municipalities was 36% in 2003, it reached to 62% in 2010.

The Regulation of Urban Waste Water Treatment entered into force by being published in the Official Gazette No.20647, dated 08.01.2006, in order to protect the environment against the negative impacts of waste water discharge arising from specific industrial sectors with collecting, refining and discharge of urban waste water. With a view to determining sensitive and less sensitive water areas in drinking water basins in our country and with regard to the lakes, bays and gulfs having the risk of eutrophication in pursuant of the said “Regulation of Urban Waste Water Treatment Communique of Sensitive and Less Sensitive Water Areas” was prepared and published in the Official Gazette No. 27271, dated 27 June 2009,.

For the purpose of collecting waste water disposal service remuneration given by metropolitan municipalities and municipalities by the waste water infrastructure administrations “Regulation for Procedures and Principles Regarding the Determination of Tariffs of Waste Water Infrastructure Plants and Domestic Solid Waste Plants” entered into force in October 2010. “Guide for the Determination of Waste Water Tariffs” was prepared on the implementation of the said Regulation.

In the vicinities where the irrigation water is scarce and is carrying economic value irrigation water is refined at a level providing quality criteria in the Communique of Water Pollution Technical Procedures by the Ministry of Environment and Forestry and using waste water as irrigation water is encouraged.

The “Regulation on Procedures and Principles in Making Use of Incentive Schemes of Waste Water Treatment Plants” prepared by the Ministry of Environment and Forestry pursuant to Article 29 of the Law on Environment entered into force by having been published in the Official Gazette No. 27716, dated 01.10.2010. The objective of this Regulation is to determine the procedures and principles on paying some of electrical energy input used by those building and managing treatment plant from the administrations of waste water infrastructure plant discharging to the receiving environment and those fulfilling the obligations in the related legislation by the State in order to increase the quality of the receiving environment within the scope of incentive schemes indicated in Article 29 of the Law on Environment no. 2872, dated 09.08.1986.

In order to overcome the problems of small settlements whose population varies between 2000-1000 people under projecting their Waste Water Treatment Plants (WWTP), extended aeration activated sludge and constructed wetland WWTP typical projects have been prepared

by the Ministry of Environment and Urban Planning, and they have been given freely to the municipalities that require them.

1.4- Radiation Rays and Asbestos

The employees in our country are protected peer to peer to the international standards against asbestos and radiation rays.

The Regulation on Health and Safety Measures in Asbestos Related Works has been prepared by taking into consideration the EC Directive No. 83/477/EEC, dated 19/9/1983 and the EC Directive No. 91/382/EEC, dated 25/6/1991, as well as the Directive of European Parliament and EC No. 2003/18/EC, dated 27/3/2003 with the purpose of incorporating all the provisions in these regulations into the legislation and it regulates the works related to asbestos in terms of occupational health and safety.

The limiting values in the Regulation of Health and Security Measures in Asbestos Related Works comply fully with the values ensured in the related EC Directives. Technological developments about the issue are reviewed periodically in accordance with the developments in scientific and technological information. Furthermore, asbestos utilization in the workplaces in our country has been banned. Nonetheless, there has been no study on taking inventory by determining the buildings and equipment in which asbestos has been used.

On the other hand, Turkish Atomic Energy Authority regulates the legislation on protecting the health of public and employees against the dangers arising from radiation rays by taking into consideration the EU Directive No. 96/29/Euratom.

2- Combating Tobacco, Alcohol and Drug Addiction

2.1- Tobacco Addiction

The Law on Preventing the Damages of Tobacco Products and Its Control prohibiting smoking in open and closed public spaces has been put into force.

“Framework Convention on Tobacco Control” which was prepared by the World Health Organization (WHO) and signed by 171 States was signed by the Minister of Health, Prof. Dr. Mr. Recep Akdağ in 2004 and the “National Programme of Tobacco Control” prepared accordingly was announced in 2007. Through the amendments made in The Law No. 4207 on Preventing the Harms and Controlling of Tobacco Products in accordance with the programme, new regulations concerning smoking and the use of tobacco products have been introduced and the measures which have been started to be implemented as of 19 May 2008 aiming at passive smoking have been supported by the general public at the rate of 95%.

Besides taking preventive measures on tobacco and starting to use tobacco products, the Ministry also carries out studies such as establishing smoking cessation clinics and increasing their numbers for the current cigarette addicts, launching smoking cessation hotline ALO 171 in October 2010 and free distribution of drugs used in the treatment of smoking cessation under the control of physician.

The support programme for tobacco addiction drugs was initiated by the Ministry of Health in 2011.

413 centres are proceeding to provide services as of May 2012 within the scope of smoking cessation services within the body of the Ministry of Health and the universities.

When the results of Global Survey of Adult Tobacco made by the Turkish Statistical Institute (TUIK) in 2006 and 2008 are compared, the rate of smokers throughout the society has decreased from 33,4% to 31,2% and the rate of smoking has been reduced 2,2%.

2.2- Drug Addiction

i. Policies for preventing drug addiction

An approach of;

1. Accepting the crime for the supply of illegal substances as the “crime against humanity”, as for substance addiction as a disease and an important public health problem;
2. Depending on scientific, integrated, interdisciplinary, multi-sectorial, mutual dialogue and interaction in its studies realized in the dimensions of combating, prevention, protection and treatment of trafficking and the use of substances in the light of its own experiences and practices;
3. Implementing the studies which will be realized on the basis of an effective, efficient and active thought in pluralist and multiple cooperation and coordination, prioritizing the respect for the honour and the value of personality within the framework of new policies and strategies established in line with the treaties and national legislation at national and international levels has been adopted in establishing and implementing the policies for preventing drug addiction in our country.

The drug use which severely threatens human health is one of the most important problems which needs urgent solution in our country as well as all over the world. Our country believes in the necessity of conducting multiple studies on the grounds of a strategic policy.

In this context, “*The National Policy and Strategy Paper in Combating Addictive Substances and Substance Addiction*” including the years of 2006-2012 entered into force on 20/11/2006 through having been signed by the Prime Minister’s Office with the participation and support of our country’s combative institutions.

Two different action plans were prepared between 2007-2009 and 2010-2012 in order to implement the aforesaid policy.

The duration of the first National Drug Action Plan prepared in parallel with the National Drug Strategy Paper which included the actions realized between 2007-2009 in detail expired in 2010. “*Action Plan for the Implementation of The National Policy and Strategy Paper in Combating Addictive Substances and Substance Addiction (2010-2012)*” including the needs and assessments, emerged as a result of the activities realized within the scope of this Action Plan and it is the second National Drug Action Plan of our country that entered into force on 09.11.2010.

The Second Drug Action Plan included the activities comprising of the topics below:

- 1-Co-ordination
- 2-Demand reduction
- 3-Supply reduction
- 4-International cooperation
- 5-Data Collection, Investigation and Evaluation.

The activities in the field of prevention were gathered under the title of “*Demand reduction*”.

ii. Activities for Preventing Drug Addiction

Various projects have been realized in the field of combating substance and the substance use. Most of these projects has been realized and implemented by the Ministry of Internal Affairs, the Ministry of National Education, the Ministry of Health, the Ministry of Justice, Universities, the Turkish Social Services and Child Protection Institution, the Presidency of Religious Affairs, the Radio and Television High Council (RTÜK), Municipalities and Non-governmental Organizations.

Within this framework, along with effective fight against substance and substance addiction training has also been provided for the staff serving in the field of combating drug addiction both country-wide and in foreign countries in order to draw attention to the importance of

studies which would be made in the field of prevention and to promote the effectiveness of prevention. Trainings have been organised in Turkey annually in October for the other representatives of the public institutions and the non-governmental organizations, particularly for the provincial contact persons serving affiliated to the Department of KOM. Training programme on substance use has been organized for 61 foreign officials with the four different training programmes until 2011 and also for 433 persons in 22 national training programmes. Following the training programme, the prevention studies have been carried out by those persons in 81 provinces.

The studies carried out by the provincial contact persons have an important place in combating addiction. Studies with projects are made throughout the provinces by 149 provincial contact persons who have participated in training programmes held in Turkey in the field of prevention by assessing the conditions in the region.

The distribution of the number of persons participated in the activities realized in 2010 by the provincial contact persons of the Department of KOM TUBIM EGM can be seen in Figure 19 under the Article 11 Paragraph Section C.

On the other hand, studies with projects are also carried out in provinces by the provincial contact persons. Large masses are reached with these projects in the field of prevention. Among the objectives of these projects we can specify;

- Promoting the level of knowledge of young people and their families on substance use,
- Making, especially the groups at risk, feel themselves as a part of the society through ensuring them to participate in social projects,
- Doing scientific studies which can present the profile of the province concerning substance use,
- Putting forward the problems of the province and facilitating the relevant institutions and organisations to be part of the solution of these problems.

In the studies with projects, the provincial contact persons can reach all segments of society with the information workshops, studies on theatre, posters and brochures and through organizing sports activities.

The leaflet titled “The Best Projects” was prepared in order to inform the relevant institutions and organisations about the studies with projects carried out in provinces both in local and international arena. In this leaflet, there were 47 prevention-focused projects which were made by 36 provincial contact point persons in 2010.

The diagram showing the information activities for the non-governmental organisations and the number of persons having been reached takes place below by taking into consideration the contribution of non-governmental organisations to the studies in the field of prevention.

The prevention activities for the non-governmental organisations by the provincial contact point persons and the number of the persons participated in these activities can be seen in Figure 20 under the Article 11 Paragraph Section C.

The non-governmental organisations have an important place in reaching several segments of the society. The participation of non-governmental organisations in the prevention activities organized by the institutions is also supported by the General of Security.

One of the important risk groups is the persons in prisons and detention houses. Information activities on raising awareness for the prevention of substance use were organized for these persons by the provincial contact persons serving in 81 provinces. The diagram showing these studies is below.

The Prevention Activities Made for the Convicts in Prisons and Detention Houses and for the Guardians by the Provincial Contact Points in 2010 can be seen in Figure 21 under the Article 11 Paragraph Section C.

The Provincial Contact Points also carry out several activities for the families at risk. Hatay and Diyarbakır models for these activities are given below.

With the Project called “Daphne” which was initiated in 2010 by Anti-Smuggling and Organized Crime Department of Police Office of Hatay for the persons having a crime tendency, notably those who have a unique life-style, having been brought up in a different sub-culture, the use and selling of drug, 2021 persons out of 494 families were reached. The Project is still in progress.

The Project called “The Colours of the Region” was initiated in 2010 by Anti-Smuggling and Organized Crime Department of Police Office of Diyarbakır in order to realize preventing activities about the substance addiction both for the youth at risk and their families. Within the scope of the Project, the families of 100 substance addicted youth were reached.

iii. Statistical data on drug use

Questionnaire of User Profile in Narcotic Crime (U Form)

A study of questionnaire concerning the crime of drug possession/use in Turkey by using face to face meeting by the staff who are provincial contact points (İLTEM) is made every year. With this survey, in which the persons have declared that they had used substance and a legal action had been initiated by the police against them for the substance crime within the year and have voluntarily participated in the survey, it is targeted to reveal a general profile of drug users. It is estimated that this study called as “Questionnaire of User Profile in Narcotic Crime (U Form)” is an important tool in determining the underlying reasons of substance use scientifically. Thus, training activities, demand/supply reduction, treatment/rehabilitation and other policies can be determined in accordance with the results.

The data on Questionnaire of User Profile in Narcotic Crime (U Form) including 2594 persons in 2010 is available in the report entitled “*Turkey Drug Report 2011*” (Chapter 9, page 141) that was published at www.tubim.gov.tr.

3- Measures on preventing traffic accidents

3.1- Activities

i. Trainings for the pedestrians

The “Training Seminars for the Drivers and Pedestrians” are organized in order to inform the road users in traffic about the rules and the risks.

Training materials for drivers, pedestrians and children are used in the seminars in all our provinces. Those materials include several information about risks such as Pedestrian Safety, Speed, Following Distance, Weight Transfer in Returns and Curves, Steering and Handling, Brake and Braking (Stopping) Distance. Again the staff who have received “Trainers’ Training” serve in the seminars.

15.246.769 persons in total have participated in the seminars including 11.404.006 pedestrians and 3.842.763 drivers since 2000. Furthermore, the staff serving as trainers in the training seminars for the drivers and the pedestrians were informed about “evaluation of the results of the seminar, updating of the trainer’s information and the prospects on seminars” with a seminar organized at various dates via distance learning.

ii. Communication Campaigns

Campaigns with regard to “**The importance of obeying the traffic rules and vehicle safety**” are realized country-wide in order to affect the attitudes and behaviours of the road users positively, to inform the public about the traffic rules and the risks and to keep the public interest for the traffic alive.

iii. Traffic Training Films and Radio Spots

Educational films, in which prominent artists perform and messages aimed at contributing to raise the awareness of the road users about traffic safety are given, are shot to inform and raise the awareness of the road users about traffic safety so as to be shown in local-regional television channels and to be used in training activities.

In this context, public spots prepared for traffic safety are shown in national and local television channels by means of taking the recommendation of Radio and Television High Council and are used in training activities. Furthermore, "Radio Spots" including messages about traffic safety are prepared and broadcasted by the national and local radio stations.

iv. Award-winning traffic competitions

Award-winning "Competition of Second Highway Traffic Safety Short (Spot) Film, Poster, Short Film Scenario" is held every year by the General Directorate of Security in order to enhance the knowledge and raise the awareness of drivers, passengers and pedestrians who are road users, to direct the attention of our citizens to traffic safety, to adopt that traffic is a culture and a life-style and to use the available materials in catch-up work.

The award winning authors are given their awards in a ceremony in which statesmen and the media participate. In addition, the materials won as a result of the competitions are used in trainings and campaigns about traffic safety.

v. Interactive Computer Game

An interactive game is made for children between 7-11 years of age in order to introduce the traffic rules and raise their awareness about traffic safety. The game can still be played at www.trafik.gov.tr.

In addition, with a protocol signed with CPS Company on 21.12.2011, a site called www.trafikcocuk.com was established aiming at informing the children with regard to traffic safety. Information concerning Traffic Safety, Traffic Information, Traffic Rules, Seat Belt, Safe Behaviours in Traffic, Traffic Accidents, First Aid, Rules of Good Manners in Traffic, The Duties of the Traffic Police, Traffic Week, Traffic Signs, Cartoon, Playpen, Wallpaper, Trainer and Family is given at this site.

vi. Preparing Educational Materials such as Posters, Brochures etc. about Traffic

Periodical brochures and posters are prepared about seatbelt, over speed, improperly passing, pedestrian safety, cell phone usage during drive, wearing crash helmet etc. in order to raise the levels of knowledge and awareness of drivers, pedestrians and especially the children. The said materials are published and distributed.

In 2011, two hundred thousand (200.000) posters giving short messages about traffic safety with their visual dimension, 440 thousand informative and awareness raising brochures for the road users and at the beginning of 2011-2012 school year 3.500.000 tags were printed to be distributed to the primary school students and they were sent to Provincial Directorate of Security in 81 provinces.

vii. Contact Meetings for the Commercial Vehicle Drivers (TASBİT)

When taken into consideration that good and passenger transportation is generally realized on highways with the commercial vehicles in our country, the importance of the role of commercial vehicle drivers in developing secure traffic arises. In this context, "The Project of Informing and Raising the Awareness of Commercial Vehicle Drivers" was prepared with the idea that the commercial vehicle drivers being subjected to intensive and qualified training.

A cooperation protocol was signed between the General Directorate of Security and the Presidency of Turkish Drivers Federation (T.Ş.O.F.) with regard to carrying out the project

and a project work programme was formed. In accordance with the said programme, the commercial vehicle drivers were informed about traffic safety within the scope of “Contact Meetings for the Commercial Vehicle Drivers (TASBİT)” through determining the provinces where commercial vehicle drivers are most involved in the accidents and within the programme, meetings were realized in 6 provinces in 2012 and in 8 provinces in 2012.

viii. Highway Traffic Safety Day and Highway Traffic Week

As was indicated in Article 170 of the Highway Traffic Regulation, the first Saturday of May in every year is accepted as the Highway Traffic Safety Day and the following week as the Highway Traffic Week. In accordance with the circular issued by the General Directorate of Security every year, various activities were realized with the participation of the institutions, organisations, non-governmental organizations and the citizens that were assigned by the Law via Governorships in 81 provinces and counties.

ix. Symposium and Expo on Highway Traffic Safety

A symposium and exhibition on highway traffic safety, led by the General Directorate of Security together with the participation of universities, public establishments and organizations and NGOs, is organized traditionally in order to determine the methods, technics and strategies for preventing the traffic accidents and ensuring the traffic safety by analysing the traffic safety in a scientific platform in all its parts and to take the scientific suggestions and assessments on the traffic safety of our country and reveal the various projections for the future and declare them to the public by synthesizing with an analytical thinking.

85 verbal statements were presented in the four different saloons and six sessions in the “3rd Symposium and Exhibition on the Highway Traffic Safety” organized between 16- 18 May 2012 and 66 statements were exhibited as a poster. Moreover; in the frame of the activities of the symposium, a panel on the “Responsibility and Cooperation in the Traffic” was organized. Besides the symposium and panel, “Exhibition on Highway Traffic Safety” which lasted three days was organized by the participation of 47 firms totally from official institutions having activities in the area of traffic safety and the sectors of education, communication, informatics, auditing technologies, infrastructure, industry and automotive. In the context of this exhibition, traffic training area had been established that the students of the primary school could benefit and training was provided during three days.

x. Radio and TV Programs

Today, programs in coordination with the “Police Radio” which was the broadcasting corporation of the organisation are made in order to inform the public about the traffic by moving the fact that the best way to reach the people effectively is to benefit from the mass media. In these programs, risk information like safety belt, excessive speed, drink driving is transferred to the audience.

Moreover, participating in the programs relating to the traffic safety was enabled in parallel with the demands coming from national and local television and radio channels.

xi. Translation of the Related Publications

Reports have been prepared in accordance with the experts’ analysis of the information compiled from EU countries.

The books titled “Control” and “Education and Campaigns”, which were published under the context of European Commission supported Summary and Publication of Best Practices in Road Safety in the Member States (SUPREME), have been translated and published.

In order to increase road safety following publications of “A Road Safety Manual for Decision-Makers and Practitioners” of World Health Organization have also been translated into Turkish and published:

- Speed Management,
- Drinking and Driving,
- Seat-belts and Child Restrains,
- Helmets (in progress),

along with the “Speed Management” (in progress) titled OECD publication.

Since it is considered that the abovementioned publications may guide many institutions, organizations and people in terms of traffic safety oriented practices and may promote effective practices in traffic safety, they are available on website (www.trafik.gov.tr).

xii. Other Activities

Awareness raising activities for drivers by applying sudden implementation on various issues in Provinces are carried out. Companies that hire drivers are informed of the drivers’ violations and of fine imposed because of violations so that drivers are expected to be more careful in traffic.

Since it is considered that road users have not adequate information of road signs, in accordance with the provisions of the Law on the Use of Rights to Petition No. 3071 and of the Regulation on Law on Right to information and Principles and Procedures on the Implementation of the Law, traffic signs and logos prepared in order to indicate risks of violations of traffic rules are referred in documents in response of the citizens’ applications with the aim of informing them and raising awareness on the issue.

3.2- Projects and Action Plans

i. Project on Locational Analysis of Traffic Accidents

The Project was initiated under the consultancy of Assoc. Prof. Şebnem Düzgün of the METU, Engineering Faculty in 18/06/2009.

Project aims to maintain scientific and methodological contents’ conformity to the standards during the process of locational analysis of traffic accidents and of mapping traffic accidents. In the framework of this aim, the below stated issues are handled:

- Determining appropriate approaches on Geographical information system (GIS) and locational statistic methods as well as analysis of traffic accidents occurring inter-provincial roads,
- Researching potential of using algorithms, on detecting faults in accidents data with automatic methods, for clarification of accidents data,
- Determining analysis methods for observation of accidents change by time and area,
- Determining appropriate approaches on analysis of accidents occurring in provinces with the GIS and locational statistic methods,
- Determining alternatives in use of information acquired as a result of analytic methods and analysis of accidents in the decision-support mechanism,
- Researching issues on developing possible technological improvements suggestion during accidents data collection and analysis.

ii. Project on Researching Effectiveness of Automatic Supervision Systems in Traffic Safety and Supervision

The Project was initiated under the consultancy of Assoc. Prof. Abdülkerim Sönmez of the Hacettepe University, Department of Sociology in 10/06/ 2009 in Bursa, a pilot province selected for project.

It aims to review **the** impact of the **Automatic Supervision Systems** on traffic violations in the field and determine at which extent the system reflects its anticipated benefits and impacts.

At the first phase of the project a survey has been conducted with the aim of determining drivers' attitudes, perception and, in traffic of provincial road and the problems they encounter in order to collect data. Data have been enabled to be analysed. Prior to the installation of the City surveillance camera system (MOBESE), determined crossroads have been viewed in order to analyse traffic of these crossroads and these views, which were provided directly, have been digitized, so that the preliminary report of the project has been prepared.

At the second phase of the project, a survey has been conducted with the aim of determining "The Need to Collect Data in order to determine the Course of Traffic after Automatic Supervision System Application". Data have been enabled to be analysed. To analyse course of traffic after installation of the MOBESE, present crossroads and other crossroads where the MOBESE is not installed have been viewed, the calculations have been confirmed. Project is envisaged to be concluded in 15.09.2012 after hiring services to digitize the views and analysing the data and lastly preparing a report on the study.

iii. A Ten Year Action Plan on Road Safety for 2011-2020

In the context of international studies carried out on the Traffic Safety in International Highway, one of the aim determined in the First Global Ministerial Conference on Road Safety organized by the United Nations was to save five millions lives and to avoid 50 million injuries by reducing by 50% predicted death toll in 2011- 2020 period. Moscow Declaration consisting of governments' commitments in traffic safety, adopted by the UN representatives in the First Global Ministerial Conference on Road Safety has been approved by Turkey with the participation of Ministry of Interior as well.

With a view to maintaining traffic safety for the period of 2011-2020 and to reduce traffic accidents caused death toll, 'Decade of Action for Road Safety 2011-2020' has been prepared in the framework of the UN Decision No. 64/255 on Improving Global Road Safety at the meeting of the UN dated 2 March 2010 in which member states were summoned to announce their ten-year action plans.

Upon the call of the UN, "A Ten Year Action Plan on Road Traffic Safety for 2011-2020" of Turkey prepared under the coordination of Presidency of Traffic Services together with representatives of Ministries, institutions and organizations in the 121st meeting on 30.06.2011, decided to be dispatched to Prime Ministry and High Board of Road Safety was submitted to the Prime Ministry. In case of adoption, all institutions and organizations will be informed.

As a result of the meeting held in the Prime Ministry in 07.05.2012, aiming at reviewing recent amendments in the concerned action plan, it was decided that related institutions would reconsider last version of the action plan and submit it to the Prime Ministry again.

In the meeting of High Highway Safety Board held in 30.05.2012, it was decided to implement the action plan as soon as possible, which had a priority in order to achieve the goal of reducing traffic accident caused death toll until 2020.

It is considered that the abovementioned project, information campaigns and related works will contribute to avoid and reduce traffic accidents occurred in Turkey.

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.

Article 12 Paragraph 1- With a view to ensuring the effective exercise of the right to social security, the parties undertake to establish or maintain a system of social security.

A. DEVELOPMENTS DURING REPORTING PERIOD

1. Reforms and Amendments Made in the Concerned Legislation

a. Social Security Reform

Social security is a fundamental right and safeguarded in the article 60 of the Constitution. In this article, it is explicitly said that everyone has the right to social security and the State has to take the necessary measures in order to provide this right and establish the social security organisation.

Starting from 1990s, the problems faced in the financing of the social security system, necessitated this reform and the studies in this area has been accelerated by the establishment of the Social Security Institution by the law no. 5502 dated 2006.

i. Reasons of the Reform

The fundamental reasons causing the reform in the social security system are summarized as the change in the demographic structure, adverse effects of the financial deficits of the social security institutions on the economy, in failure of the previous system in the protection against poverty, uncovered population and scattered structure of the legislation and institutions in the system. The reasons like early retirement, understating the earning subject to premium, high undeclared employment, low rate of the collection of the premiums, high rate of the allowance, unsatisfactory number of days in the payment of the premiums and non-harmonisation of the norms of the rights and obligations have necessitated this reform.

On the other hand, prospects for the changes in the structure of the population and ageing cause the decrease in the revenues of the social security system on the one side and increases the expenses on the other side. This situation makes inevitable increase in the financial deficit of the system.

ii. Components of the Reform

Social security reform has four basic components:

- 1) The establishment of a new institutional structure,

The Law on Social Security Institution no. 5502 gathers the SSK (institution for private and public sector workers), Emekli Sandığı (institution for the civil servants) and the Bağkur (institution for the self-employed persons) and under one roof.

- 2) The establishment of the one retirement insurance system for ensuring the financial sustainability in which the insurance rights and the obligations are equalized.
- 3) The introduction of universal health insurance system aiming to provide equal, easily accessible and high quality health service to the whole population.
- 4) The introduction of centrally observable social assistance system which is now sustained dispersedly and a system based on an objective beneficial criteria and the consolidation of the non-premium payments which was run by the different organisations and the institutions.

Objectives of the Reform

The social security reform has three fundamental objectives:

- 1) providing the norm and standart unity as regards of the insurance rights and obligations.
- 2) introducing universal health insurance regime providing all our citizens equal and equitable service.
- 3) reaching the fair, easily accessible and financially sustainable social security system by providing the effective protection against poverty.

iii. Structure of the System Established by the Reform

The Social Security Institution was founded by way of incorporating the diverse social security schemes responsible for the implementation of the provisions of different laws serving several segments of the employees under a single roof pursuant to the Act No 5502 on the Foundation of Social Security Institution published in the Official Journal on 20.05.2006 and put into force on the same date.

The Social Insurance Institution (SSK), established by the Act No. 4958 (for the insured wage earners, who work on the basis of a service contract and to whom Act No. 506 and Act No. 2925 apply), the Social Security Organisation for Artisans and the Self-Employed (BAĞ-KUR) established by the Act No. 1479 (for the self-employed independent workers to whom Act No. 1479 and Act No. 2926 apply), and the Retirement Fund of the Republic of Turkey (ES- for the governmental officials to whom Act No. 5434, Act No. 657, Act No. 1005, Act No. 3292 and Act No. 2022 apply) have been transferred to the Social Security Institution with all their functions as from 20 May 2006.

The first General Assembly of the Social Security Institution was held on 24 November 2006, its board was formed by elected members and thereby forming the Institution's board.

With the formation of its board, the Social Security Institution has gained the status of legal entity; the legal entities of the three transferred institutions (Social Insurance Institution, Social Security Organisation for Artisans and the Self-Employed and the Retirement Fund of the Republic of Turkey) were abolished.

The Social Security and Universal Health Insurance Act No. 5510, drafted within the framework of sustainability to ensure uniformity regarding norms and standards for the insurance branches provided by former social security schemes incorporated under the Social Security Reform and in their practice, was passed in the Grand National Assembly of Turkey (TBMM) in 2006 and came into force on 01 October 2008.

Thereby, the social security reform, which thoroughly re-regulates the social security system in our country, started to be implemented.

The aim of the Social Security and Universal Health Insurance Act No. 5510 is to secure the rights of all citizens (also including foreigners, stateless persons and refugees provided that they meet certain conditions) in respect of social insurances and universal health insurance, regulate the procedures and the principals regarding the functioning of social insurances and the universal health insurance, determine the beneficiaries and the rights that will be granted, the terms and conditions to benefit from those rights, the methods of financing and provision of those rights.

As the Social Security and Universal Health Insurance Act No. 5510 took effect on 01 October 2008, the Acts No. 506, 2925, 1479, 2926 and 5434 were repealed. Therefore, with the Act No. 5510, a single regulation has been introduced for the execution of social security services to be provided by the Social Security Institution established by way of incorporation of different social insurance schemes which had been in charge of the implementation of the provisions of different Acts serving different employee groups.

As a result of the introduction of the Act No. 5510 and the repealing of the Acts No. 506, 2925, 1479, 2926 and 5434, the definitions for the insured persons under the coverage of those schemes have been entirely changed.

The provision of the Provisional Article 1 of the Act No. 5510 reads as below:

“Individuals who had been subject to the Social Insurance Act No. 506 and Agricultural Workers’ Social Insurance Act before the effective date of this Act are considered in the scope of sub clause (a) of the first clause of Article 4 of this Act; those who had been subject to the Act No. 1479 on the Social Insurance Organisation for Craftsmen, Artisans and the Other Self-employed, and the Act No. 2926 on the Social Insurance for the Persons Working on Their Own Account and on Their Own Behalf in Agriculture before the effective date of this Act are considered in the scope of sub clause (b) of the first clause of Article 4 of this Act; individuals who had been subject to the Act 5434 on Retirement Fund of the Republic of Turkey before the effective date of this Act are considered in the scope of sub clause (c) of the first clause of article 4 of this Act.”

According to Article 4 of the Act No. 5510, the statuses of insured persons who have started to work for the first time as from October 2008 are redefined as follows:

- Persons employed by one or more employers on the basis of a service contract (4/a),
- Persons who work independently on their own account and not bound by a service contract (4/b),
- Persons employed in the public administrations (4/c).

Accordingly, the insured persons who had been subject to Acts No. 506 and 2925 before the beginning of October 2008, the insured persons who had been subject to Acts No. 1479 and 2926 before the beginning of October 2008 and the insured persons who had been subject to Acts No. 5434 before the beginning of October 2008 are deemed to be covered under 4/a, 4/b and 4/c of the Act No.5510 respectively.

2. Changes in the Legislation

After the period of social security reform, arrangements which are related to implementation have been done by the regulations and notices called as second legislation. In this context, Regulation on Social Insurance Operations and Regulation on Universal Health Insurance concerning the application of the law no. 5510. have been published.

Regulation on Social Insurance Operations has been published in the official gazette on 28/08/2010 and entered into force on the same date. The aim of this regulation is to formulate the procedures and standards concerning social insurance operations and rights and responsibilities as a result of social insurance provisions of the Law on Social Insurance and Universal Health Insurance no. 5510. The arrangement covers the procedures and standards concerning the application of social insurance operations in terms of work place, employers, the insured, beneficiaries and the other concerned people and institutions subject to Law no. 5510.

Regulation on Universal Health Insurance has been published in the official gazette on 28/08/2010 and entered into force from the beginning of October 2008. The aim of this regulation is to formulate the procedures and standards concerning social insurance operations and rights and responsibilities as a result of social insurance provisions of the Law no. 5510 called Social Insurance and Universal Health Insurance. Regulation covers the people benefiting from universal health insurance, employers, health service providers, real people, corporate and public corporation bodies and their branches which are unincorporated.

3. Measures Taken for the implementation of the concerned legislation

a. Social Security Premium Incentives

Social Security Institution is in the position of the implementer of the incentive provisions concerning the insurance premiums in the law no. 5510 and the other laws. Within the conditions defined in the laws concerned, insurance premium share of the employer and certain parts of the share of the insured are met by the Ministry of Economy/Ministry of Finance and Unemployment Insurance Funds.

Information concerning the incentives said above has been given below:

- For the private sector employers who employ insurance holders under item (a) of paragraph one of Article 4 of the Law no.5510, the amount corresponding to five points of employer share in the premiums of invalidity, old - age and survivors insurances pursuant to item (a) of paragraph one of this Article shall be covered by the Treasury.

- In the support of the employer's share of the insurance premium foreseen in the Decision on the State Aids in investment employers owning a workplace with an incentive paper of which the completion visa has been given, benefit as long as the time told in the support paper. The employer's share of the social security premium of the lower limit of daily earning which is subject to premium of the insured who is under the coverage is met by the Treasury.

- The amount of the social security premium incentive of the employer share that will be calculated over the income which is subject to premium is met from the unemployment insurance fund for the certain time and conditions for the insured employed between 1/3/2011 and 21/12/2015 by the private sector employers.

- Employer and employee shares of the insurance premiums and universal health insurance premiums, calculated as 1% of the amount of short term insurance premium based on the lower limit of the income, are to be covered by the Unemployment Insurance Fund for the remaining period of unemployment allowance on condition that the persons who receive unemployment insurance allowance are employed under the provisions of the Law.

- In accordance with the Law no. 4857, in workplaces employing fifty or more employees, employers are responsible to employ disabled amount to %3 in the private sector,

%4 in the public sector, ex-convicts about to %2 in the works suitable their occupation, physical and psychical situation. For the employers who employ disabled in the sheltered workplaces and the employers who employ disabled under the quota %3 due to employing more than 50 workers in the same province, %100 of the employer share of the social security premium based on the lower limit of the income will be met from the Treasury. %50 of the employers's share who employs the disabled over than the quota and the employers do not have to employ disabled will be met from the Treasury.

- Employers who are corporate taxpayers and having culture investment license from the Ministry of Culture and Tourism can benefit from the incentives through certain conditions and periods. Fifty percent of the employer's share of the insurance premium calculated over the income subject to the premium of the insured who is working actually in the workplaces having culture incentive licence and twenty five percent of the employer's share of the insurance premium calculated over the income subject to the premium of the insured is met from the allowance included in the Budget of Ministry of Culture and Tourism.

b. Implementation of the Green Card

“Green Card” is the name of the system established for the poor who can not afford to buy health services. The citizens with Green Card in accordance with the Law No.3816 which was entered into force in 1992, have been supplied free health service. In the beginning, inpatient treatments of the green card owners was paid by the state in the context of the concerned law. Moreover, green card owners can benefit from the out patient treatment by an amendment made in the law no.3816 with the law no.5222 which was published in the official gazette on 21 July 2004 and entered into force on the same date. With this law, besides the inpatient treatment, citizens who are green card owners can also benefit from out patient treatment and their consultation, medical examination, analysis, medical dressing, tooth extraction, dental prosthesis, optical services and medicine cost will be met from the general budget.

The person who wants to benefit from the green card must be a Turkish citizen who has monthly income per capita in the family which is lower than the 1/3 of the minimum wage indicated in the law no. 1475 and do not benefit any other health insurance.

The green card system do not meet the medical expenses of the individuals like higher education students and soldiers in passive situation. On the other hand, people who can benefit from the free health service in accordance with any law although they do not make a special application, can benefit from this system. In accordance with the law no. 3186, the rights of the people are guaranteed legally. Health services of the people who can not afford health services and qualified to green card, can be met by the state funding in accordance with the law no. 3294.

Application procedures of the green card is concluded by the administration council of the province. Council will decide if the application is suitable or not according to the income of the applicant and then communicate its advices to the governor of the province who will give the green card.

Population under the coverage of green card is indicated in the following table (Table 1).

Table 1: Population under the coverage of green card

Years	Number of people under coverage
2004	6.852.000
2005	7.526.000
2006	8.279.000
2007	9.355.279
2008	9.337.850
2009	9.647.131
2010	9.395.185
2011	8.865.470

Green card programme is executed by the Ministry of Health. Health treatment expenses is met by the regulation published by the Ministry of Health. The green card programme is financed by the general taxes and the Ministry of Health. Health expenses of the green card owners is transferred from the budget of the Ministry of Health. However, after gathering the green card holders under the umbrella of universal health insurance, the source allocated for the health expenses will not transferred to the budget of Ministry of Health and the payments concerning these expenses will be met from the Social Security Institution.

c. Universal Health Insurance

By the Social Insurance and Universal Health Insurance Law no.5510 dated 31.05.2006 and started to be implemented as of 01.10.2008, an obligatory health insurance model, covering the whole society that the citizens contribute according to their ability to pay and benefit the services in accordance with their needs, has been established. It has been aimed to increase the quality of service, to give basic health service to the all patients equally and to eliminate the money relationship between the patient and the doctor. By this insurance system, the cost of the health expenses will decrease, the applications of preventive medicine will be encouraged.

The fundamental aim of this structuring is to increase the level of access to the health services and to establish the full financial protection mechanisms in the area of health based on risk share principle for everyone and equity.

i. Figures and Data

Table 2: Population groups under the social security coverage and ratio to the general population are indicated in the following table by the end of 2011:

Employed through a service contract (4/a)		Active Insured	Those who receive income and pension (Passive Insured)	Dependants (**)	Total	Ratio to the General Population % (*****)
	1-Obligatorily insured	11.030.93	5.777.300	21.024.42	37.832.66	
	2-The number of apprentices	9	-	3	3	
	3- Foreign country group insurance	298.180	-	-	32.867	
	4-The insured in agricultural sector (4/a)	124.911			124.911	
	5-The insured who work part time (*)	60.237			60.237	
	Total	11.547.134	5.777.300	21.024.423	38.348.858	51,32%
People who work on his own name	1- Obligatorily insured	1.868.181	2.381.409	9.735.493	13.985.08	
	2-Obligatorily insured in the agricultural sector (4/b)	1.121.777			3	
	3-Optionally insured	270.780			1.121.777	
	4- Village headmen	12.559			270.780	
	Total	3.273.297	2.381.409	9.735.493	15.390.193	20,60%

					9	
Public Servants (4/c)	1- Obligatorily insured	2.554.200	1.856.273	5.588.399	9.998.872	
	Total	2.554.200	1.856.273	5.588.399	9.998.872	13,38%
Special Pension Fund (***)		119.682	84.890	146.318	350.890	
Total (Contributory System)		17.494.313	10.099.872	36.494.633	64.088.819	85,76%
Non-contributory System (****)						
1- Those who receive income under the law no.2022		-	1.337.989	-	1.337.989	
2- Those who receive income under the other laws.		-	49.158	-	49.158	
Total (non-contributory system)		-	1.387.147	-	1.387.147	1,86%
General Total		17.494.313	11.487.019	36.494.633	65.475.966	87,62%

(*)Among the part time insured, there are the insured who pay premium less than 30 days in a month, the insured dependant on 4/a of the law no.5510 whose transfer continuous to the 4/b, agricultural and commercial vehicle owners, commercial vehicle owners who pay unemployment insurance, artists and artists who pay unemployment insurance.

(**)In the calculation of dependants, it has been revised until 2000 retrospectively by taking into account new co-efficient.

(***) Private pension funds are included to the social security coverage.

(****)Social aids and social services given to the groups in need and except the contributory system are guaranteed under the social safety of the state. Thus, the income of the people under the coverage of non-contributory payments is met by the State.

(*****General number of population in the year 2011 announced by the Turkish Statistical Institution is 74.724.269

Note:In accordance the law no.5510, optionally insured is assessed under 4/b.

Table 3: Population Groups under the coverage of health benefits provided from sickness insurance are indicated in the following table by the end of 2011:

Population Groups		Number
Contributory System		
People employed through a service contract (4/a)	The insured*	11.248.954
	Those who receive income and pension	5.777.300
	Family Members	21.024.424

	Total	38.050.678
People who work on his own name and account (4/b)	The insured**	3.273.297
	Those who receive income	2.381.409
	Family members	9.735.493
	Total	15.390.199
Public Servants(4/c)	Contributors	2.554.200
	Those who receive income	1.856.273
	Family Members	5.588.399
	Total	9.998.872
Special Pension Funds(***)	Insured	119.682
	Those who receive income	84.890
	Family members	146.318
	Total	350.890
Total (Contributory System)	63.790.639	
Non-contributory System		
1-Number of Green Card Holders (****)		8.865.470
2- Those who receive income in accordance with the other laws		49.158
Total (non-contributory system)		8.914.628
General Total		72.705.267

(*)Apprentices are not included to the health benefits.

(**) People who work in agriculture are included to those who work on his own name and account.

(***)Their health benefits are met by the pension funds of the foundations that the concerned are membered instead of Social Security Institution.

(****)While the health benefits of the green card holders who are incapable of pay are met by the state, they are included under the universal health system whose premiums are paid by the state as of 01.01.2012. Those who receive income according to the law no. 2022 are included.

Table 4: Population groups under maternity insurance and changes in the number of maternity cases during the year are indicated in the following table by the end of 2011:

Population Groups Under Maternity Insurance	Number of maternity cases occurred during the year					
	Women	Men	Total*	Insured women	Insured Spouse	Total
People employed through a service contract(4/a)	**	**	16.808.239	83.989	380.872	464.861
People who work on his own name and account (4/b)	**	**	5.654.706	**	**	**

(*)Insured women and the uninsured spouse of the insured men who employed through a service contract(4/a) and work on his own name and account and spouse of the men or the

women who receive income and pension due to his or her own work can benefit from maternity benefits. (Optionally insured, Apprentices and insured of agriculture is uncovered. (**)) Data can not be collected.

Table 5: Number of people protected against work accidents and occupational diseases and number of people who receive permanent invalidity income and their survivors' (widows and orphans) are indicated in the following table by the end of 2011:

Number of Protected	Number of insured who are in permanent invalidity situation	Total number of people receiving permanent invalidity income	Number of beneficiary of whom given income	Total of beneficiari es of whom given income
People employed through a service contract (4/a):11.454.030 *	2.216	58.966	6.182	78.336
People who work on his own name and account (4/b):3.002.517**	10	13	0	0
Public Servants (4/c) :2.554.200	*** 35	** 6.711	****	****

(*)Obligatorily and agriculturally insured and apprentices are covered.

(**) All the insured of 4/b except optionally insured are covered.

(***)Total number of people who received and given occupational invalidity income in the year.

(****)Data could not be collected.

Table 6: People protected against branches of old-age, invalidity, death insurance and numbers of people who receive income are indicated in the following table by the end of 2011:

Number of Protected	Total number of people who receive old-age benefit	Total number of people who receive invalidity benefit	Total number of people who receive death benefit
People employed under a work contract (4/a) : *11.248.954	4.041.409	67.575	1.531.014
People who work on his own account and name (4/b) : 3.273.297	1.515.943	17.748	847.705
Public Servants/ Contributors(4/c) : 2.554.200	1.259.454	**24.059	566.049

(*)Compulsorily, optionally and group and agricultural insured are covered.

(**)Number of people receiving ordinary invalidity income.

Table 7 : Premium rates paid for the insured employed on a work contract (4/a)

Branches of Insurance	Share of worker (%)	Share of employer(%)	Total
Short term insurance branches premium	-	1-6,5	(*)1-6,5

Invalidity, old age, death insurance premium	9	11	20
Universal Health Insurance Premium	5	7,5	12,5
Unemployment Insurance Premium	1	2	3
Total	15	21,5-27	36,5-39

(*) Premium rates change between the rates %1-6,5 in accordance with the danger rates.

Table 8: Premium rates paid by the insured working on his own name and work (4/b)

Branches of insurance	Premium rates paid by the insured
Short term insurance branches premium	1-6,5
Invalidity, old age, death insurance premium	20
Universal Health Insurance Premium	12,5
Total	33,5-39

Table 9: Premium rates paid by the insured who are for the first time being public servants (4/c) in accordance with the law no. 5510.

Branches of insurance	Share of worker %	Share of employer %	Total
Invalidity, old age, death insurance premium	9	11	20
Universal Health Insurance Premium	5	7,5	12,5
Total	14	18,5	32,5

C. RESPONSE TO THE CONCLUSIONS OF EUROPEAN COMMITTEE ON SOCIAL RIGHTS

1. Developments recorded in the area of family insurance by the social security reform.

Information has been given on this issue above.

2. Branches of insurance and population covered by the social security system.

Seven social insurance branches of the nine adopted in the international area has been implemented in the social security system of our country. Short term (occupational diseases and work accident, maternity and sickness) and long term insurance branches (old-age, disability, death) are implemented in our country. Conversely, family insurance branch has not been implemented in our country as a social risk.

Population groups under the coverage of social security in our country has been shown on table 10 below. According to this, %87,62 of the population is under the coverage of social security in our country.

Information about the coverage of unemployment insurance has been given below:

Total number of people employed: 23.236.000

Number of people compulsory insured: 11.257.343

Number of people receiving wage and daily wage: 14.959.000

Unemployment Insurance Rate: %75, 25

Table 10: Population Groups under the social security coverage of the Institution are indicated in the following Table by the end of 2011*:

People employed under a work contract (4/a)		Active Insured	Those who receive income and salary (passive insured)	Dependants (**)	Total	% General Population Rate (*****)
	1-Obligatory	11.030.93	5.777.300	21.024.42	37.832.66	
2-Number of apprentices	9	-	3	3		
3-Foreign group insurance	298.180	-	-	32.867		
4-Agriculture (4/a)	32.867	-	-	124.911		
5-Number of insured working part-time (*)	124.911	60.237		60.237		
Total	11.547.134	5.777.300	21.024.423	38.348.858	51,32%	
People who work on his own name	1- Obligatory	1.868.181	2.381.409	9.735.493	13.985.083	
	2-Obligatory Agriculture (4/b)	1.121.777			3	
	3-Optionally	270.780			1.121.777	
	4- Village Headmen	12.559			270.780	
					12.559	
Total	3.273.297	2.381.409	9.735.493	15.390.199	20,60%	
Public Servants (4/c)	1- Obligatory	2.554.200	1.856.273	5.588.399	9.998.872	
	Total	2.554.200	1.856.273	5.588.399	9.998.872	13,38%
Special Pension Funds (***)		119.682	84.890	146.318	350.890	
Total (Contributory System)		17.494.313	10.099.872	36.494.633	64.088.819	85,76%
Non-contributory System (****)						
1-People receiving income in accordance with the law no.2022		-	1.337.989	-	1.337.989	
2-People receiving income in accordance with the other laws.		-	49.158	-	49.158	
Total (Non-contributory System)		-	1.387.147	-	1.387.147	1,86%
General Total		17.494.313	11.487.019	36.494.633	65.475.966	87,62%

(*)Among the part time insured, there are insured people who pay premium less than 30 days in a month, the insured dependant on 4/a of the law no.5510 whose transfer continuous to the

4/b, agricultural and commercial vehicle owners, commercial vehicle owners who pay unemployment insurance, artists and artists who pay unemployment insurance.

(**)In the calculation of dependants, taking into account new co-efficients, it has been revised until 2000 retrospectively.

(***) Private pension funds are included to the social security coverage.

(****)Social aids and social services given to the groups in need and except the contributory system are guaranteed under the social safety of the state.

(*****)General number of population in the year 2011 announced by the Turkish Statistical Institution is 74.724.269

Note:In accordance the law no.5510, optionally insured is assessed under 4/b.

3. Measures and sanctions for the unpaid social security premiums.

In accordance with the article 88 of the law on Social Security and General Health Insurance Law no.5510, it is necessary to pay the social security premiums until the end of the determined time. In case the insurance premiums are not paid fully within the legal period, default fine and default increment will be applied to the premium debtor. In this case, if the Institution's premium and other claims are not paid in due time and fully, then the unpaid section shall be increased applying a default fine of 2% for each month in the first three months following the end of the payment term.

For the collection of premiums and other claims of the Institution not paid in time, in accordance with the articles of Law no. 6183 on Procedure for Collecting Public Claims, follow up and collection of the premiums will be applied.

The Institution's premiums and other claims followed up under the Law no. 6183 bear the characteristic of public claim and are privileged. In accordance with the article no. 48 of the law no. 6183, employers are given opportunity to install and postpone the debts.

4. Substitute aids replacing work income

Daily unemployment benefit paid in our country is equal to %40 of daily average gross wage. Daily average gross wage is calculated on the income subject to premium base for the last four months. The amount of unemployment benefit can not exceed the %80 of the gross amount of monthly minimum wage for the workers older than 16.

For the second period of 2011, the unemployment benefit for the worker who works four months before leaving work with a monthly minimum wage is the minimum amount of payment and it is 332.59 TL Monthly net minimum wage is 658,95 including cost of living allowance for the single worker with no child.

In 2011, gross domestic product per capita is calculated as 1.459,1 TL in this case. Poverty line is defined as %50 of this figure, it is assessed that poverty line is 729,5 TL.

Article 12 Paragraph 2: With a view to ensuring the effective exercise of the right to social security, the Parties undertake 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.

A. Developments During the Reporting Period

1. Minimum Standards of the Social Security

There is no amendment in the ILO Convention no. 102 and European Social Security Code in which the parts we adopted and implemented. These are the parts:

Part: II- Medical Care

Part: III- Sickness Benefits

Part:V-Old-age Benefit

Part:VI- Employment Injury Benefit

Part:VIII- Maternity Benefits

Part:IX- Invalidity Benefits

Part:X-Survivors' Benefit

2. Coverage of the Unemployment Insurance

Unemployment Insurance which is one of the risks that our country does not adopt has been implemented since 01/06/2000.

The number of the insured under the coverage of unemployment insurance of the law no. 4447 at the end of 2011* are indicated in the following table:

Obligatory insured (4/a) under the law no.5510	Insured under the private pension fund	Total number of the insured
11.030.939	119.682	11.150.621

Article 12 Paragraph 3 : With a view to ensuring the effective exercise of the right to social security, the Parties undertake to endeavour to raise progressively the system of social security to a higher level.

A. Developments During the Reporting Period

1. Expanding the coverage of social insurance branches

One roof pension insurance system which is financially sustainable by equalizing the insurance rights and responsibilities has been established by social security reform. In this context, social security coverage has been expanded with regard to the some insurance branches.

The insured who works on his name and account has been covered under work accident, occupational disease and maternity insurance for the first time. For these workers, for the first time, it is enabled to benefit from invalidity benefit during the inpatient treatment due to the work accident and occupational disease and maternity benefit during 8 weeks before and after the delivery.

The conditions for voluntary insurance have been simplified. It is enabled to benefit from medical benefits on condition that paying universal health insurance premium and to fulfill the deficit period by voluntary insurance for the workers who work less than 30 days.

2. Developments in the area of health insurance

With the social security reform, it is aimed to widen health services by establishing universal health insurance system, to cover all the citizens under this system, to make the system easily accessible and enable all the citizens to benefit from health services equally and to establish a sustainable health system.

In the current arrangements, various conditions were demanded in order to benefit from health services, these various conditions were removed with this new arrangement and norm and standart unity have been enabled.

With the universal health insurance system under the law no. 5510, it is foreseen

- a) to cover all the citizens under health security.
- b) to make all the people under coverage benefit from health services equally and to end different implementations.
- c) according to modern health comprehension besides to cover health treatment expenses of individuals, to cover them under preventive health services.

d) for the first time children are affiliated to health insurance as their mother or father insurance holders in order to make them benefit whether universal health insurance premium for 30 days is paid or not.

e) all health services except the services that are not accepted by the Ministry of Health as a health service and for aesthetic purposes are included in the health guarantee package.

f) to define the costs of the health services in our country by the act of the commission in which the representatives of the Ministry of Health and Ministry of Finance and Undersecretariat for Treasury and Undersecretariat for State Planning Organization are included and to end the different price implementations.

According to this, people who do not have universal health insurance and the people whose universal health insurance has been ended are registered sua sponte by the social security institution. That is to say, these people are obligatorily taken under the coverage of universal health insurance system. From the date of registration sua sponte of universal health insurance, premium is accrued and the responsibility of payment starts. People, who are registered obligatorily in the context of universal health insurance, are subject to income test. The amount of the premium that will be paid by the people registered under universal health insurance is fixed in accordance with the income of the person. People whose monthly income per capita in a family is less than 1/3 of the gross minimum wage in accordance with the income test, are enabled to enjoy health benefits provided that universal health insurance premium is met by the state.

In accordance with the income test results, individuals whose monthly income per capita in a family is more than 1/3 of the gross minimum wage, have to pay premium in accordance with the income level. The universal health insurance premium will be calculated as %12 of the amount which is said below:

- if the monthly income per capita is between the one third of gross minimum wage and minimum wage, one third of minimum wage
- if the monthly income per capita is between minimum wage and the double of the minimum wage, minimum wage
- if the monthly income per capita is more than the double of minimum wage, double of the minimum wage.

If the income test is not made, the income of the person who is registered, will be considered as it is more than two times of the minimum wage and it will be necessary to pay premium over the two times of the minimum wage. The amount of the contribution share that will be charged by the insured or the survivors enjoying from medical services is as below:

a) 0-15 TL is taken as a contribution pay in medical doctor or dentist examination for outpatient treatment.

b) Orthosis, prosthesis, treatment tools and equipment and medication provided for outpatient treatment %20 contribution pay is taken from the active insured and %10 contribution pay is taken from the passive insured. A contribution limit for the orthosis and prosthesis is determined. It cannot exceed the %75 of the minimum wage which is valid in the date of enjoying of the health service.

c) Contribution fee in the assisted reproduction therapy shall be paid 30% in the first trial and 25% in the second trial of the total treatment's fee.

d) In the treatment of chronic diseases and vital health care, contribution fee is not charged.

On the other hand, health services provided for the individuals under the age of 18, people who are medically in need of another person and health services provided in emergency cases, traffic accident, work accident and occupational disease situations, contagious diseases with obligatory notification, preventive and maternity health - care services, disaster and war cases and strike and lockout cases are defined as exceptional health care services. In these cases,

health care services are charged free without taking into account the number of the premium payment days and having premium debt or not.

3. The amendments in the branch of old age insurance.

In the context of social security reform, without changing the fundamental structure of the pension system, some rules like rate of monthly pension assignment, eligible age for pension, numbers of premium days for retirement and update coefficient have been amended in order to make pension system sustainable.

Retirement age for the women, who started to work after 2000 is 58 and for men is 60 via the law no. 4447, the transition period has foreseen for the people who started to work before this law was entered into force. It has foreseen to increase the retirement age gradually to 65 for men and women as of 2036 with an amendment made in the law no. 5510.

4. Measures Taken for Fighting Against the Informal Employment

It is adopted that the informal employment can be eliminated not only by the studies made by the Social Security Institution but also with the cooperation between public institutions and organisations, NGOs, banks and the other competent parts of the society. Thus, the application for sharing the infos about employment between these organisations and institutions has been started.

In this context, national identification number, occupational information, workplace name and address information of the people who had operations related to the 68 operations made by 27 institutions in particular the banks, were notified and the social security province directorates where they reside were informed by electronically or manually. By this way, workplace and insurance control has started to be done.

Besides these in the context of sharing information of the inspection works, it is enabled to share the information of contact examinations made by the Ministry of Health and the informations in the identification notice form hold by the police force with the social security institution. In the context of the law no. 5510, insurance control is done by the inspections made in the workplaces and the people who are learned to be uninsured is sent to the institution said above. Services for fighting against informal employment are established in the social security province and central directorates with the circular no. 2008/97 dated 18.11.2008 in order to make necessary operations on information about the workplaces and to question these information and documents with the social security institution records obtained from public institutions. Besides these arrangements, with the social security reform, the measures below are taken in order to fight against informal employment via the law no.5510:

- Salary payment is obligatory through the banks.
- It has been foreseen that the notification of being insured of the people who work on his/her name and account (including agriculture) to be done by the tax administrations and occupational institutions where their activities are recorded and registered.
- In order to dissuade, administrative fines are increased in the inspections made in the area of informal employment.
- It is aimed to register more people by facilitating the application for being optionally insured and attendance conditions.
- Necessary arrangements are done in order to register the people who work flexible.
- For including the group of people whose activity in agriculture and women exercising handicrafts to the system, it is foreseen that they are registered by increasing the premium based income for being insured and the amount of premium gradually during 15 years.
- In order to fight against the informal employment more effectively, the recruitment of social security inspectors is enabled in the social security province directorates.

- In order to encourage formal employment, it is enabled by the Treasury to meet the 5 points of the social security premiums of the employers who pay their premiums regularly and make their declarations in due time.

Article 12 Paragraph 4- With a view to ensuring the effective exercise of the right to social security, the Parties undertake 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 Paragraph 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.

A. DEVELOPMENTS DURING THE REPORTING PERIOD

1. Bilateral and Multilateral Agreements and Administrative Measures

In the reporting period, social security agreement has been signed between the Slovakia and Croatia but it has not entered into force yet. The negotiations for making agreements with Poland, South Korea, Japan, Tunisia, Iran, Spain, Serbia, Montenegro, Morocco, Uzbekistan, and Algeria have been going on.

The citizens of the country that do not have the bilateral social security agreement with Turkey, do not have any difference from Turkish insured regarding with social security rights and the conditions for enjoying these rights.

On the other hand, in case the foreign citizens in Turkey do not have the formal health insurance from their home country, the foreign country citizens are covered under universal health insurance provided that they resided in Turkey for minimum one year in accordance with the law no. 5510.

a. Measures for implementing the legislation concerned

In order to decrease the problems faced in the application of the agreements and time loss to the minimum, most part of the project for including the insured people of the countries that we had social security agreements and their families to the provision system and making the foreign country calculations in an electronic environment has been completed and it is planning to be entered into force in 2012.

Moreover, it has been compromised on the negotiations with Germany, Netherlands and Turkish Republic of Northern Cyprus for the exchange of informations and documents in an electronic environment with the countries that we had bilateral social security agreements as a first step with Germany, Netherlands, France, Belgium and Austria.

Preferably, it is planning to widen the information and document exchange in an electronic environment in the framework of the application that will start in 2012 with the German Pension Institutions, to the members of the European Union countries.

b. The Countries Applying Social Security Agreements

The list showing the countries that we signed bilateral social security agreements and the dates of the signatures and on which date they entered into force is indicated in the following table no.11:

Table:11 COUNTRY	DATE OF SIGNATURE	DATE OF ENTRY INTO FORCE	COVERAGE		COUNTRY	DATE OF SIGNATURE	DATE OF ENTRY INTO FORCE	COVERAGE	
			IOD	UHI				IOD	UHI
1.THE UNITED KINGDOM	09.09.1959	01.06.1961	+	-	13.MACEDONIA	06.07.1998	01.07.2000	+	+
2.FEDERAL GERMANY	30.04.1964	01.11.1965	+	+	14.AZERBAIJAN	17.07.1998	09.08.2001	+	+
3.NETHERLANDS	05.04.1966	01.02.1968	+	+	15. ROMANIA	06.07.1999	01.03.2003	+	+
4.BELGIUM	04.07.1966	01.05.1968	+	+	16. GEORGIA	11.12.1998	20.11.2003	+	-
5.AUSTRIA	12.10.1966	01.10.1969	+	+	17.BOSNIA-HERZEGOVINIA	27.05.2003	01.09.2004	+	+
6.SWITZERLAND	01.05.1969	01.01.1972	+	-	18. CANADA	19.06.1998	01.01.2005	+	-
7.FRANCE	20.01.1972	01.08.1973	+	+	19. QUEBEC	15.10.1998	01.01.2005	+	-
8.DENMARK	22.01.1976	01.02.1978	+	-	20. CZECH REBUPLIC	28.06.2001	01.01.2005	+	+
9.SWEDEN	30.06.1978	01.05.1981	+	-	21. ALBANIA	15.07.1998	01.02.2005	+	+
10.NORWAY	20.07.1978	01.06.1981	+	-	22. LUXEMBOURG	08.12.2004	01.06.2006	+	+
11.LIBYA	13.09.1984	01.09.1985	+	-	23.CROATIA*	12.06.2006	-	+	+
12.TURKISH REBUBLIC OF NORTHERN CYPRUS	09.03.1987	01.12.1988	+	+	24.SLOVAKIA*	25.01.2007	-	+	+

ARTICLE 13- THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

Article 13 Paragraph 1- With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake 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.

A. DEVELOPMENTS DURING THE REPORTING PERIOD

1. Amendments made in the legislation concerned and the reforms realized

1.1. Legal Amendments

a) Social Security Institution Law no. 5502

The right to social security is safeguarded in Articles 60, 61, 62 and 65 of the Constitution. General Directorate of Non-contributory Payment has been established in the body of the Social Security Institution by the law no. 5502.

The aim of the amendment made in this area is to establish a social assistance system, based on objective beneficial criterion that the social assistances which had a scattered structure before can be monitored centrally and to congregate the non-contributory payments run by different institutions and organizations under one roof.

General Directorate of Non-Contributory Payment which is in the body of Social Security Institution has been closed with the decree law on Establishment and Duties of the Ministry of Family and Social Policy no.633 dated 03.06.2011. The duties of the General Directorate which was closed with the provisional article 1 of the Decree Law have been transferred to the Ministry of Family and Social Policies. Until 31.11.2011 of which the reorganization has been completed, these duties had been carried by the General Directorate of Non-contributory Payment which was closed.

b) Social Insurance and Universal Health Insurance Law

Law on Social Insurance and Universal Health Insurance Law no.5510 dated 31.05.2006, was published in the official gazette no.26200 dated 16.06.2010. At first due to the annulment of the some articles of the law which was planned to enter into force as of 01.01.2007 by the constitutional court, the law started to be implemented as of 01.10.2008 as a result of the postponements for making the necessary amendments on the law.

Universal health insurance system covering the whole society has been established with the law mentioned above. Thanks to this, as a result of the social state approach, an insurance model has been established that the citizens can contribute in proportion to their power of payment and enjoy the services in accordance with their needs.

c) Developments in the context of the law no. 202

In accordance with the Decree Law on the Establishment and Duties of the Ministry of Family and Social Policy no.633, General Directorate of Non-contributory Payment of the Social Security Institution which carries out the monthly payment operations in the context of the law no. 202 in the period of 2008-2011, was closed on the date that the decree law no. 633 on Duties and Establishment of the Ministry of Family and Social Policy entered into force. Business and operations as of 2012 and payments made in the context of 2022

have been transferred to the General Directorate of Assistance of the Ministry of Family and Social Policies.

1.2. Regulations

a) Universal Health Insurance Regulation dated 01.01.2012

Green card system application which was implemented in the context of the law no. 3816 was terminated by the regulation on Universal Health Insurance dated 01.01.2012. In this context, payments will be done by the General Directorate of Social Assistance to the people whose health premiums will be met by the state.

Citizens whose income is less than one third of the minimum wage amount per person in the family as of 01/01/2012, have been provided to enjoy from the same health services with the other people by being taken under the coverage of the general health insurance.

2- Measures taken in order to apply the concerned legislation (administrative arrangements, programs, action plans, projects etc.)

2.1. Projects and Action Plans

a) Social Assistance Information System (SOYBİS)

SOYBİS is an e-state application realized by the General Directorate of Social Assistance of the Ministry of Family and Social Assistance in order to enable to share inter institutional (online) data which is oriented to obtain and detect people's poverty and personal data from the central data bases and to stop reiterated assistance for the people who applied for the social assistance.

The aim of the Project is to detect the personal and socio-economic data of the people who applied for the social assistance from the central data bases of the public, to eliminate 27 documents with various contents needed for the application, to decrease the application period from 15-20 days to seconds, to stop reiterated social assistance from the various institutions and to counteract the abuse of the people who are not poor applied for the assistance.

The application period has been resulted by drawing different 28 data from 14 institutions in seconds with the project realized in 2009.

1. Application of the people in poverty for assistance has been done by the state by using central data bases and the individuals have been saved from the task of proving their poverty.
2. The people who made an application for assistance are prevented from gathering documents concerning their status by going the public institutions one by one. It has been started to be determined if they deserve the assistance or not by presenting the identity cards.
3. The period for the poor citizens' accessing to the assistance has been shortened. Application period which lasted 15-20 days before has been decreased to seconds now.
4. Giving reiterated assistances by the public institutions has been prevented. Broader crowd of people and the people really in need has been provided to reach social assistances.
5. Work load has been decreased in the public institutions where the citizens who made an application for assistance demand the document related to their status.
6. Time allocated for the social examination (household visit) made by the workers of the foundation has been increased by dispelling the intensity in the Social Assistance and Solidarity Foundations. Citizen oriented approach has been adopted.
7. Social Assistance and Solidarity Foundations have been enabled to revise the available records and to have healthy data relating to the socio economic situations of the people receiving assistance.
8. Bureaucracy has decreased to the minimum by eliminating the correspondence which is oriented to the prevention of repeated assistance between the public institutions and it has contributed to benefit from the public resources efficiently.

b) Information System of Integrated Social Assistance Services

Information System of Integrated Social Assistance Services is an information system which the application of the poor and needy is received, the household files are comprised, the individuals' data and socioeconomic information, property elements are questioned from the central data bases, a report is drawn up regarding the social examination made on the spot related with the socio economic situation of the household, decision whether the individual is poor or not is taken, the bank's direction relating benefit payments and all automatic accounting actions are given regarding all assistances. At the same time it is a poorness inventory which the assistance received from the other institutions and payment information and all the socio economic datas of the 12,5 million people living in these households and 2,7 million households are kept. It has been used across the country since 18 October 2011.

The aim of the project is to carry out all the operations of the people who applied for the social assistance electronically from the application to the payments, to create a poorness inventory, to gather all the socio economic data and the incomes in the healthy data bases, to enable accountability and transparency by doing the banking payments electronically, to stop the abuses and to present an effective public service which is citizen oriented by enabling inter institutional data sharing.

With the Project:

1. Poorness inventory has been composed by adopting household approach.
2. All the socio-economic data, social examination reports and the assistance received by the people in the household have been started to be kept electronically.
3. All the processes from the application for the social assistance and making the

payments to the accounting have been started to be done electronically.

4. On line payment application has been started by making integration with the banks.
5. 9 million assistance applications have been received by 4800 active users over the system as of February 2012 across the country. 3,5 million assistances were approved and the operations were concluded. Paper and transportation expenditure which cost 132 million TL was eliminated.
6. Social assistance beneficiaries have been started to be registered to İŞKUR data base over the integrated system, thus activation policies have been started to be implemented by establishing relation between employment and social assistance.
7. It has been prevented to give reiterated assistance by the public institutions; work load in the body of the concerned public institutions has been decreased and real needers have been enabled to reach the social assistances.
8. Bureaucracy has decreased to the least by eliminating the correspondence oriented to blocking reiterated assistance by public institutions and it has been contributed to use public sources effectively.
9. Data base including healthy statistical information needed for the promotion of the effective social policies has been established.
10. As of January 2012, income test operations of Universal Health Insurance has been started to be carried out over the system mentioned above, income test of the 1,5 million people was completed by receiving the application of 4,3 million people in a month period, the citizens were enabled to benefit from the health service by forwarding to the Social Security Institution online over the system.
11. Bureaucratic loads over the poor citizens have been eliminated and an important step has taken in the meaning of social inclusion.

c) Action Plan of Activating and Associating the Social Assistance with the Employment

It has been decided to make a study in the coordination of Under Secretariat of State Planning Organization in the Economic Coordination Council which was held on 2 March 2010 in order to re-establish the social assistance system and associate the employment with the social assistance. Draft of the action plan which had been concluded after the serial senior and technical meetings was analyzed in the Council of Economic Coordination and it was put into force under the name of "Action Plan of Activating and Associating the Social Assistance with the Employment".

A protocol has been signed between the General Directorate of Social Assistance and İŞKUR on 28 April 2010 in order to make registrations of the ones who applied to the Social Assistance and Solidarity Foundations to İŞKUR in accordance with the action plan. Foundations make the registrations to İŞKUR by only entering the mobile phone of the people having the convenient conditions at the time of the inquiry of SOYBİS. 285.194 Individuals' Registrations to İŞKUR have been made by the Foundations since the date of 31.12.2012.

Of these;

- 131.081 people have been invited for appointment.
- 12997 people have been negotiated
- 14.566 people have been oriented to the job application.
- 2.520 people have been employed.
- 10.224 people have applied for the labor force education courses.
- 2.791 people have attended to the course.

d) Project on developing the formula of grading for determining the beneficiaries of the social assistance

Another study run by General Directorate of Social Assistance "Project on developing the formula of grading for determining the beneficiaries of the social assistance" is carrying a reform qualification in terms of the presentation of social assistance. Project aims to determine the right holders by a grading formula in accordance with the objective criteria by using the registered information in the central data bases and the household visits of the individuals applying for social assistance and project support, thus unfair benefit will be avoided.

The aim of the project is to decide the destituteness of the citizens who made applications for social assistance by the grading formulas which

- are determined according to the objective criterions,
- base on all assistance categories,
- respect diversity of the inter regions
- include distinction between country and the city
- can be measured absolutely
- can be corrected during the household visits.
- can prevent unfair benefits.

The project mentioned above is carried by broad staff consisting of the academicians within the collaboration of TÜBİTAK.

Acceptance sampling plan of the project has been designed as classification of the statistical regional units "level-1" and score prediction of distinction between country and city in every region.

First and second phases of the project have been completed in the current situation. In this context, variants oriented to establish score formula have been defined, various models have been prepared and the variants have been tried in the grading formula with the pilot survey application. In the context of the third phase of the project, main area survey study has been started as from March by Turkish Statistical Institution. It has been planning to test the models mentioned above and to make the grading formula usable by 2012.

3- The level of the social assistance, data and information on basic assistance, additional assistance and poverty threshold

3.1- Figures on Social Assistance

a) As of 2011 figures of the people with salary in the context of the law no. 2202 in accordance with their gender.

	Male	Female	Total
1-The Old(65+)	276.808	520.618	797.426
2- The Disabled (disability rate %70 and above)	109.428	78.283	187.711
3-The Disabled (disability rate between %40-%69)	182.369	110.772	*293.294
4-The Disabled Below 18 years old	35.167	24.391	59.558
Total	603.772	734.064	1.337.989

()153 silicosis patients have been included to the total number.*

In accordance with the law no. 2022, the salary is calculated by adding an additional payment %5 to the amount found after multiplying the indicator figure 1620 with the coefficient of civil servant's salary.

b) The Amount of the Salaries Paid in the period of July-December/2011:

Old Age Pension (65+ Old Age Pension): It is calculated by adding an additional payment %5 to the amount (indigence line) found after multiplying the indicator figure 1620 with to the coefficient of civil servant's salary.

In this period, the coefficient of civil servant's salary was implemented as 0,064460 and the indicator figure was implemented as 1620.

According to this, old age pension has been paid as; $1620 \times 0,064460 = 104,42 + 5,22$ (additional payment amount)=109,64 TL

The Disabled Pension is calculated by adding an additional payment to the amount calculated according to the disability rate of the amount found after multiplying the indicator figure 1620 with the coefficient of civil servant's salary.

According to this;

The pensions of the disabled calculated as %300 of the destituteness level: $1620 \times 0,064460 = 104,42 \times \%300 = 313,28 + 15,66$ (additional payment amount) = 328,94 TL.

The disabled pensions calculated as %200 of the destituteness level is paid as: $1620 \times 0,064460 = 104,42 \times \%200 = 208,84 + 10,44$ (additional payment amount) = **219,28 TL**.

c) The amount of the salaries in the period of July-December 2011 in accordance with the law no. 2022.

Beneficiaries	Amount of the assistance (TL)
1-Old Age (Age 65+)	109,64
2-The disabled in need of care and over 65 years old (the rate of the disability over %70)	328,94
3-Pension of the disabled (the rate of the disability between %40-%69)	219,28
4-The pension of the disabled in need of care (the rate of the disability over %70)	328,94
5-Pension of the relative of the disabled (the disabled below 18 years old)	219,28

The operations of the pensions of the law no. 2022 in the period 2008-2011 have been run by the General Directorate of Non-Contributory Payments of the Social Insurance Institution.

d) Distribution of the pensioners to the years in the context of the law no.2022

(Source Statistical Bulletin of December 2011, Social Security Institution)

Years	Old			Change (%)
	Male	Female	Total	
2001	254.312	462.466	716.778	
2002	276.193	470.275	746.468	4,1
2003	291.599	478.605	770.204	3,2
2004	274.761	517.285	792.	2,8
2005	373.969	564.708	938.6771	18,5
2006	378.526	548.551	927.077	-1,2
2007	318.055	585.228	903.233	-2,6
2008	310.958	556.077	867.035	-4,0
2009	304.826	554.690	359.516	-0,9
2010	297.309	551.517	848.826	1,2
2011	276.808	520.618	797426	-6,1

	Disabled (Rate of disability)			
	Male	Female	Total	Change(%)
2001	11.737	23.410	65.147	
2002	47.333	21.265	68.598	5,3
2003	48.510	24.295	72.805	6,1
2004	52.037	27.774	79.811	9,6
2005	56.566	27.506	84.072	5,3
2006	54.937	27.954	82.891	-1,4
2007	60.838	32.066	92.904	12,1
2008	72.401	42.117	114.518	23,3
2009	87.127	55.161	142.288	24,2
2010	100.456	68.093	168.559	18,5
2011	109.428	73.233	187.711	11,4
	Disabled (Disability Rate Between %40-%69 arası)			
	Male	Female	Total	Change(%)
2001	120.023	65.555	185.5	
2002	123.826	69.954	193.7	4,4
2003	133.583	70.749	204.3	5,4
2004	147.802	72.798	220.6	8,0
2005	160.920	82.599	243.5	10,4
2006	159.059	74.851	233.9	-3,9
2007	151.788	87.322	239.1	2,2
2008	165.171	90.819	255.9	7,1
2009	174.643	100.385	275.0	7,4
2010	181.772	108.786	290.5	5,6
2011	182.369	110.772	293.1	0,9

	Disabled Under the Age 18			
	Male	Female	Total	Change{ %}
2008	17.03	11.59	28.63	223
2009	26.32	18.21	44.54	56
2010	32.88	22.84	55.72	25
2011	35.16	24.39	59.55	6,9

e) The amount of the old age allowance as of monthly periods and the total amount of old age allowance

Old age allowance is given to the people who benefit from care services in the old age institutions affiliated to the General Directorate of the Disabled and the Old Age Services of the Ministry of the Family and Social Policies which is determined in two phases in the periods of six months every year (January/June- July/December) in the frame of the principals in the article no. 65 and 66 of the Regulation on Nursing Home and Old Age Care Rehabilitation of the Nursing Home. The financing of the old age allowance is met from the budget of the General Directorate of Disabled and Old Age Services. Figures on the old age allowance are given below as of the years.

YEAR	First 6 Months	Last 6 months	Amount of Old Age Allowance-
2008	76.70	79.74	387.326,81
2009	82.93	90.31	389.927.94
2010	100.40	104.43	453.725.43
2011	111.50	115.97	525.927.60

Number of People Receiving Old Age Allowance

YEAR	Number of the Old People in Care	Number of the Old Receiving Allowance
2008	6773	412
2009	7220	375
2010	7979	400
2011	8594	428

3.2. Medical Assistance (Green Card Implementation)

Population group under the coverage of green card has been shown in the table below as of years.

Years	Number of People Under Coverage
2004	6.852.000
2005	7.526.000
2006	8.279.000
2007	9.355.279
2008	9.337.850
2009	9.647.131
2010	9.395.185
2011	8.865.470

3.3- Poverty line

In our country poverty line is defined as the money that the individual has to pay while buying goods and services in order to meet fundamental needs or his/ her needs like good nutrition besides clothing, sheltering, transportation and communication or in another saying minimum amount of expenditure needed to have a life quality on the minimum level.

Detailed information has been given in the scope of 30 articles on this issue.

B- RESPONSE TO THE CONCLUSIONS OF THE EUROPEAN COMMITTEE ON SOCIAL RIGHTS

1. Developments with regard to the social assistance in the context of the social security reform

Information has been given above on this issue.

2. Right to sue, procedures, numbers of suits brought with regard to the social assistance

In accordance with the laws no. 2022 and 3294, application can be made to administrative courts against the implementations with regard to social assistance and allowance for the social assistance by the public institutions and organizations. In accordance with the article 45 of the code of the administrative procedure, objection can be made against the decisions on disputes arising from the implementations told above made by the administrative courts. The decisions of the regional administrative courts are decisive and it cannot be filed an appeal.

3. Social Assistance Rights of the Citizens of the Foreign Country who are in need and reside legally in our country

In accordance with the article no. 60 of the law no. 5510, heimatlos and refugees and among the individuals having residence in Turkey, provided that principle of reciprocity is also taken into consideration, individuals of foreign countries who have residence permit and are not insurance holders under legislation of a foreign country shall be deemed to be holders of universal health insurance. The premiums of the universal health insurance of the heimatlos and refugees are met by the General Directorate of the Social Assistance of the Ministry of Family and Social Policy.

The objective of the law no. 3294 is to assist the 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. To this end, assistance from the sources of the Social Assistance and Social Encouragement Fund has been given to foreigners in need residing in Turkey.

In case of the application of the individual who is the citizen of the foreign country and given residence permit provided that "not benefiting from any social rights", it can be applied to the International Social Services Organization and demanded to prepare Social Analyze Report in order to be informed about if they had any children or relatives, how and where to live and whom to live with before coming to Turkey, address information and income situation. As a result of the report, the situation of the old has been examined and assessed in accordance with the legislation.

Article 13 Paragraph 2- With a view to ensuring the effective exercise of the right to social and medical assistance the Parties undertake to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political and social rights.

A- DEVELOPMENTS DURING THE REPORTING PERIOD

1- Reforms realized by the amendments made in the concerned legislation

People receiving social and medical assistance in Turkey are not exposed to any restriction in their political and social rights because of receiving assistance. Therefore, there has not been any change in our legislation.

2- Measures taken for the application of the concerned legislation (administrative arrangements, programs, action plans, projects etc.)

Due to receiving social and medical assistance is not exposed to any restriction in the people's political and social rights in our country, it is not necessary to take any special measure.

3- Quantitative data relating to the subject

There is not anyone who is exposed to any restrictions in their political and social rights because of receiving assistance in our country.

Article 13 Paragraph 3- With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake 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;

A- DEVELOPMENTS DURING THE REPORTING PERIOD

1- Projects realized by the amendments made in the legislation concerned.

There is not any legislation foreseeing to give any special social service for the ones who are receiving social assistance or having the risk to have social assistance due to not having sufficient income in our country. These kinds of services are given under the context of the general social services.

3- Measures taken for the application of the concerned legislation (administrative arrangements, programs, action plans, projects etc.)

A special measure has not been taken in the reporting period; the implementation has not been started.

3- Quantitative data related to the subject

There is not any statistics related with the social services given for the beneficiaries of the social assistance in our country.

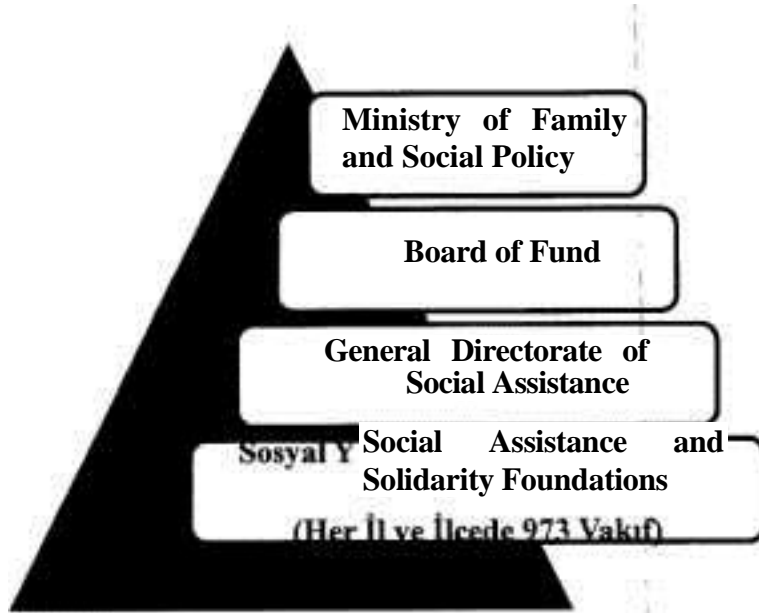
B- RESPONSE TO THE CONCLUSIONS OF THE EUROPEAN COMMITTEE ON SOCIAL RIGHTS

1- Developments in the area of organization of the social assistance services

General Directorate of Social Assistance working under the roof of the Ministry of Family and Social Policies with the decree law no. 633, carry out all its social assistance activities by 937 Social Assistance and Solidarity Funds across the country by using the resources of the Social Assistance and Solidarity Encouragement Fund.

The decision making body of the Social Assistance and Solidarity Encouragement Fund is the Fund Board. Fund Board is consisting of the Undersecretary of the Prime Ministry, Undersecretary of the Ministry of the Home Affairs, Undersecretary of the Ministry of Health, Undersecretary of the Ministry of Finance, Undersecretary of the Ministry of Family and Social Policies, General Director of the Social Assistance and General Director of Funds with the presidency of Minister of the Family and Social Policies. Fund Board gathered usually once a month under the presidency of the Minister. Apart from that, fund board can meet exceptionally any time upon the demand of the president. Decisions are taken

unanimously in the Fund Board meets with absolute majority and entered into force with the approval of the president.



Social Assistance and Solidarity Fund was established in all the provinces and counties of our country for giving cash and in-kind assistance to the people in need and making studies suitable with the objective of the law no. 3294. The decision making bodies of the Fund is the "Foundation Board of the Trustees". Foundations play the role of bridge between the State and the citizens in need by giving the social assistance directly and as soon as possible. In 2004, the conditions for the election and the number of the elected members have been amended by the changes in the structure of the board of trustees. In this direction, members elected by the neighborhood mukhtar and village headman, members elected by the civil society institutions working in the area of social assistance, charitable citizens elected by the provincial council have been provided to take place in the provincial council. Thus, democratic participation has been provided by equalizing the number of members elected and assigned and the "governance", the fundamental principles of the modern public administration, has been realized.

Members of the Board of Trustees	
Provincial Centers	Counties
Governor (President of the Foundation)	Head Official of a District (President of the Foundation)
Mayor	Mayor
Head of Provincial Treasury	District Revenue Officer
Provincial Director of National Education	District Director of National Education
Provincial Health Director	Health Group President
Provincial Food, Agriculture, Breeding Director	District Food, Agriculture, Breeding Director
Provincial Family and Social Policy Director	District Mufti
Provincial Mufti	Village Headmen
Village Headmen	Neighborhood Mukhtar
Neighborhood Mukhtar	Representatives of NGOs
Representatives of NGOs	Benefactor Citizens
Benefactor Citizens	

There is no hierarchy between the Social Assistance and Solidarity Foundations and the General Directorate; Foundations have been organized as the legal identity by the private law. From the general framework perspective, the duties of the General Directorate of the Social Assistance are stated below:

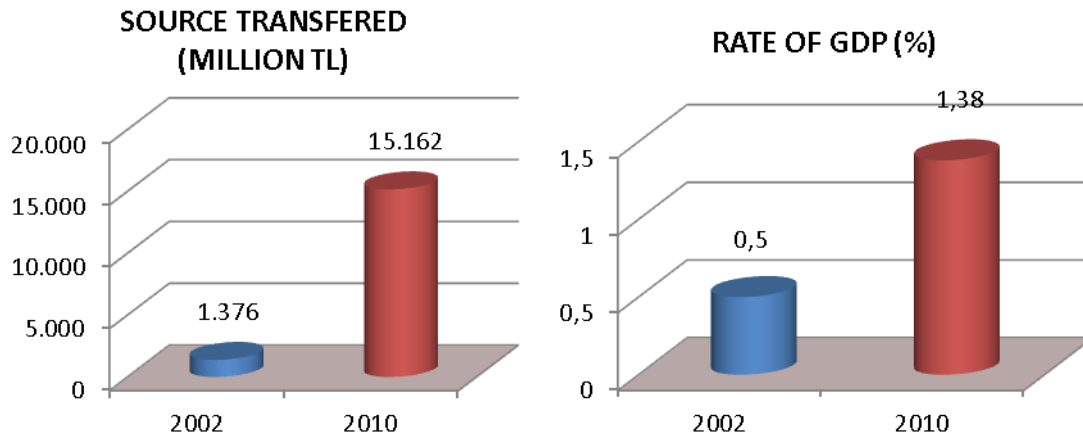
- * Fighting against the poverty and establishing strategy in the area of the social assistance,
- * Decreasing the poverty and the effects of it via the social assistance programs,
- * Establishing central social assistance data base and objective standards of the objective enjoyment.
- * Carrying out all social assistance given by the public resources and making income test of the universal health insurance,
- * Implementing the law no. 3294.

2- Geographical Distribution of the Social Assistance Institutions

It has been given information on this issue.

3- Sources Owned by the Social Assistance Institutions

The social expenditures in Turkey (social assistance and service) constitutes the %0,5 of the gross domestic product in 2002 and it has been increased to %1,38 in 2010.



When the amounts of resources transferred by the institutions giving social assistance in 2011 is analyzed, the great amount of the resources have been seen to be transferred in the context of the assistance made by the Ministry of Health (Green Card Expenditures), General Directorate of Non-Contributory Payment (Law payments no. 2022) and General Directorate of Social Assistance. When the payments in the context of the law no.

2022 and the green card are made by the General Directorate of Social Assistance of the Ministry of Family and Social Assistance, it is seen that the biggest share of the social assistance in Turkey is made by the Ministry of Family and Social Policies.

In accordance with the decree law on the Organization and Duties of the Ministry of Family and Social Policies no. 633, General Directorate of Non-Contributory Payments of Social Security Institution has been closed on the date of the entrance into force of the decree law, activities, operations and payments in the context of the law no. 2022 were transferred to the General Directorate of Social Assistance.

In 2012, green card application has been terminated by the application of the Universal Health Insurance. Health insurance premiums of the people determined as poor at the result of the income test made by the social assistance and solidarity foundations are met by the General Directorate of the Social Assistance.

In the graphic above, as of 2012 the budget of the resources used by the Ministry of Health and General Directorate of the Non-contributory Payments has been transferred to the General Directorate of Social Assistance in 2012. By transferring the payments made in the context of the law no. 2022 and green card to the General Directorate of Social Assistance, General Directorate of Social Assistance has the biggest share between the institutions giving social assistance as regards the amount of the resource transferred.

Article 13 Paragraph 4- With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake 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.

Annex to the Paragraph 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.

A- DEVELOPMENTS DURING THE REPORTING PERIOD

1- Amendments made in the legislation concerned and the reforms realized

In accordance with the article 60 of the law no. 5510, heimatlos and refugees and taking into consideration the principle of reciprocity, individuals of foreign countries who have residence permit and are not insurance holders under legislation of a foreign country, shall be deemed to be holders of universal health insurance.

The objective of the law no. 3294 is "to assist the 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". To this end, assistance from the sources of the Social Assistance and Social Encouragement Fund has been given to foreigners in need residing in Turkey.

On the other hand, the needs of the illegal migrants who are arrested while trying to enter or exit the country from illegal ways and kept under the observation until they are sent to their countries, namely irregular foreigners in our country, is met from the budget allocations by General Directorate of the Security of the Ministry of Home Affairs.

However, in accordance with the provisions of the said law no.3294 on Social Assistance and Encouragement of Solidarity and Circular of the General Directorate of Social Assistance and Solidarity no.8237 (repealed), the expenditures of the foreigners which is impossible to meet from the other institutions and their daily needs (food, clothing, blanket etc.) and medicine expenditures of the outpatients are met by the Social Assistance and Solidarity Foundations.

It is aimed to provide a secure environment for women in the guest house which is a social service institution with bed and where they can stay temporarily in order to meet their needs necessary for the safety of their lives, recover and take care themselves during the economic, social and psychological solution of the problems of the women who are exposed to physical, sexual, emotional and economic violence and their children.

Women who left home due to the dispute between the couples or who are left, need for help, physically, sexually, emotionally and economically violated, forced to unwanted marriages, got pregnant or got child out of wedlock and due to this, not accepted by their family, treated and left bad habits like drug and alcohol, need help and support, just went out from the prison, economically and socially deprived due to being divorced, death of the spouse and environment conditions, benefit from the women guest house.

At the women's guest house the situation of the women, dispute between their families and spouses are examined, in order to improve the situation of goodness situation of women, to make them solve problem in human relations and empower them by using occupational principle, technic and methods and in the context of intervention plan prepared as a result of assessment by taking into account the strong side of the women by the individual, family, group and social features, occupational studies have been done for eradicating the problems.

Women who has the application for being refugee, separate foreign women and who has the application for asylum, women married with Turkish citizen, women in illegal situation due to the illegal immigration can also benefit from the all services given at the women's guest house. However, the operations relating with the women at the foreigner statue have been carried out in the context of circular on "Operations for the refugee and asylum seeker no 2010/03" in cooperation with the Foreigners Unit of the General Directorate of Security.

2- Measures taken for the application of the concerned legislation (administrative arrangements, programs, action plans, projects, etc.)

Relating with the asylum seekers and refugees; procedures have been implemented as required by a circular on Refugees and Asylum Seekers dated 19.03.2010 no. 2010/19 prepared by the Ministry of Home Affairs and circular dated 24.03.2010 and no. 2010/03 (repealed Turkish social service and children protection institution) prepared for enabling application unity in the services given for the people having application for asylum and refuge.

3- Quantitative Data Relating The Subject

Statistics relating to the applicants of refugees, asylum seekers and refugees staying in our country legally and according to the kinds of assistance and cash and in-kind are stated below:

KINDS OF BENEFITS	Amount of Benefit in kind (TL)	Number of People Given Benefit in Kind	Amount of Cash Benefit (TL)	Number of People Given Benefit in Cash
DISASTER	260	2	750	2
FOOD BANK		1	400	1
SHELTERING and RENT		14	4.750	14
EDUCATION	976	10	33.970	198
FOOD	4.259	52	90.678	570
CLOTHING	1.150	7	1.100	
CASH			758.771	3.734
VEHICLE FOR THE DISABLED	1.124	2		
HEALTH OTHERS	53.422	479	8.510	34
HEALTH MEDICINE	28.678	450	4.573	35
HEALTH TREATMENT	20.587	213	39.922	248
HEALTH MEDICAL EQUIPMENT AND DEVICE	2.398	1 20	3.753	17

OTHERS	16.470	177	16.976	137	
General Total	129.325	1.412	964.152	4.993	
	TYPE OF BENEFIT	Amount of Benefit in Kind (Ton)	Number of People Given Benefit in Kind	Amount of Benefit in cash(TL)	Number of People Given Benefit in Cash
	FUEL	367.225	323	5.450	6

Moreover, food, fuel, cash, clothing and benefit in kind have been distributed to the applicants in need for asylum and refuge and refugees and asylum seekers by Social Assistance and Solidarity Foundation, Provincial Directorate of Social Service, Municipalities, red crescent disaster operation center, private establishments and institutions and non-governmental organizations as Turkish citizens. According to this, in 2011 1.250.662 TL was given to 17.947 asylum seekers and refugees in need and in 2012 7.483.811 TL was given to 6145 asylum seekers and refugees in need.

On the other hand, 8 women and 11 children who have application for asylum, 6 women and 9 children in the situation of single foreigner, 126 women and 42 children having the application for refuge, 46 women whose spouse are with them and married with Turkish citizens and 23 children, 9 women and 5 children in the illegal situation due to the illegal migration benefited from the guest house services.

Finally, due to the domestic disturbance in the Syrian Arab Republic, all requirements of the foreigners over 35000 staying in the tent cities established in the 4 provinces for the foreigners who have Syrian nationalities coming to our country massively has been continued to meet by our country.

B- RESPONSE TO THE CONCLUSIONS OF THE EUROPEAN COMMITTEE ON SOCIAL RIGHTS

1- Quality and Amount of the Assistance Made for the Foreigners Staying Irregularly in our Country and Legal Base of This Assistance Made in the Urgent Cases

It is known that foreigners determined as the victim of the human trafficking need physical and psychological treatment. Related with the subject, in the annex of the Council of the Ministers Decision no. 2003/6565 dated 05.12.2003 it is decided that "in order to benefit from the health services given by the official health establishment and institution for the patients who has foreign nationality determined as the victim of human trafficking and cannot afford to meet health expenditures are exempted from first paragraph of the Article 1 of the law no. 4736 dated 08.01.2002.

In the circular no. 2010/18 dated 19.03.2010, it is said that "it will be provided to the illegal migrants living in the repatriation center , three meals a day of which lunch and dinner will be warm and calculated according to the calorie measure. By taking into account the average number of people staying daily, sufficient subsidy is transferred to provincial assets in order to meet the food needs of the foreign nationals.

Necessary payment for the obligatory treatment and medicine expenses of the illegal migrants positioned in the repatriation centers has been met from the budget item no 03.04.9.02 in the context of Budget Application Orders of the Ministry of Finance.

Expenses for the discharge of the refugees are 2.321.082 TL in 2011 and 885.521.00 TL in 201 2 and food and accommodation expenses for the illegal immigrants in 2011 is 4.097.668 TL and in 2012 is 827.668 TL.

Clothing needs of the illegal migrants are met from the item of the budget called "all kinds of expenses of the foreigner" which is the sub heading of the "expenses of being under the surveillance".

In accordance with the law no. 5510 called Social Insurance and Universal Health Law, foreigners who apply for asylum and who have the statue of "refugee and asylum seeker" residing in Turkey and people residing in Turkey having the statue of heimatlos, due to the lack of citizenship are considered under the coverage of universal health insurance. Their universal health insurance premiums have met by the Ministry of Home Affairs.

Apart from that, Circular no. 8237 dated 20.05.2009 (repealed) was published by the General Directorate of Social Assistance and Solidarity for the applicants of asylum and refuge (applicants who do not have statue) in order to determine how they benefit from health services and other aids.

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:

Article 14 – Paragraph 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.

Scope of the provisions as interpreted by the European Committee on Social Rights (ECSR)

A network of social services to help people to reach or maintain well-being and to overcome any problems of social adjustment must exist. Social services include in particular counselling, advice, rehabilitation and other forms of support from social workers, home help services (assistance in the running of the home, personal hygiene, social support, delivery of meals), residential care, and social emergency care (shelters). Under Article 14§1 it is reviewed the overall organisation and functioning of social services.

Access to social services should be guaranteed to those who lack personal capabilities and means to cope, in particular the vulnerable groups and individuals who have a social problem. Groups which are vulnerable – children, the family, the elderly, people with disabilities, young people with problems, young offenders, refugees, the homeless, alcohol and drug abusers, victims of domestic violence and former prisoners – should be able to avail themselves of social services in practice.

Effective and equal access to social services implies:

- an individual right of access to counselling and advice from social services;
- the protection of rights of the client, including the availability of remedies;
- services should be provided free of charge for persons lacking adequate financial resources and may be provided subject to fees for the others;
- the geographical distribution of these services shall be sufficiently wide;
- social services must have resources matching their responsibilities and the changing needs of users.

A- DEVELOPMENTS IN THE REPORTING PERIOD

1- LEGAL FRAMEWORK

1.1- Reorganization and Legal Revisions

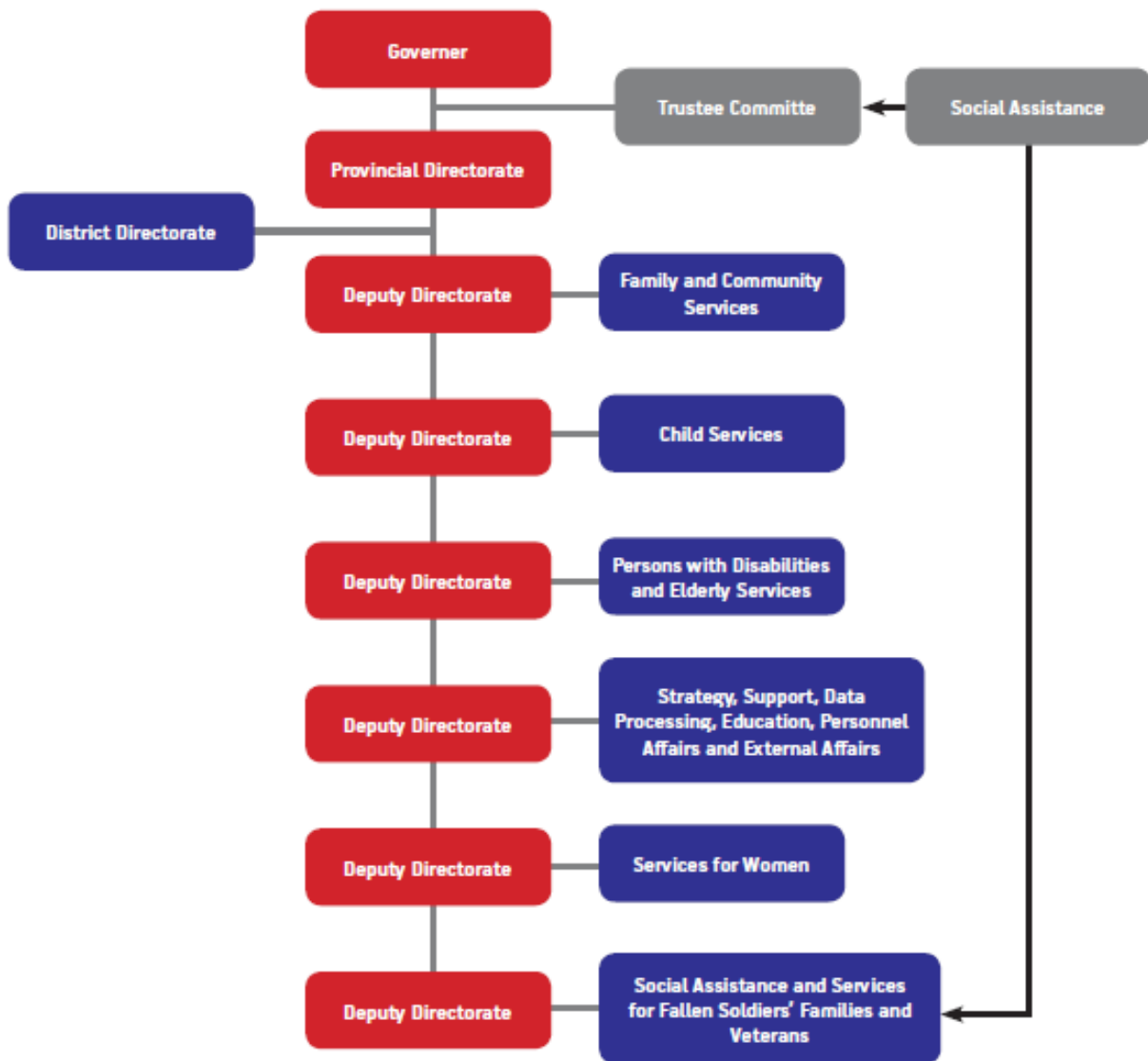
With the Decree Law on the Organization and the Functions of the Ministry of Family and Social Policy, the institutions functioning under the framework of Prime Ministry such as (obsolete) General Directorate of Family and Social Research, (obsolete) General Directorate of Women's Status, (obsolete) Administration for Disabled Persons, (obsolete) General Directorate of Social Assistance and Solidarity, (obsolete) General Directorate of Social Services and Child Protection and (obsolete) General Directorate of Non-Contributory Payments of Social Security Institution have been integrated within the framework of newly created Ministry of Family and Social Policy.

Table 14-1: The organizational chart of the Ministry of Family and Social Policy



Source: Ministry of Family and Social Policy

Table 14-2: The organizational chart of the Provincial Offices of Ministry of Family and Social Policy



Source: Ministry of Family and Social Policy

Table 14-3: The organizational chart of the service agencies of Ministry of Family and Social Policy



Source: Ministry of Family and Social Policy

The functions of the Ministry of Family and Social policy are as follows:

- a) To develop and to implement policies and strategies regarding social services and assistance at national level, and to oversee the implementation process, and revise and update them in accordance with the emerging service models,
- b) In order to ensure the transmission of family structure and values to the next generations by preserving them against the erosion in the social and cultural structure; coordinating the determination of national policies and strategies, provide social service and assistance activities with an intention to promote sustaining family integrity and increasing family welfare, provide coordination and cooperation among voluntary organizations and governmental bodies and organizations in this field,
- c) In order to prevent children from all kinds of negligence and abuse and to ensure healthy childhood for children; coordinating the determination of national policies and strategies,

conduct social services and assistance activities geared towards children, provide coordination and cooperation among voluntary organizations and governmental bodies and organizations in this field,

- d) In order to eliminate discrimination against women, preserve and develop women's human rights, ensure women to benefit from all rights, opportunities and privileges in all domains of social life as equal members; to coordinate determining national policies and strategies, conduct social services and assistance activities geared towards women, provide coordination and cooperation among volunteer organizations and governmental bodies and organizations in this field,
- e) In order to ensure the active participation of the persons with disabilities and the elderly in social life without facing discrimination and against any kind of obstacle, negligence and marginalization; coordinating the determination of national policies and strategies, conduct social services and assistance activities geared towards the persons with disabilities and the elderly, provide coordination and cooperation among voluntary organizations and governmental bodies and organizations in this field,
- f) In order to cherish the memory of the war veterans, and to prevent any sort of deprivation of the relatives of the fallen soldiers and veterans; coordinating the determination of national policies and strategies, conduct social services and assistance activities geared towards the fallen soldiers' families and veterans, provide coordination and cooperation among voluntary organizations and governmental bodies and organizations in this field,
- g) To conduct assistance activities aimed at the segment of the society in need of social assistance and protection in proper and effective manner; coordinating the determination of national policies and strategies about fighting against poverty, provide coordination and cooperation among voluntary organizations and governmental bodies and organizations in this field,
- h) Provision of education, consulting and social assistance to families in order to support children ensure and their upbringing in the household; identification, protection, care, development and rehabilitation of children, women, persons with disabilities, and elderly in need of protection, and establish and operate day care and residential social service institutions for these services,
- i) To preserve the integrity of family, provide all kinds of material, moral and social support to members and children of broken families who are in need of protection, assistance and care; conduct necessary planning for this purpose and carry out professional development activities,
- j) To identify principles, methods, and standards for providing social services and assistance activities by governmental bodies and institutions, voluntary organizations, natural and legal persons, develop qualities that governmental bodies and institutions need to employ and programs guiding these qualities,
- k) To carry out inspection of social services and assistance activities by governmental bodies and institutions, voluntary organizations, natural and legal persons, and ensuring their compliance with predefined principles, methods, and standards,
- l) To process, control, and monitor data regarding social service and assistance activities and individuals who receive these services in a centralized database to be developed, and

evaluate this information in the context of policies, strategies and precautions to be developed,

- m) To monitor and contribute to international developments and activities in the field of social services, evaluate them for the purpose of benefiting from them in activities to be developed, and ensure national implementation of the terms of international treaties and agreements that we are acceded to,
- n) To conduct any other duties and responsibilities assigned to the Ministry by the legislation.

The goals of the Ministry are stated as below:

- To develop social policies and to create a model in accordance with the needs of the country,
- To strengthen the individuals and the families and to raise public awareness,
- To improve the effectiveness and accessibility in the process of determination and evaluation of the persons in need,
- To develop and to improve the quality of the services of care, protection and rehabilitation with a vision focused on the needs of the beneficiaries.

With the aforementioned Decree Law, the Ministry of Family and Social Policy turned out to be one of the most important public institutions in the field of social policy with an inclusive perspective and responsibility of coordination. It is the key institution authorised to decide on and to implement the necessary policies related with problems and needs of women, families, children, relatives of the fallen soldiers and veterans, persons in need and other disadvantaged persons.

The purpose of the Decree Law No. 633 is to bring social assistance and social services together with a modern administrative vision and structure in the light of the latest national and global developments. In this respect and in accordance with the international conventions a new service policy, which

- Based on human rights,
- Encourages voluntary participation and contribution of public,
- Respects the local needs,
- Enables not only the central authority but also the public to inspect the service quality,
- Provides services not only for the one who accessed but also for all of the persons in need,
- Prioritises competence and qualification

is proposed.

Although the Ministry is recently established, there has been a great progress in providing services. The most notable part of this progress is the redefinition of the vision. As a result of globalization, the understanding of “welfare state” and the concepts of social services and benefits has gained a new context. New types of vulnerable groups are emerging day by day and consequently new institutional and individual models are needed for dealing with new problems recently came into the picture. In this framework, there is a comprehensive expansion in the services provided for the children, families, persons with disabilities, elderly and the relatives of the fallen soldiers and veterans.

With the aforementioned Decree Law, the related institutions, which were previously responsible only for providing services for the persons in need of protection, gained a new mission: to enable the participation of persons belonging to all kinds of vulnerable groups to social life, as productive and healthy individuals.

In order to create a structure that is well-equipped in terms of its target groups, effective, productive, transparent, accountable, focused on the happiness of the service beneficiaries and able to measure, monitor, control and inspect all public institutions providing service in the field of social services and social assistance are combined into a single Ministry.

1.2- Regulatory Amendments

- a) “Regulation on the Identification of the Persons with Disabilities in Need of Nursing and on the Determination of the Procedures of Care Services” (Amended – O.G. 23.10.2007-26679; Amended – O.G. 31.07.2009-27305; Amended – O.G. 21.10.2010-27736) published in the Official Gazette dated 30.07.2006 and numbered 26244.
- b) “Regulation on the Private Sector Care Centres for the Persons with Disabilities in Need of Nursing” (Amended – O.G. 23.10.2007-26679; Amended – O.G. 31.07.2009-27305; Amended – O.G. 21.10.2010-27736) published in the Official Gazette dated 30.07.2006 and numbered 26244.
- c) “Regulation on the Public Sector Care Centres for the Persons with Disabilities in Need of Nursing” (Amended – O.G. 23.10.2007-26679; Amended – O.G. 31.07.2009-27305; Amended – O.G. 21.10.2010-27736) published in the Official Gazette dated 30.07.2006 and numbered 26244.
- d) “Directorate General Memorandum on the Care and Social Rehabilitation Centres for the Children Living/Working in the Streets” dated 03.08.2008 and numbered 2005/7.
- e) “Regulation on the Day-time and at-Home Nursing Services Provided in the Service Centres for the Elderly” published in the Official Gazette dated 07.08.2008 and numbered 26960.
- f) “Regulation on the Protection Care and Rehabilitation Centres; and on the Care and Social Rehabilitation Centres” (Amended – O.G. 08.11.2010-27753) published in the Official Gazette dated 04.09.2009 and numbered 27339.
- g) “Regulation on the General Directorate of Social Services and Child Protection, Care Services and Rehabilitation of the Persons with Disabilities and Services for Family Counselling” published in the Official Gazette dated 03.09.2009 and numbered 27691.
- h) “Memorandum on the Services for Children” dated 07.02.2012 and numbered 15.

2- IMPLEMENTATION

2.1- Services for the Persons with Disabilities

(The details regarding the services provided for the persons with disabilities and implementation in this regard can be found in the National Reports of Republic of Turkey under the Article 15)

The General Directorate of Services for the Persons with Disabilities and the Elderly of the Ministry of Family and Social Policy is responsible for providing the services necessary for identification, protection, care and rehabilitation of the persons with disabilities as well as for facilitating their participation in social life. It is also responsible for implementing constant care services by establishing institutions and coordinating the services for the persons with disabilities who cannot benefit from aforementioned services due to their special conditions.

In this light, individual development and needs are considered as an important factor for sustaining the adaptation and participation of the persons with disabilities to social life. Thus, the efforts are planned in accordance with the skills needed for daily activities and a convenient life. The ultimate goal behind these policies is to provide an opportunity for the persons with disabilities to live their life as self-confident, productive and self-sufficient individuals.

The services for the persons with disabilities are first and foremost planned in accordance with the biological, physical, psychological and social needs of the individuals and principally aim to provide services in their family environment without separating them from their social and physical environment.

The process of the services is initiated either by the application of the person with disability him/herself or by his/her official representative to the Provincial Representations of the Ministry. The care services for the disabled persons are carried out either in the institutions or at home. The care services provided in the official institutions are free of charge.

On the other hand, for the applications refused due to regulatory requirements, the applicants have the right to appeal. Furthermore, reapplication is possible in the case there is a change in the personal conditions.

2.2- Care Services for the Elderly

(The details regarding the services provided for the elderly and the implementation in this regard can be found in the National Reports of Republic of Turkey under the Article 23)

The General Directorate of Services for the Persons with Disabilities and the Elderly of the Ministry of Family and Social Policy is responsible for;

- organization, monitoring, coordination and inspection of the services related with the identification, care and protection of the elderly in strained social and economic circumstances,
- planning, implementing, monitoring and coordinating the activities related with the establishment and extension in accordance with a programme of the nursing homes and the institutions providing similar services for the elderly, in a balanced fashion throughout the country,
- organizing and implementing the activities related with the social protection of the elderly,
- specifying the procedures for the establishment, functioning and inspection of the institutions for the elderly owned by public authorities and real persons or private legal entities; and monitoring, coordinating and inspecting their activities.

Nursing Homes and Elderly Nursing and Rehabilitation Centres are the institutions which provide services for the persons above the age 60, who are in economically dire condition and in need of protection, special care and assistance, in order to protect, care and provide social and psychological needs of the elderly for making them self-sufficient individuals. The elderly persons who have incurable diseases receive inpatient treatment in these institutions.

The services provided for the elderly in these institutions can be summarized as;

- accommodation,
- health care,
- psychological and social support,

- social network service,
- spare time activities,
- nutrition,
- social activities,
- other services.

2.3- Social Services for Families, Women and Children

In order to fulfil the official responsibilities envisaged by the legislation “Child Rights Monitoring and Assessment Council” with the duties of:

- making research and recommendations in the issues related with the protection, putting into practice and development of the child rights,
- assessing the efforts related with activities planned for raising public awareness,
- drafting a strategy paper and action plans,
- sustaining the cooperation and coordination between related institutions.

According to the Memorandum of Prime Ministry on the Council numbered 2012/9 the operational procedures and principles of the Council and the number and the dates of the meetings of the Council will be decided by the Council itself while the secretary services and monitoring and coordination of the implementation of the decisions taken by the Council will be undertaken by the Ministry of Family and Social Policy. Establishment of sub-committees, advisory and permanent or temporary working groups is also legally possible. In this light, the first meeting of the Council was organized on 8 May 2012 with the participation of public institutions and organizations and NGOs under the chair of Ms Fatma ŞAHİN, Minister of Family and Social Services.

2.3.1- Protective/Preventive Family Services

Family Counselling Centres, formerly operating under the organizational framework of (obsolete) General Directorate of Social Services and Child Protection, provided protective-preventive, instructive-informative and rehabilitative services as well as guidance and counselling services for improving the lives and functions of the family, contributing harmonious family relations, strengthening the bonds between family members, securing the happiness, well-being and integrity of the family, supporting the individual development and social cohesion of the family members, and developing the child-bearing skills and knowledge. Similarly Community Centres were providing services for those groups experiencing difficulties in accessing the resources and equal opportunities such as the children, youth, women, elderly and the persons with disabilities. These services are being carried out by the Provincial Directorates of Family and Social Policy within the General Directorate of Family and Contributory Services of the Ministry of Family and Social Services in accordance with the Decree Law numbered 633 and dated 06.04.2011.

Pursuant to the Memorandum of Prime Ministry numbered 2006/17 and titled “Necessary Measures for Preventing Violence against Women and Children and Honour Killings” the efforts for preparing “National Action Plan on the Prevention of Violence against Children” are still going on in accordance with the principal of supporting the children while they are with their families. In this regard a preparatory meeting and a workshop took place in Ankara

on 13-14 December 2010 with the participation of related institutions and organizations. In accordance with the outputs of the workshop an Action Plan has been prepared in such a manner that it includes “targets, actions, timetable, responsible institutions and performance indicators”. The Action Plan has been made public as of late December 2012.

Another important component of sustaining the services for the children is an effective coordination between the different institutions responsible for these services. In this connection, the preparatory work for a software enabling data sharing is continuing in order to develop, accelerate and monitor this coordination.

A new department has been created within the Ministry of Family and Social Policy named Department of Protective Preventive Services with the duties of:

- a) supporting and raising the awareness of the persons responsible for child care in order to enable children to complete their physical, cognitive and social development healthfully while they are together with their families,
- b) taking necessary measures and making arrangements for the care and development of children without estranging them from the social environment they belong to,
- c) creating an environment which keeps all kind of risks that can impair the development of the children, strengthening all kinds of services that support the development of the children qualitatively and quantitatively,
- d) putting into practice the works related with improving the basic living skills of the children and strengthening them against all kinds of risks in coordination with all stakeholders, particularly with civil society institutions.

2.3.2- Services for Women Suffering from Violence

As of December 2011, there are a total 81 shelters/guesthouses providing services for women suffering from domestic violence, 53 of which belong to the Ministry of Family and Social Policy while 28 belong to civil society institutions, district and provincial governorships or local administrations.

Alongside with the shelters/guesthouses, guidance and supporting stations have been established in each of the 81 provinces.

Another important component of fight against the violence towards women is counselling services. In this regard:

- As of December 2011, under the organizational framework of the Ministry of Family and Social Policy;
 - “Family, Women, Children, Disabled Persons Counselling Line”,
 - 48 Family Counselling Centres,
 - 95 Community Centres,
- Counselling Centres of Municipalities for Women,
- Counselling Centres of Civil Society Institutions for Women,
- Counselling Centres of Bar Association for Women,
- 40 Multi-Task Community Centres (ÇATOM) of South Eastern Anatolia Project Development Administration of Prime Ministry

provide service.

Furthermore, 103 “Psycho-Social Support and Crisis Intervention Units” established in the emergency service departments of the hospitals in 51 provinces provide service against domestic violence.

As a requirement of the Law No. 6284, the works related with the establishment of violence prevention and monitoring centres, which employ expert (preferably female) personnel, provide supporting and monitoring services in order to prevent violence and to implement protective/preventive measures, operate in 7/24 basis and principles and basics of which designated by a regulation, are being carried out.

2.3.3- Services for Children in Need of Protection

Access to social services is a right enjoyed by all of the Turkish citizens. Pursuant to Law on Child Protection numbered 5395, citizens have additional responsibilities in terms of access to this kind of services. Furthermore, the applications made through the telephone line (ALO 183) and the news on media is regarded as official notification. Thus, providing of the services turns out to be focused on the supply side rather than demand side. In this respect, the various projects and works for speeding up the process are in progress.

All interests of the children, for whom care or protection order has been given and who are under protection and care in the institutions, are protected and necessary legal actions are taken when required. In this process, the needs of these children regarding social services are evaluated and they are provided with the most appropriate service model. All of these services are provided free of charge and the families of the children who are endorsed to return to their homes are economically and socially supported in case of a need. The needs of each province are evaluated in terms of the services for children and the necessary investments are made in a balanced fashion.

2.3.4- Homestay Care Services

The fundamental policy of the Ministry of Family and Social Policy is to make the children enjoy the family based care services. The children are primarily supported while they are with their birth families or relatives, in their own provinces or regions within the institutions. If this is not possible, firstly the ways for adoption are tried to be found in order to present a permanent and health family environment. If this is also not possible, then foster family services are considered. In cases when the care of the children while they are together with their families is prejudicial or impossible, these children are placed in the children’s or affection homes which provide household institutional care services.

As a requirement of the Decree Law no. 633, the social and economic support services carried out by the Homestay Support Services Department of the General Directorate of Child Services are provided by countrywide 81 provincial and 35 district directorates as an alternative to institutional care services for the persons in need of protection, assistance and care. The persons and children, who apply for institutional care services due to economic inadequacies, are supported with social benefits while they are together with their families in order to protect the unity of the families.

Article 2 (g) of the aforementioned Decree Law calls for “*the strengthening of the families with the help of education, counselling and social benefits in order to raise and support children primarily while they are together with their families*” and the Article 8 (a) and (b)

provide for the composition of protective, preventive and formative children services and policies.

2.3.5- Services for the Juveniles Driven to Crime and Juvenile Victims of Crime

Law no. 5395 requires the establishment of care and sheltering units as an alternative to children homes and orphanages in order to enable juveniles driven to crime and juvenile victims of crime to be socially adapted, reintegrated and rehabilitated. For this purpose, as a new model of service Protection Care Rehabilitation Centres for the juveniles driven to crime and Care and Social Rehabilitation Centres for juvenile victims of crime have been established in various provinces.

Within the Protection Care and Rehabilitation Centres, juveniles determined to be pushed to crime are protected and provided with care services temporarily until their rehabilitation process is completed in order to overcome behavioural disorders. In this process, the efforts are mainly concentrated on the reformation of the relations of the juveniles with their families, close environment and society. These centres, which are organized for girls and boys separately and are subject to the Ministry of Family and Social Policy, are established in the provinces with university hospitals.

The complicated nature of the juveniles receiving service in these centres necessitates the services provide to be qualified and sufficient. To that end, these centres are being reorganized for providing better qualified services in accordance with the needs of these children who have traumatic life stories.

Within this framework;

- The services are being modernized in accordance with the international standards and the conditions of the country;
- Institutions are specialised with respect to the type of the crime and abuse and in accordance with the needs of the juveniles in terms of their age and gender,
- Physical structure and the security of the service buildings are being restructured in line with the type of the services;
- For the juveniles entering into the child protection system are being classified in terms of appropriate service model and stage;
- Rehabilitation programmes are primarily constituted child and family oriented in order to reintroduce these juveniles into the family and society.

2.3.6- Services Provided for the Unaccompanied Asylum-Seeker Children

Kadıköy Yel Değirmeni (windmill) Child and Youth centre has been providing services for the unaccompanied children who entered into Turkey via unregistered means of migration. These children are delivered to the institution by the security officials after they are registered. The majority of the children receiving service is male and in the 13-18 age group.

2.3.7- Services Provided by Child and Youth centres for the Children Living and/or Forced to Work in the Streets

Child and youth centres are the live-in and day-care social service institutions which were established in order to secure the rehabilitation and reintroduction of the children and youth

forced out to live or to work in the streets into the society. Furthermore, psychologically and socially supportive and awareness-raising works oriented for the parents of the children living and/or forced to work in streets are being carried out. The families who are in economic poverty are canalized to the opportunities of economic and social services and benefits. On the other hand, should the return of the children to their family is confirmed to be possible; works are concentrated to the cohesive life of them with their families. There are also society-oriented efforts for raising the social awareness and sensitivity. Within this scope, various activities are organized on every 12 June “World Day Against Child Labour” in the provinces which have Child and Youth Centre for advertising the services provided by related institutions, informing the characteristics of the children living in and/or forced to work in the streets, encouraging the voluntary contribution and participation to the services and raising the awareness on the damages of the child labour. Furthermore, measures are taken in order to reintroduce the children into the society and to prevent them from returning back to the streets in accordance with the “Model of Service for Children Living in and/or Forced to Work in the Streets” (Memorandum of the Prime Ministry, 2005). Areas of responsibility and duties of the related institutions are determined and the coordination between these institutions is ensured. Model is put into practice primarily in Istanbul, Ankara, Izmir, Antalya, Diyarbakir, Adana, Mersin and Bursa which are specified as the most problematic provinces in terms of this problem. However, the works in order to widen the scope and coverage of this Model throughout the country are being carried out.

2.3.8- Children-oriented Social Service Institutions

(The details regarding the institutions providing services for the children can be found in the National Reports of the Republic of Turkey under the Article 7 and 17)

- a) Children’s Homes
- b) Orphanages
- c) Affection Homes
- d) Protection, Care and Rehabilitation Centres
- e) Child and Youth Centre

3- STATISTICS AND OTHER INFORMATION

Statistical data regarding access to social services in Turkey is below (Source: Ministry of Family and Social Services):

Table 14-4: Statistical data regarding the application of care services provided for persons with disabilities

Years	The increase in the number of persons with disabilities provided with care in their residences within the scope of Home-care Services	The increase in the number of the persons with disabilities in need of care provided with care services in the Special Care Centres	The increase in the number of Special Care Centres
2006	56	-	-
2007	30,638	351	10
2008	120,000	768	20
2009	210,320	2,144	44
2010	284,595	4,331	77
2011	352,859	6,872	104

Table 14-5: Statistical data regarding the social and economic supports for the children within the scope of returning to family and support services while they are with their family

Years	The number of the children in need of protection who are supported while they are with their families		The number of the children supported with protection decision		Amount of the budget used (TL)
	Girls	Boys	Girls	Boys	
2008	8,842	9,239	1,950	3,266	59,269,506.00
2009	11,085	11,140	1,942	3,191	78,421,542.00
2010	13,392	13,275	2,086	3,181	94,804,977.00
2011	17,700	17,539	2,078	3,287	140,736,482.00

Table 14-6: Statistical data regarding the children provided with services in the Protection, Care and Rehabilitation Centres

Protection, Care and Rehabilitation Centres

Years	Number of the Establishment	Number of the children provided with services
2008	6	95
2009	6	123
2010	7	117
2011	9	19

Table 14-7: Statistical data regarding the children provided with service

es in the Care and Social Rehabilitation Centres

Care and Social Rehabilitation Centres		
Years	Number of the Establishments	Number of the children provided with services
2008	10	123
2009	18	275
2010	23	417
2011	29	431

Table 14-8: Statistical data regarding the children provided with services in the Children and Youth Centres

Children and Youth Centres		
Years	Number of the Establishments	Number of the children provided with services
2008	37	10,778
2009	38	8,756
2010	38	8,934
2011	37	8,424

Table 14-9: Statistical data regarding social and economic supports

Years	Number of the persons received support	Amount of the budget (TL)
2008	30,909	59,269,506TL
2009	35,756	78,421,542 TL
2010	35,298	94,804,977 TL
2011	41,778	140,736,482 TL

Table 14-10: Statistical data regarding the foster family services

Years	Number of the foster families	Number of the children settled in foster families		
		Girls	Boys	Total
2008	1,025	728	375	1,103
2009	1,032	750	405	1,155

2010	1,085	765	462	1,227
2011	1,190	790	492	1,282

Table 14-11: Statistical data regarding the care services for the elderly (inpatient)

Years	Number of homes for the elderly	Capacity	Number of the elderly persons
2008	79	8,002	6,773
2009	81	8,126	7,220
2010	97	9,260	7,979
2011	102	9,783	8,594

Note: A total number of 862 elderly persons (513 women and 349 men) still wait in line for being accepted to a home for the elderly. The main reasons behind this are their preference for single room, regional choices, demand for staying in their hometown etc. So it is not possible to accommodate these persons in available homes in other provinces.

By the way the specific data related with the elderly persons that receive service in our homes for the elderly persons are as follows:

- Total number: 10,525
- 39% (4,104) female – 61% male (5,368)
- 49% (5,157) cost free – 51 % paid (5,368)
- 67% (7,052) in homes for the elderly – 33% (3,473) receiving special care service

Table 14-12: Total number of unaccompanied asylum seekers (2011)

Province	Name of the Institution	Number of unaccompanied children
Aksaray	Ömer Kaşif Nalbantoğlu Yetiştirme Yurdu	8
Amasya	Yetiştirme Yurdu	9
Amasya	Kız Yetiştirme Yurdu	1
Ankara	Gazi Yetiştirme Yurdu	4
Ankara	Atatürk Çocuk Yuvası ve Kız Yetiştirme Yurdu	2
Burdur	Yetiştirme Yurdu	1
Çanakkale	Biga Yetiştirme Yurdu	1
Çorum	Sevgi Evleri Erkek Yetiştirme Yurdu	1
Denizli	Yetiştirme Yurdu	4
Edirne	Yetiştirme Yurdu	2
Elazığ	Elazığ Sevgi Evleri Ç.Y.ve KYY.(0-12)	2
Eskişehir	Yetiştirme Yurdu	3
İstanbul	Çocuk ve Gençlik Merkezi	233
Isparta	Yetiştirme Yurdu	13
K.Maraş	Kahramanmaraş Ç.Y (0-12)	10
Kastamonu	Yetiştirme Yurdu	6
Kırklareli	Yetiştirme Yurdu	3
Siirt	Yetiştirme Yurdu	1
Sivas	Yetiştirme Yurdu	3
Tokat	Yetiştirme Yurdu	3
	TOTAL	77

Table 14-12: The number of the personnel employed by General Directorate of Turkish Employment Agency for social services

Years	Title	Institution	Number of Personnel
2008	Psychologist	Department of Workforce Harmonization	3
2009	Psychologist	Department of Workforce Harmonization	3
		Ankara	2
		Antalya	1
		Bursa	1
		İzmir	1
		İstanbul	1
2010	Psychologist	Department of Workforce Harmonization	3
		Ankara	3
		Antalya	1
		Diyarbakır	1
		Eskişehir	1
		Mersin	1
		İstanbul	1
		İzmir	1
		Kocaeli	1
		Konya	1
		Sakarya	1
		Samsun	1
2011	Psychologist	Department of Occupational Counselling	3
		Ankara	1
		Bursa	1
		Diyarbakır	1
		Eskişehir	1
		Kocaeli	1
		Sakarya	1
		Samsun	1

Those psychologists work in coordination with the other personnel in order to determine the National Occupational Standards and Qualifications in the Department of Occupational Counselling and in the Turkey Branch of Euroguidance as well as in the field application of the guidance and counselling services.

Furthermore, 2,600 covenanted Occupational Counsellors have taken office in the year 2012. They have been employed in each of the 81 provinces of Turkey in accordance with the

quotas of the provinces with respect to the population of the province, number of the unemployed, private sector firms, workers, open jobs and applicants to the unemployment insurance fund.

The social services provided by the Ministry of Justice in accordance with the Law on the Establishment, Responsibilities and the Rules of Procedures of Family Courts No. 4787 and Law on Child Protection No. 5395 are carried out by the experts serve at the family and juvenile courts.

.....
B- RESPONSES TO THE FURTHER INFORMATION REQUESTS AND CRITICISMS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

1- Information on the reforms and measures provided for establishing a general system of social services

With the establishment of the Ministry of Family and Social Policy, forming a policy for the women, children, family and the disadvantaged groups has been put into the agenda of the Ministry. Specifically, the works for building up a single application of social benefits and services has been in progress. Under the coordination of the Ministry, a workshop on “Social benefit and social services application in Turkey” was carried out with the participation of all related partners and thus the efforts for a new law have been accelerated.

2- Information on how decisions on the provision of social services are taken

2.1- Care services for the elderly

a- Homes for the Elderly

The conditions for benefitting from the Homes for the Elderly connected with the General Directorate of the Services for the Disabled and the Elderly are as follows:

- Being 60 or above years old,
- Not having a serious health problem preventing the individual needs, being able to handle the daily life activities individually,
- Not suffering from mental disorders,
- Not having an infectious disease,
- Not having an alcohol or drug dependency,
- Proving the economic and social deprivation situation with a social inspection report.

b- Elderly Care and Rehabilitation Centres

- Being 60 or above years old,
- Being in need of temporary or permanent special care, support, protection and rehabilitation due to physical and mental disorders,
- Not suffering from mental disorders,
- Not having an infectious disease,
- Not having an alcohol or drug dependency,
- Proving the economic and social deprivation situation with a social inspection report.

Admittance process of the elderly persons in emergency situation whose conditions are informed by the local authorities, headmen, law enforcement officers, municipalities, other

public institutions and the citizens to the provincial directorates start immediately. On the other hand the news on the media is also acknowledged as official notification.

c- Elderly Service Centres

The elderly person living in their own houses that are above 60 years of age, and do not suffer from mental disorders or infectious disease or disability can benefit from services provided by the centres of the Ministry. Not having an alcohol or drug dependency and proving the economic and social deprivation situation with a social inquiry report are also required for these services.

d- Private Homes for the Elderly

Necessary conditions in order to benefit from the private sector homes for the elderly received permission from the General Directorate are as follows,

- Being 55 or above years old,
- Not having a serious health problem preventing to handle individual needs,
- Being able to handle the daily life activities individually,
- Not suffering from mental disorders,
- Not having an infectious disease,
- Not having an alcohol or drug dependency.

2.2- Care services for the Persons with Disabilities

As part of the Regulation on the Care, Rehabilitation and Family Counselling Services for the Persons with Disabilities, local authorities, health institutions, village headmen, law enforcement officers and municipal police officers can notify about the disabled person in need of care and rehabilitation services to the provincial and district directorates. Besides, other public institutions and organizations, citizens and the relatives of the persons with disabilities and the disabled persons themselves make the notification. After the notification, a preliminary interview with the persons who made the notification takes place in the related institutions. If necessary a claim form is drew up.

The related inquiry regarding the institutional inpatient care application of the persons with disabilities is under the responsibility of the provincial or district directorates which suppose drafting a social inquiry report. And after all, the provincial or district directorates initiate the required applications in accordance with the social inquiry report and the related legislation by gathering required information and documents.

On the other side, the priorities considered by the different social service provider institutions for the decisions and application of services are as follows:

- Children who returned back to their families while they are under a protection order,
- Children for whom a protection order is demanded and cancelled due to the in-kind or cash benefits and thus being raised by their families,
- Youngsters with protection order who left the orphanages due to age limitations,
- Persons between 60 and 65 years of age who are in need of protection due to social or economic deprivation but cannot benefit from the Law No. 2022.

3- Information on access to social services for nationals of other State Parties

If the nationals of foreign countries holding an official residence permit apply to a Home for the Elderly, it is possible to transmit their application International Social Service (ISS). And in order to learn if he/she has children or relatives in his/her home country, in what

conditions, with whom and where he/she lived before coming to Turkey and the address and the income of their relatives, a Social Inquiry Report is required to be compiled. The application of these persons is evaluated in accordance with the individual conditions of them indicated by the report.

Asylum seeker and/or refugee unaccompanied children, in line with the Memorandum No. 2010/03 of (obsolete) General Directorate of Social Services and Child Protection, are enabled to benefit from the live-in social service institutions and from the counselling services in accordance with their conditions by the Ministry of Family and Social Policy.

4- Information on services which are free of charge for users

4.1- Elderly Persons

Elderly persons, who do not have any relatives legally obliged to look after (in case they have, the ones who do not have necessary economic means) and do not receive old age or survivor pension from social security institutions and who do not own any real estate property (in case they own, the ones who do not have a sufficient income), benefit from the Homes for the Elderly and from the Elderly Care and Rehabilitation Centres free of any charge. On the other hand, the services for socially deprived elderly persons, who are economically well-suited, are paid.

Elderly persons, who receive pension as a consequence of the Law on Providing the War of Independence Medal Holders Honorary Pension for their National Service, can benefit from these services together with their spouses free of any charge if they do not have any other source of income.

Furthermore, the elderly persons who are provided with pension in line with the Law on Payment of Pension to the Old Aged Persons (65 years old and over) who are Destitute No. 2022, are accepted to these institutions free of any charge. In addition to these, the elderly persons getting care services in these institutions are provided with clothing for a certain period by the General Directorate.

On the other hand, private sector Homes for the Elderly and the Care Centres are required to provide free of charge services for 5% of their capacity. These persons are determined by the Ministry of Family and Social Policy and the costs of these persons are covered by the private institution. However the clothing needs of these persons can be covered by Social Assistance and Solidarity Foundation upon application.

4.2- Persons with Disabilities

The services provided for the persons with disabilities by the Centres for Disabled Persons are free of any charge. But, the relatives of the persons with disabilities receiving permanent care services in the care and rehabilitation centres shall pay subsistence money if they are economically in good shape.

4.3- Children

Benefitting from the services provided by Private Nursery and Day Care Centres and of the Private Children Clubs free of any charge, is a service developed in accordance with the philosophy of the General Directorate of Child Services as a protective and preventive service model. Accordingly, the children of the families in dire conditions receive care and education services free of any charge in line with the 27th Article of the Regulation on Private Nurseries and Day Care Centres. In accordance with the aforementioned Regulation, Private Nurseries and Day Care Centres, which can only become operational with the official permission of the

General Directorate, reserves 5% of their capacity (2 children minimum) for these free services.

- Children of the families in dire economic conditions,
- Orphans being raised by a relative in dire economic conditions,
- Children being raised by a single parent in dire economic conditions,
- Children of the women staying in the Shelters for Women of the Ministry,
- Children under the protection of the Ministry of Family and Social Policy institutions,
- Children of the convicted women in prisons,
- Children of martyrs and disabled war veterans,
- Children of the persons with disabilities in dire economic conditions

can benefit from these services

Table 14-13: Number of the Children (0-14 age group) benefitting from the free care services provided by Private Sector Nurseries and Day Care Centres and by Private Child Clubs, 2012

Number of the children of the families in dire economic conditions	172
Number of the orphans being raised by a relative in dire economic conditions	30
Number of the children being raised by a single parent in dire economic conditions	874
Number of the children of the women staying in the Shelters for Women of the Ministry	27
Number of the children of the convicted women in prisons	15
Number of the children of martyrs and disabled war veterans	11
Number of the children of the persons with disabilities in dire economic conditions	18
TOTAL	1,147

5- Information on the staffing of social services

Information on the number and qualities of the personnel employed for social services is provided below:

Table 14-14: Distribution of the personnel by service units and types of institution in the provincial organization, October 2012

Service Unit	Institution	Number of Personnel
General Directorate of Child Services	Day Cares	2,144
	Child and Youth Centres	250
	Nurseries and Day Care Centres	0
	Orphanages	1,375
	Orphanages for Girls	474
	Social Rehabilitation Centres	150
	Protection, Care and Rehabilitation Centres	40
G. D. of the Services for the Persons with	Senior Homes	545
	Elderly Care and Rehabilitation Centres	1,077
	Rehabilitation Centres	756

Disabilities and the Elderly	Family Counselling and Rehabilitation Centres	395
G. D. of Family and Community Services	Community Centres	265
	Family Counselling Centres	109
G. D. on the Status of Women	Shelters for Women	95
Directorate of Strategy Development	District Directorates of Social Services	2,282
	Provincial Directorate of Social Services	104
TOTAL		10,061
Vacant Jobs		3,778
FINAL TOTAL		13,839

Table 14-15: Distribution of the personnel by service units in the headquarters of the Ministry, October 2012

Service Unit	Total
Department of Supervisory Services	84
Advisory Unit for Legal Affairs	29
Department of Strategy Development	49
Department of Fallen Soldiers' Families and Veterans	11
Department of European Union and External Relations	9
Department of Education and Publication	8
IT Department	45
Department of Personnel Affairs	80
Department of Support Services	132
Advisory Unit for Press and Public Relations	5
Cabinet	99
General Directorate of Family and Community Services	70
General Directorate of Child Services	209
General Directorate on the Status of Women	59
General Directorate of the Services for Persons with Disabilities and the Elderly	140
General Directorate of Social Assistance	62
TOTAL	1,091

Table 14-16: Information on the personnel employed by the Private Nurseries and Day Care Centres and by the Private Children Clubs, 2011

Title	Number of the Personnel
Unit Supervisor	4,692
Nursemaid	1,756
Auxiliary Staff	2,750
Hourly Branch Personnel	468
TOTAL	9,666

Article 14 – Paragraph 2

to encourage the participation of individuals and voluntary or other organizations in the establishment and maintenance of such services.

Scope of the provisions as interpreted by the European Committee on Social Rights (ECSR)

States party are required to support the voluntary sector (non-governmental organizations and other associations), private individuals, and private firms seeking to establish social welfare services. public and private services must be properly coordinated, and equal access and efficiency must not suffer because of the number of providers involved. Effective preventive and reparative supervisory system must also be in place.

A- DEVELOPMENTS IN THE REPORTING PERIOD

1- LEGAL FRAMEWORK

1.1- Revisions and reforms in the related legislation

The participation of the individuals and voluntary organizations to the establishment and maintenance of such services is foreseen in the Decree Law No. 633. In this context the tasks assigned to the Ministry of Family and Social Policy are as follows:

- a) to identify principles, methods, and standards for providing social services and assistance activities by governmental bodies and institutions, voluntary organizations, natural and legal persons, develop qualities that governmental bodies and institutions need to employ and programs guiding these qualities,
- b) to carry out inspection of social services and assistance activities by governmental bodies and institutions, voluntary organizations, natural and legal persons, and ensuring their compliance with predefined principles, methods, and standards.

With the Decree Law No. 633, rendering the social assistance and social service in a modern regime and structure in line with the global and national developments and experiences of various countries is aimed. In the light of this insight and related international conventions, a new service policy and an accordingly structure, which based on human rights and enables the voluntary contribution and participation of the community and which allows for the supervision of the civil society in addition to the supervision of the central authority, are envisaged. The new regime and structure, which can be defined as good governance principles, aim the transition from input-oriented and self-oriented model to a result-oriented

and citizen-oriented model. The new regime is designed to be participative, proactive and future-oriented.

2- IMPLEMENTATION

Pursuant to the Decree Law No. 633, a new initiative has been started in order to revise all existing regulation and this initiative is still in progress.

3- STATISTICS AND OTHER INFORMATION

3.1- Persons with disabilities

Applications of the persons for rendering voluntary service in the Centres are evaluated within the scope of the Regulation on the Care, Rehabilitation and Family Counselling Services for the Persons with Disabilities. The working procedure and principles of these volunteers are determined by the social service staff in accordance with their analysis and evaluations and supervised by the related legislation prepared by the General Directorate. In this framework, the voluntary activities are monitored and coordinated by the Provincial Directorates within a certain system.

3.2- Elderly persons

160 Private Homes for the Elderly (owned by the associations, foundations, minority groups, private and legal persons) with a total capacity of 9,291 persons, and 22 Homes for the Elderly (providing service subject to other ministries and municipalities) with a total capacity of 1,975 persons render services within the scope of Regulation on the Private Homes for the Elderly and Elderly Care Centres.

The total number of the private and public Homes for the Elderly is 289 with a total capacity of 23,539 persons (Source: Ministry of Family and Social Policy).

3.3- Children

Table 14-17: Number of the private sector institutions providing service within the framework of Regulation on Establishment and Functioning of the Private Nurseries and Daily Care Centres and of the Private Children Clubs, 2011

Private Nurseries and Day Care Centres				Private Nurseries and Day Care Centres and the Children Clubs		Private Children Clubs	Total
0-2 age	3-6 age	0-6 age	Total	3-14 age	0-14 age	7-14 age	
8	1,176	272	1,456	111	33	39	1,639

Table 14-18: Number of the children benefitting from the above mentioned institutions, 2011

Private Nurseries and Day Care Centres			Children Clubs	Total Number of the Children	Total Capacity
0-2 age	3-6 age	0-6 age Total	7-14 age		
6,359	44,195	50,554	1,812	52,366	95,608



B- RESPONSES TO THE FURTHER INFORMATION REQUESTS AND CRITICISMS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

1- Information on the procedures to be followed by non-public service providers and the requirements they must satisfy to be allowed to offer their services

In accordance with the Regulation on the Special care Services for the Disabled Persons in Need of Care, the natural persons or legal identities intending to begin a centre, shall apply to the provincial directorates with a petition including information on the name of the centre, the group of disabled persons intended to provide service, the timing of the services (daily or in-patient) and the address of the service building together with the necessary documents identified in the 8th and 9th Article of the aforementioned regulation. Then, three staff members are assigned with the duty of examining the physical conditions of the service building on-site and evaluating the documents on-paper. A protocol is prepared on the condition that the service building, and the founder and the executive manager of the centre are approved after the examinations and handed over to the founder of the centre in order to initiate other necessary transactions and finalization of the dossier.

In accordance with the Regulation on the Rules for the Establishment and Functioning of the Private Nurseries and Daily Care Centres and the Private Children Clubs, transactions related with the establishment, functioning and inspection of the aforementioned institutions are carried out by the General Directorate of Child Services. The procedures and the stages for the establishment of these institutions are as follows:

The persons intending to establish such an institution apply to the Provincial Directorates of the Ministry of Family and Social Policy with a petition including exact information on the address of the service building and deliver the Building Use Permit/Occupancy Permit to the same institution. Staff members carry out an on-site examination for the service building in order to determine whether the related buildings satisfy the criteria. After this stage, applicants are required to deliver the necessary documents and to meet the conditions identified in the mentioned regulation. The applicants are given the Establishment Warrant on the ground that they satisfy the conditions. Then, the applicants shall deliver the necessary documents stated in the regulation to the provincial directorate within three months in order to obtain Establishment Permit. During this period the registration to the institution is not allowed. In the event of the delivery of the necessary documents and meeting the conditions,

the institution can begin to provide service with the proposal of the provincial directorate and approval of the governorship.

The conditions identified in the regulation are as follows:

- Building Use Permit/Occupancy Permit,
- Positive report of the fire department,
- Positive report of the Provincial Directorate of Environment and urban Planning,
- Location of the building shall not be in a position that poses danger for the children, such as the inflammable and/or explosive matter storages,
- The physical decoration and organization of the building have to be designed in line with the special requirements of the children,
- Separate sections for playing, sleeping, crawling and diaper changing purposes for 0-2 age group, for playing, activity and sleeping purposes and a garden for 3-6 age group, for sleeping, resting and studying purposes and a garden for 7-14 age group have to be reserved,

Furthermore, the personnel to be employed in these institutions have to present their criminal records and medical report before their employment. The managers of these institutions have to hold associate/undergraduate degree on social services, child development, pre-school education or psychology, whereas unit supervisors have to be received education on child developments. Nursemaids are also expected to hold certificate on child care.

“Programme for the Nurseries” and “Programme for the Pre-school Education” of the Ministry of National Education are followed in these institutions, for 0-2 and 3-6 age groups respectively.

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 organisations, 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.

DEVELOPMENTS WITHIN THE REPORTING PERIOD

1- Changes and Reforms in the Framework of the Relevant Legislation

The legislation regarding to social protection of elderly persons in Turkey is stated below. Primarily, in the 10th article of the Constitution of the Republic of Turkey is written that the measures for elderly persons can not contradict the principle of equality. And the 61st article says that “The elderly persons shall be protected by the state. State assistance to the elderly persons, and other rights and benefits shall be regulated by law”.

1.2 The Turkish Civil Law

The decision of restrictions in order to protect the rights of elderly persons is regulated in the Turkish Civil Law through the amendments in 2011. The actual regulation is stated below:

“Article 408- Every major, who proved that she or he could not manage her or his works as required because of his or her old age, disability, inexperience or serious disease may request to be interdicted”

1.2 Law on Social Services

Regulations on social services for elderly persons in need of protection care and assistance are in the Code on Social Services and Children Protection Agency No. 2828. Besides, the services for elderly persons were recomposed by additional articles in the Code on Social Services. These regulations are made for the benefit of the elderly persons. The relevant articles in this code are stated below.

“Aim:

Article 1 – The purpose of this law is that; make the basis and procedures for social services or the institutions which are established for carrying out the social services for family, child, disabled or elderly persons in need of protection, care and assistance.

“Definitions:

Article 2 –

e) “Dependent elderly person” a person suffering from social and economic deprivation who is in need of protection, care and assistance,

f) “Rest homes” social service boarding facilities established with the aim of protecting and caring the dependent elderly persons in a peaceful environment and meeting their social and psychological needs”

12. (Additional 01/02/2007-5579/1 article) “Center of services for elderly persons” facilities established for providing daily care services and services in their own houses with the purpose of enhancing the quality of life for elderly persons.

15. (Annex: 11/10/2011- Decree law No.662/article 10) Center for Social Services consists of institutions which provide daily care social services responsible for making social work intervention and its follow up after determining people in need of help; providing protective, preventive, supportive and improving services and guidance and counselling services all together and in an easily accessible way to children, young, elderly woman, man and their families ,if necessary ,in cooperation with public institution , local authorities, universities, nongovernmental organizations and volunteers and responsible for coordination of such services.

General Principles:

Madde4-

c) In the implementation of social service programs is given priority to children in need of protection, dependent persons with disabilities and dependent elderly persons.

l) The related intuitions take necessary measures in order to make needy, disabled and elderly persons' life healthy, peaceful and safe, and in order to make dependent disabled persons be self-sufficient and productive individuals in the society. They also take all kind of measures in order to provide permanent care and treatment for persons with irreversible disabilities or illnesses.

Detection and Investigation

Article 21- The institution has the mission of detection and investigation of families, children disabled and elderly persons in need of care, help, protection and social services.

Local public authorities, health care facilities, village headmen, police forces and municipal police officers are responsible for giving information about related persons to the institution and cooperating with the institution regarding to their investigations.

Other issues about disabled, elderly and other persons in need of protection care and help:

Article 26 - Detection and investigations of families, disabled children, elderly and other persons in need of protection, care, and help and principles of benefits of social services have to regulated with directives.

1.3. Statutory Decree on the Organization and Duties of the Ministry of Family and Social Policies

In the aim of promoting the participation of elderly persons in social life effectively and without being exposed to any discrimination by preserving them against any obstacle, negligence and exclusion and ensuring the cooperation and coordination between the related institutions and IGOs the Ministry of Family and Social Policies was established in the year 2011.

The articles of the Statutory Decree No.633 in context of elderly persons are indicated below. Through the Decree No. 633 is as the first settlement in the rank of the General Directorate of Disabled and Elderly Persons constituted. The articles in the framework of elderly persons are noticed in the mentioned Decree as follows:

“Article 2- Duties

d) In accordance with the aim of ensuring that disabled and elderly persons can participate in social life effectively and without any discrimination -against any obstacle, negligence and exclusion-; coordinating the detection of national policies and strategies and carrying out the activities on social services and benefits for disabled and elderly persons, in this context, ensuring the cooperation and coordination between the related public foundations /institutions and voluntary institutions.

g) First of all, with a view to bring up the child within the family and to support the child fostering the family through education, consultancy and social benefits; the detection of children, woman, disabled and elderly persons in need of protection;, to accomplish the tasks of necessary services in the framework of the protection, support, bringing up and rehabilitation of these persons; in the context of these services, to constitute and operate daily social service institutions and social service institutions with the facility of accomadation.

Article 10- The duties of the General Directorate of Disabled and Elderly Persons are as follows:

a) Carrying out the activities of the Ministry for disabled and elderly persons in context of protective, preventive, educative, improving, guiding and rehabilitating social services.

e) Coordinating the works of determination of nationwide policies and strategies in the framework of social services for elderly persons; the application, monitoring and evaluation of the application of the defined policies and strategies.

f) Setting out the patterns of social services for elderly persons.

g) Establishing the needed basal mechanisms for that the elderly and care requiring disabled persons can lead their life without having to depart from their homes or social environment and the standardisation and monitoring/supervising of the existing mecahnism’s application.

ğ)Foundation of mechanisms in context of the social integration of elderly persons, regaining their status and roles, enhance their effectivity, efficient use of their leisure time.

h) Determination of principles, methods and standards regarding social service activities of public foundations/institutions and voluntary institutions for disabled and elderly persons and to provide for compliance to them.

The Ministry of Family and Social Policies fulfil tasks in context of elderly persons in the framework of 4 regulations, these are indicated below:

- a) Regulation on Nursing homes and Nursing home-Elderly Person's Care and Rehabilitation Centers,
- b) Regulation on services of daily care and services with the facility of accommodation at Service Centers for Elderly Persons,
- c) Regulation on nursing homes Operated by Other Public Foundations and Institutions,
- d) Regulation on Private Nursing-homes.

During the reporting period the Regulation on Services for Elderly Persons of Daily Care and Services for Elderly Persons with the Facility of accommodation at Centers for Elderly Persons was prepared and entered into force after being published in the Official Gazette no. 26960 dated 07.08.2008.

2- Measures Taken for the Application of the Related Legislation

In our country is the Ministry of Family and Social Policies competent for the tasks of social benefits and services for elderly persons. The Ministry is performing within the framework of its first priorities of keeping pace with the changing, developing world and our country's conditions, extending of services for elderly persons, improving the quality of the services, providing the service accessibility, developing new alternative services the tasks -through General Directorate of Disabled and Elderly Persons- stated below.

- a) The organization, coordination and pursuance of services in context of detection of elderly persons in poverty, their care and protection,
- b) The planning, implementation and pursuance and coordination of application of activities in context of establishment of equable and needs meeting nursinghomes and corresponding social service institutions country-wide and the extension of them within the framework of a specific program,
- c) The organization and arranging for accomplishment of activities of the protection of elderly persons within the society,
- d) The tasks of detection of principles in context of launch, activity and supervision of institutions -founded by natural persons and legal identities in context of private law and by public institutions- for elderly persons and the guidance, pursuance of practice, coordination and supervision of this principles.

2.1-National Plan of Action on the Situation of Elderly Persons in Turkey and Ageing

The works on problems of ageing has been accelerated in Turkey after the 2nd World Assembly on Ageing organized in Madrid in 2002. It has been accomplished the document of "The National Plan of Action on the Situation of Elderly Persons in Turkey and Ageing",

which reflects the situation of elderly persons in Turkey and includes the aims applicable in short, middle and long terms and the far-reaching activities for achieving this aims.

“The National Plan of Action on the Situation of Elderly Persons in Turkey and Ageing” prepared within the framework of the Madrid Plan of Action, has been adopted by the Decision dated 01.03.2007 of the State Planning Organization of the Turkish Prime Ministry.

Through the National Plan of Action is the actual situation of elderly persons analysed and actions on ageing are set. With the analyses of the actual situation it has been stated Turkey’s profile and demographic structure, it has been analyzed the situation and development of the elderly population, the offered services for elderly persons, the implemented politics and international commitments. Within the part including the actions, it is under the titles of “Elderly People and Development”, “Providing Health and Security in Old Age” and “Provide Places which Offer Opportunities and which are promotive for Elderly Persons” the actual situation of practices analyzed and the needed actions are proposed.

Beginning from this date, is made in concern with the abrogated State Planning Organization and the abrogated Turkish Social Service and Children Protection Institution the “National Ageing Implementation Draft Program” for the purpose of implementing the actions mentioned in the National Plan of Action and of determining the first priorities between these actions. This draft will be from the year of 2012 send to foundations and institutions to be evaluated effectively by public and private sector and non-governmental organisations.

2.2- Care Services Strategy and Action Plan

The Care Services Strategy and Action Plan prepared with the aim to increasing the quality of life of persons in need of care and their families, the aim of accessibility of services for everybody and that they are more comprehensive, of higher quality and financially sustainable has been the adopted through the Higher Planning Council’s Decision dated 31.12.2010 and with the no. 2010/44 and has been published in the Official Gazette dated 19 January 2011 and no. 27820. The tasks of “Carrying out works in framework of establishment of a care assurance system“ -which is the care Services Action Plan’s fifth priority- has been fulfilled by the General Directorate of Disabled and Elderly Persons. Within the context of these tasks are;

- The method of financing of care determined,
- The actuarial calculations carried out,
- The duties of specification of the actors in the system is already going on and it also in this context has been prepared a draft report.

2.3- The Ninth Development Plan

One of the articles adopted within the Ninth Development Plan covering the period between 2007 and 2012 is pertaining to elderly persons. In the Plan is adopted to “support personal care at home and in regard to institutional care increase the number and quality of nursing homes.”

In the government program of the year 2008 prepared by the State Planning Organization (abrogated), in line with the aim of procuring social benefits to the one actually in need, is adopted to grant consistently social benefits to the poor community composed of people like elderly and disabled persons and children, who do not have the opportunity of work and to

develop such benefits. In the mentioned program of the year 2008 it is emphasized that either to give preference to care service at home whereby the person will not be separated from her/his social and physical environment and in the case it is not possible, to ensure that the institutional care will be provided in the optimal way and or in this framework it is needed to increase the quality of nursing homes.

Whereas in the government program of the year 2010 it is determined to support alone living elderly persons in their works like domestic cleanup, daily care, shopping and to extend such services already provided by the municipalities. Furthermore it is repeated the decision of extending the quantity and quality of institutions where it is provided daily care services and care services with the facility of accommodation.

Through the government program of 2011 it is decided to conveying social transfers to the target group and to increasing the income of those persons below the poverty line over the poverty line and to carrying out works to increase the allowances given in the framework of the Act No. 2022 to the disabled and elderly persons facing the risk of poverty.

3- Measures taken to protect elderly persons and digital data in regard to benefits and expenses

3.1. Care Services for Elderly Persons

a) Institutions with the facility of accommodation

In our country are the institutional services with the facility of accommodation provided through Nursinghomes and Nursinghome-Elderly Person's Care and Rehabilitation Centers, Private Nursinghomes and Elderly Persons Care Centers, Nursinghomes constituted by public foundations and institutions.

These are social service institutions with accommodation, where social and/or economically poor elderly persons over 60 years old and in need of protection, care and help; is offered protection, care and it is met their social and psychological needs, and also where the persons are rehabilitated until they are self sufficient and the incurable persons are taken under a special care.

Due to economical and social circumstances is the lower age limit in Turkey set up as 60; whereas the age limit foreseen by the United Nations and is being practiced by most of the European countries is 65.

The services provided in Nursinghomes and Nursinghome-Elderly Person's Care and Rehabilitation Centers for elderly persons can be itemized as; accommodation, health, assistance in solving of psychological and social related problems in the framework of psiko-social support, development of social relations, value their time, insure that their activities goes on, nourishment, cleanup, make use of time well, social activities and other social services.

We are attentive in that the Nursinghomes are in city centers, near to health centers, are in location where it can be make use of public transport vehicles within the city centers, its capacity is for 60-100 persons, the physical conditions are organized properly to the needs of elderly persons, the departments reserved separately from each other for the elderly persons in need of special care and rehabilitation.

The Nursinghomes and Nursinghome-Elderly Person’s Care and Rehabilitation Centers are operating under the Ministry of Family and Social Policies are providing elderly persons economically in good but socially poor situation services with accommadation paid; whereas for those who are economically poor and were awarded a medal of war of independence services with accommadation for free.

The elderly persons –in regard to those for free- between the age of 60-65 is given a payment from the institution as allowance in the amount proper to the amount foreseen in the Act No. 2022. Whereby the elderly persons in the age of 65 + and accomadating for free in nursinghomes are receiving a allowance in accordance to the Act No. 2022 once every three mounths from the Social Security Institution.

The fees supposed to be paid by elderly persons receiving care service in Nursinghomes are determined by the Ministry of Family and Social Policies every beginning of the year. On the determination of the fees are taken into consideration the elderly persons cost analysis, consumer price index and wholesale price index rates and increases on salaries of civil servants.

General situation of Nursinghomes between the years of 2002-2011:

Year	Number of Nursinghomes	Capacity	Number of elderly persons taking care
2002	63	6477	4952
2003	63	6580	5188
2004	62	6760	5389
2005	66	7173	5603
2006	69	7605	6082
2007	70	7552	6477
2008	79	8002	6773
2009	81	8126	7220
2010	97	9260	7979
2011	102	9783	8594

It can be observed that the number, capacity and the number of elderly persons taking care is increasing collateral and steady within the years.

862 persons are waiting 513 of them are female and 349 are male in line to get in a nursinghome.

From the 10525 elderly persons taking care in nursing homes are;

- 39 % (4104) female, 61 % (6421) male,
- 49 % (5157) unpaid, 51 % (5368) paid,
- 67 %(7052) elderly persons cared in nursing homes, 33 % (3473) private cared elderly persons.

The individual characteristics of elderly persons, their differentials is making it necessary to provide miscellaneous care services.

In the framework of the Regulation of Private Nursing-homes and Elderly Persons Care Centers, which the conditions in regard of opening, providing care, personnel and working process of nursing homes and care centers operated by natural persons and private-law legal persons; there are care providing nursing homes in total amount of 160 and capacity of 1975,

which pertain to associations, foundations, minorities and private-juridical persons and nursing homes in total amount of 22 and capacity of 1975, which are subordinated to other ministries and municipalities.

The actually number of public and private nursing homes in Turkey is 289 and the total capacity of beds is 23.529.

b) Daily Care/Centers of Elderly Service

The Ministry of Family and Social Policies has been providing its daily services for those elderly persons -without taking into consideration the economic and social situation- who don't need boarding institutional care in the aim of fulfil their social and psychological needs and prevent them from isolation through Elderly Persons Solidarity Centers.

However, in line with the aim of diversifying the provided services for elderly persons -in consequence of taking into consideration the growing and changing social needs-, providing socio-psychologically supportive services for elderly persons besides the services provided in context of Elderly Solidarity and offering daily care to patients with dementia, Alzheimer, etc. it has been prepared the "Regulation on services of daily care and services with the facility of accommodation at Service Centers for Elderly Persons" and has been entered into force after being published in the Official Gazette no. 26960 and dated 07.08.2008

In Elderly Persons Service Centers is aimed to:

- Help mentally healthy elderly persons in organizing their leisure time through various social activities, whereby to support them in maintaining their life healthfully through improving their social relations and activities,
- Strengthen the life quality by means of regenerating the milieu of elderly persons with dementia, Alzheimer etc., leading their lives with their families, relatives or alone at home, helping them in organizing their leisure time and meeting their social, psychological and health needs, providing supportive services in needs they can hardly meet through their own means and in daily life activities, improving their social relations through organizing social activities by constituting activity groups in framework of their interests, increasing their activities and in required times offering them the possibility of solidarity and sharing with their families
- In case of the Elderly persons who are mentally healthy, don't requiring medical care and don't having any disability the household itself or despite other support elements (neighbour-relatives) remains incapable, to enhance their milieu and help in their daily activities.

It is provided consultancy services in the framework of daily services (Social security, law, health, etc.), arranged cultural activities (Cinema, theatre, week of the elderly persons, 1st October World Elderly Week Celebrations), social activities (trips, picnic, entertainment, camps), courses (chorus, manipulative skills, painting), organized conferences (to ensure that members take part at conferences on various issues, creation of conversation environments at the center where it is discussed different issues) and made out home visits to members in the center.

Within this scope is; offered counseling and guidance services, social and Psychological support services, technical services (reparation, paintwork, etc. at homes of the elderly

person), health (injection, tension measuring, etc. small-scale services) and technical services (in the context of provision of hygiene of the elderly person and her/his house), etc..

Whereas are Daily Care Services, provided within the Nursinghome-Elderly Person's Care and Rehabilitation Centers and it is there provided daily care and rehabilitation services for our elderly persons. Subordinated to the Ministry of Family and Social Policies is provided 1000 elderly persons through 5 Service Centers for Elderly Persons.

3.2- Works Performed in Framework of Enhancement of Service Standarts

- The physical conditions of our official and public institutions are enhanced for contemporary lifeable places.
- The beds in rooms of elderly persons are minimized in our actual institutions, after all it is elaborated to arrange that single rooms are in variety at recently constituted nursing-homes.
- Elderly person care services are provided by people behaving certificates and taken courses on care of elderly persons and also by people graduated from secondary and higher educational institutions in this field, 4 care persons are in charge of 15 elderly persons in 3 job rotations.
- Whereby cleaning services are separated from care services and cleaning personnel is 50 % of the total of care personnel.
- The examination and treatment of elderly persons are carried out in health institutions where better opportunities exist, their follow up are made by the institutions of the Ministry of Family and Social Policies.
- It is ensured that healthy elderly persons in the institutions are taking part on social and cultural activities like trips, theatre, cinema and manipulative skills.
- The food requirements of elderly persons at the institutions are met in context of privat service procurement by providing ready-food prepared in hygienic conditions and high quality food is served.

3.3- Social Benefits for Elderly Persons

Elderly persons, who became disabled in consequence of getting elderly and do not require care from the institution, is paid without considering their age, a minimum monthly care fee ; besides, the number of this group is around 70.000.

Elderly persons between the age of 60-65 is given a pension as foreseen in the Act No. 2022. However 65 year old and plus elderly persons, living cost free in nursinghomes is given once every three months a elderly pension by the Social Security Institution according to the Act no 2022.

In the Article 65 of the Regulation on Nursing-home-Elderly Person's Care and Rehabilitation Centers, is foreseen that "Elderly persons without any pension is paid monthly a net allowance-determined each year by the budget act- without" any reduction. As of March of the year 2012 1031 elderly persons cared in Nursing-homes and Elderly Persons Care and Rehabilitation Centers are paid.

B- ANSWERS TO CONCLUSIONS OF THE EUROPEAN COMMITTEE FOR SOCIAL RIGHTS

1- The regulations against discrimination of elderly persons out of employment in our country

The phrase “measures taken in this regard cannot be considered as inconsistent to the principle of equality.” which was added to the 10th article of the constitution of the Turkish Republic dated 7.11.1982 and with No. 2709 in the year 2010 and after the second paragraph of the same article the following paragraph is added and the forthcoming paragraphs are determined appropriate to this: “Measures for children, elderly persons and persons with disabilities in need of special protection cannot be considered as inconsistent to the principle of equality.”

With this amendment, it has been added that positive discrimination for elderly person is not inconsistent to the principle of equality. In this case; it is under constitutional guarantee that positive legal and administrative regulations for elderly persons to take equal benefit of a right with others is not inconsistent to the principle of equality.

Additionally; practices containing positive discrimination for the persons with disabilities, elderly persons, children and for other persons in need of protection met with legal obstacles. The services that were provided within the scope of individual initiatives until now are reframed with the ratification of the reform package within the constitution. Municipalities and public institutions cannot ignore persons with disabilities, children and elderly persons in services regarding town planning, education and health.

2- Regulations aiming to help for self-determination of elderly persons and to prevent divestiture from their possibilities of taking independent decisions

Efforts are proceeded for realising “Draft Program of National Ageing Practices” In coordination with Social Services and Child Protection Agency and State Planning Organisation. In this program it is specified actions regarding support the self determination of elderly persons.

Active participation in society and in development process;

- In provinces, townships and villages “council of elders” will be established.

Poverty eradication for elderly persons

- The amounts of the payments to elderly persons, who are out of the institutional care under the scope of the law with number 2022, will be increased.

Housing and living environment:

- Regulations on physical conditions and landscaping of social house dwelling will be realised to make easier everyday life for elderly persons.
- Economically social house-dwelling opportunities will be provided for poor and elderly persons.
- Physical conditions and landscaping of social house-dwelling will be improved to provide safety and to make the everyday life in houses easier for elderly persons.

Attitude to elderliness

- On the purpose of improvement of recreation and communication between generations realization of social, cultural and artistic actions and reaching the information, using the technology will be encouraged.
- In order to create social awareness about elderliness and elderly persons, written and visual media will be encouraged to work on related issues.
- The programs for adaptation to retirement period and for improvement in activities and productivities of elderly persons after their working life will be encouraged.

3- Legal regulation and other measures to prevent abandonment of elderly persons and to prevent maltreatment to the elderly persons

In the 109th article of Turkish Penal Code contains following points regarding the prevention of maltreatment to elderlies:

“ARTICLE 109-

(1) Any person who unlawfully restricts the freedom of a person by preventing him from traveling or living in a place is sentenced to imprisonment from one year to five years.

(2) If a person uses physical power or threat or deception to perform an act or during commission of offense, then he is sentenced to imprisonment from two years to seven years.

(3) In case of commission of this offense;

a) By use of a weapon,

b) Jointly by a group of persons,

c) By virtue of a public authority,

d) By undue influence based on public authority,

e) Against antecedents, descendent or spouse,

f) Against a child or a person who cannot protect himself due to corporal or spiritual disability, the punishment to be imposed according to the subsections mentioned above is increased by one fold.”

Furthermore the decisions taken in the “Draft Program of National Ageing Practices” against maltreatment to the elderlies are stated below:

“Education: The subjects on ageing, psychology of old age and abuse of elderlies will be included in curriculum of primary and secondary education in order to improve intergenerational solidarity and awareness of respect for the elderly persons. Training on jobs in the fields of ageing, abuse and negligence of elderlies will be provided for the persons working in jobs related elderlies

Legal and financial regulations on prevention of abuse for elderlies will be enhanced.

Abuse, negligence and violence

- Training on jobs in the fields of ageing, abuse and negligence of elderlies will be provided for the persons working in jobs related elderlies

- New regulations for the prevention of elderlies from abuse, negligence and violence will be made.

- Awareness regarding negligence, abuse and violence will be created through special programs and a new “mechanism of informing” will be established

4- Needed contributions of financing of home care services for elderly persons

The persons who become disabled as a result of old age and refuse the care service of Ministry were paid a minimum care benefits by budget of Ministry for Family and Social Policies. Number of persons receiving care benefits by Ministry is 70.000.

According to the “Regulation on service centers providing day care and home care services for elderlies” it is provided “home life assistance” for elderlies not in need of medical care and not in lack of physical and mental health but their family members, relatives or neighbors falling short to provide assistance for home life. Members of centers pay membership-fee

below the average in Turkey and the rest of fees are covered by Ministry for Family and Social Policies.

5- If the Services provided for elderlies satisfy the demand or not, how to control of the quality of the services and the possibilities of elderlies to give feedback or to make complains regarding the services.

The number of public and private nursing homes in Turkey is 287. And total bed number is around 23.728. Together with the increase in the old age population, demand has been met by increasing the number of institutions affiliated to relevant General Directorate of the Ministry. Moreover, studies oriented to alternative service models have been extended.

Concerned legislation related with the inspection of the services given in the aforementioned agencies and institutions has put forward the inspection to be made and form of the inspection. In the article no. 37 of the Regulation on Day and Home Care Services Provided in the Centers of the Elderly, it is said that “Centers which are not affiliated to the General Directorate are inspected by the Directorate of the provinces and districts at least once a year”. It is said that “If necessary, it has also been inspected by the auditors of the General Directorate.”

Article 31 of the Regulation on Private Nursing Homes and Care Centers of the Elderly in the Nursing Home is also related with the inspection. In Article 31, it is said that;

“**Article 31-** (1) Institution has been controlled at least two times a year by the business personnel of the Directorate of the Provinces and Districts authorized to perform institution opening process. If necessary, it has also been inspected by the auditors of the General Directorate.

(2) Officials of the institution are obliged to present every kinds of the document and show the necessary ease during the inspection.

(3) One sample of the inspection report is kept in the Directorate of the Province and one sample is sent to the General Directorate.

(4) Faults determined during the inspection are written to the control book and one month period is given to overcome these. In case it cannot be overcome during this period, an additional time deemed appropriate is given to the institution by written warning. In this given time, institution should correct the faults said above.

(5) In case the determination or denouncement of the elderly care given in the places not suitable to the properties and definition of the institution used in this regulation, General Directorate and officials of the institution of the Directorate of the Provinces and Districts are authorised to take the necessary measures and to examine the defaults determined in these institutions on-site.

Article 20 of the Regulation on the establishment and functioning of the nursing homes which will be opened in the body of public agencies and institutions is related with the control of the nursing homes.

Article 20- The inspection and control of the nursing homes is done in accordance with the principals said below:

a) Nursing homes are inspected at least once a year by the governorship (directorates of the province). If necessary, nursing home is also controlled and supervised by the general

directorate and authorized officials. During the control and supervision, the officials of the nursing home are obliged to present every kinds of the document and show the necessary ease during the inspection.

b) Faults of the nursing homes deemed to be contrary to the provisions of this regulation and the concerned laws in accordance with the result of the control and supervision is notified to the nursing homes in a written way by the governorship. It is obligatory for the nursing homes to correct and eliminate the irregularities in a period determined by the governorship.

(Amendment:31/07/2009 – 27305 OG/5 Art.) “Nursing homes are warned due to not fulfilling the irregularities said above within the prescribed time and an additional appropriate time can also be given. At the end of this period, the activities of the nursing homes which do not eliminate the irregularities are stopped by the proposal of the directorate of the province and confirmation of the governorship. Maximum one month is given to the nursing homes for ensuring the elderly to stay near their relatives or enabling them to stay at the other suitable institutions for the elderly in order to prevent them from being suffered.

In addition to these, inspection can be made periodically in the nursing homes and centers for rehabilitation and elderly care by province inspection board established in the body of governorship. Moreover and as it is known, application can be made to Public Servants Ethics Board in the frame of the Law on Right to Knowledge Acquisition and the Law on the Benefit from the Right to Petition and the application against human rights violation can be made to BİMER (Communication Center of the Prime Ministry). Particularly, the old people in Turkey can use the way of supervision with the application to BİMER on the grounds of the Law no. 4982 on Acquisition of the Knowledge.

6- Measures taken for improvement of quality and accessibility of care services for elderlies and the new Measures for coordination of social and health services for elderly persons.

For the improvement of recreation, healthy life, social relationships, social activities of elderlies with mental health and living in home environment are provided through the Elderly Service Centers “Solidarity Day-Care Services” within this scope;

- a) Consultancy Services (social security, legal system, health etc...)
- b) Cultural Activities (cinema, theatre, 1 Oct World Elderlies Day celebrities etc...)
- c) Social Activities (excursion, picnic, entertainment, camping etc...)
- d) Courses (chore activities, hand skills courses, painting courses etc...)
- e) Conferences
- f) Members are visited in their homes.

Further healthy elderlies in nursing homes are encouraged to take part in social and cultural activities like excursions, theatre, cinema and handicrafts.

In addition measures taken by the “General Directorate of Services for Disabled persons and Elderlies” to improve the standards of care services are stated below;

- a) Physical conditions of public and private institutions providing care services for elderlies are improved and modernized
- b) The number of beds in the rooms of elderlies in existing nursing houses is minimized and the number of single rooms in the new buildings of nursing houses is raised.
- c) Care services for elderlies are provided by certified experts or by experts graduated from middle and high-schools providing training in the same area for each 15 elderly persons are 4 care employees working in 3 shifts available.
- d) Cleaning services are separated from care services. The number of placed staff for cleaning services is %50 of the number of care service staff.
- e) Medical examinations and treatment services of elderlies in our nursing houses are provided by healthcare organisations with broad medical and technical opportunities and the General Directorate follows the treatments and medical examinations of the elderlies.
- f) Healthy elderlies in our nursing homes are encouraged to take part in social and cultural activities like excursions, theatre, cinema and handicrafts.
- g) For nutrition of elderlies living in our institutions is purchased foods from private sector (catering firms). In this way for elderlies is provided healthy food with high quality.

In institutions of our General Directorate are provided during the medical examinations accompany services by a healthcare personal. After the routine controls if necessary elderlies are referred to the hospitals with an accompanying person.

7- Policies on elderliness and politics in context of the health of elderly persons which are put in the praxis by the Ministry of Health

The Ministry of Health is restructured through the Decree Law No. 663 on “The Organization and Duties of the Ministry of Health and Subsidiary Offices” entered into force after being published in the Official Gazette No. 28103 and dated 02.11.2011.

In this framework are the services carried out by the Division of Health of Elderly Persons of the Department of Non-Contagious Diseases and Chronic Cases is taken under the umbrella

of the Department of Turkish Public Health Institution Chronic Diseases, Elderly Health and Disabled Persons.

The Department of Chronic Diseases, Elderliness Health and Disabled Persons is charged within the field enhancing services about elderliness and health of elderly persons with; developing, practicing a national program, in this regard cooperating with national and international institutions, organizing training, symposium, panels, workshops, seminars, etc. activities and contributing to such national and international activities in the context of these works.

The Ministry of Health is performing works with people oriented approach pursuant to the Strategic Plan of 2010-2014 in order to giving prioty for persons who are in special physical, mentally, social or economical need.

The preparatory operations on the “Action Plan on Enhancement of Services on Elderliness and Health of Elderly Persons” as finalized in the draft version are in progress.

In consequence of policies pursued by the Ministry of Health it is ensured that elderly persons make primary use of ambulatory care services at health foundations and institutions and the introduction is going on. The needy elderly persons is provided domestic health services and health services in their family environment in the framework of the principle of equality and justice.

“The Guideline 2010 for Doctors Working on Primary Healthcare on Diagnosis and Treatment of Health of Elderly Persons” is printed and distributed to all family doctors working on primary healthcare. On the other hand, within the frame of the creation of health awareness is with the aim of making use by health educators in public education is the “Guideline for Educators-Modules on Health of Elderly Persons” prepared and distributed to all provincial organizations.

The Ministry of Health has organized by communicating with the Institute on Aging-INIA, the Geriatric Sciences Research and Practice Center of the Hacettepe University (GEBAM) and the Turkish Association on Geriatrics a “Geriatrics and Gerontology Course”.

8- Treatment of Alzheimer in Turkey

In Turkey are not existing special clinics only for Alzheimer. The treatment of Alzheimer is carried out by neurology clinics of private and public hospitals.

Furthermore programs and services for elderlies, basic principles of health care of elderly persons, palliative care services etc...contains the “Diagnosis and Treatment Guide 2010 for Doctors working in primary healthcare services” and themes like; improvement of quality and accessibility of long-term care services for elderlies and better coordination of social and health services provided for elderlies contains the “Action Plan of Development Draft Program on Elderliness and Health Services for Elderlies”

9- Measures taken for improvement of conditions of the elderlies housing in own homes and policies for adapting of their housing conditions.

In addition to the existing nursing homes were built 6 nursing homes (in Afyon Sandıklı, Bursa Yenişehir, Mersin Erdemli, Rize Fındıklı, Tunceli, Zonguldak) by “Housing

Development Administration of Turkey” in cooperation with “Social Services and Child Protection Agency”. In the forthcoming period is in planing to build a new nursing home in Kars.

In “Draft Program of National Ageing Practices” is encouraged the active aging process of elderlies by taking in the consideration personal preferences in their society.

ARTICLE 30 – THE RIGHT TO PROTECTION FROM SOCIAL EXCLUSION AND POVERTY

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 co-ordinated 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.

Scope of the provision as interpreted by the ECSR

States party shall adopt a comprehensive and coordinated approach with the aim of reducing poverty and social exclusion.

The measures taken must promote and remove obstacles of persons who live or risk living in a situation of social exclusion and poverty, as well as their families, to access to fundamental social rights, in particular employment, housing, training, education, culture and social and medical assistance.

The measures should strengthen access to social rights, improve the procedures and management of benefits and services, improve information about social rights and related benefits, combat psychological and socio-cultural obstacles to accessing rights.

As long as poverty and social exclusion persist, there should be an increase in the resources deployed to make social rights possible. Adequate resources should be allocated to attain the objectives of the strategy.

Measures adopted in the context of this Article should be reviewed and adapted to new situations. Social partners and civil society should participate in the formulation, evaluation and adaptation of measures.

A. DEVELOPMENTS DURING REPORTING PERIOD

1- LEGAL FRAMEWORK

1.1- Constitutional Amendment and International Conventions

a) Constitutional Amendment

Through the amendment introduced in 2010, the provision on “Precautions to be taken for the people in need of vital protection such as children, elderly and the persons with disabilities, shall not be presumed to be incompatible with the equality principle” was added to the Article 10 of the Turkish Constitution, dated 7 November 1982.

With this amendment the fact that the positive discrimination towards children, elderly and the persons with disabilities, who require special protection, would not be considered illegitimate and it has been provided with constitutional assurance. The restraint on the regulations, which shall be made to take these special groups under protection, has been abolished. Regarding this amendment, Municipalities and public institutions are supposed to take into consideration the special conditions and requirements of the persons with disabilities, children and elderly for all the investments they would make in the fields of urbanization, education and health.

b) The United Nations Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities, which proposes the full and equal enjoyment of rights and freedoms by all persons with disabilities and taking facilitator steps regarding this enjoyment, was ratified by Turkey and came into force on 28 October 2009. In addition to this, Turkey has signed the Optional Protocol, which is integral part of the Convention and proposes the establishing the mechanism involving the complaint and investigation methods. Elaborations for the ratification process of the Protocol continue under coordination of the General Directorate of Persons with Disabilities and Elderly of the Ministry of Family and Social Policies.

c) Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence

“Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence” which was signed by Turkey on 11 May 2011, was ratified on 24 November 2011.

1.2- Law Amendment

a) The Law No. 6111, dated 13 February 2011

Through the Law No. 6111 dated 13 February 2011, it was stated that the exams carried out for the persons with disabilities regarding their employment in state institutions was decided to be organized through a central system, instead of state institutions and organizations.

b) The Decree with the Force of Law on the Establishment of the Ministry of Family and Social Policy, No. 633, dated 3 June 2011

The Ministry of Family and Social Policy was established by the Decree with the Force of Law No. 633, dated 3 June 2011. Gathering the institutions rendering services for children, social assistance, elderly, the persons with disabilities, family, woman and society under a single roof, services has been provided at the Ministerial level. The reconstruction within the Ministry of Family and Social Policy has been one of the essential improvements for ensuring the active and centralized execution on coordinating the social services. For the first time in the Turkish Republic's history, social service issues have been handled and services have been rendered at such a high level.

1.3- Other Regulations

a) Regulations on the Central Examination for the Employment of the Persons with Disabilities in State Institutions and the Lottery System

“regulations on the Employment Requirements of Persons with Disabilities as Civil Servants, Centralized Examination to be held and the Lottery System” which was prepared with the collaboration of the Directorate General of Services for Persons with Disabilities and Elderly, affiliated to the Ministry of Family and Social Policy and the Ministry of Labour and Social Security, was published in the Official Gazette on 3 October 2011 and came into force.

b) The Prime Ministry’s Circular, No. 2006/18

The Prime Ministry’s Circular No. 2006/18 was published on 12 July 2006, with the purpose of piloting the implementation of the commitments of state institutions and organizations, particularly local authorities, which has been launched by the Law on Persons with Disabilities.

c) The Prime Ministry’s Directive, dated 12 August 2008

The Prime Ministry’s Directive, dated 12 August 2008, which emphasized the necessity for taking steps in making regulations in accordance with the legislation, was issued to all state institutions and organizations.

d) The Directive on the Methods and Principles to be Followed in Delivering Public Services

The Regulations on the Methods and Principles to be Followed in Delivering Public Services was published in the Official Gazette No: 27305, dated 31 July 2009, which included the provision on taking necessary steps in order to let the public services rendered be accessible for persons with disabilities.

e) The Ministry of Interiors Circular on Public Transportation, dated 24 April 2011

The Ministry of Interior’s Circular on Public Transportation was published on 24 April 2011, including the provision that the vehicles which were utilized for passenger transportation and which had more than eight seats, in addition to the driver seat, should be equipped appropriately for enabling the easy access of persons with disabilities as of 13 February 2009.

f) The Prime Ministry’s Circular, No. 2006/17

In 2005 a Parliamentary Research Commission was established in the national parliament with a view to making a research on the reasons of honour killings and violence against women and children and identifying measures to be taken. The Prime Ministry’s Circular about “Measures to Be Taken to Prevent Act of Forces against Children and Women and Honor Killings” No. 2006/17 was published on 4 July 2006.

2- IMPLEMENTATION

2.1- Precautions taken in general

a) Precautions taken for social exclusion and poverty in general

One of the five improvement axis included in Medium Term Program (MTP) which has covered 2006-2008 period, has been determined as “Social Inclusion and Combating Poverty”. Under this headline, the policies aiming to improve the life standards of disadvantaged people, who have been excluded from social life (such as people working without social security, uneducated people, children who have been in need of protection or who have had tendency to crime, elderly and persons with disabilities) have been emphasized. Improving the income distribution, increasing the social participation of individuals and groups who have been at the risk of social exclusion and poverty, improving

their life standards, and ensuring their integration into society have been defined as the main objectives. Within this context, considering the socio-economic and cultural areas, social protection network has been projected to reach a level that would embrace the whole population, consider the active national and regional conditions, integrate the disadvantaged people into society, reduce the risk of social exclusion and poverty to minimum with an aspect to confer the responsibilities to the all levels of society. The aforesaid axis in MTP has drawn the main route for Turkey to combat poverty and social exclusion. In MTPs following the MTP covering 2006 -2008 period, the priorities regarding the combat against poverty and social exclusion have been continued, with regard to the problems and challenges in the existing situation. The priorities regarding the individuals or groups at the risk of poverty and social exclusion have been under the title of “Improving the Income Distribution, Combating Social Exclusion and Poverty” in 2012-2014 MTP.

In the 9th Development Plan, the policies in this field are under the title of “Improving the Income Distribution, Combating Social Exclusion and Poverty”. The aforesaid title involved in MTPs and the 9th Development Plan and the priorities put forward have been included in the Annual Programs.

The aforesaid title and axis were also compliant with the Framework Agreement, between the European Community and Turkey dated 26 February 2002, and “Community Action Program to Combat Social Exclusion”, in which Turkey participated in accordance with the Article 2 and 4 of the Memorandum of Understanding, dated 3 February 2003.

The following issues are prominent in the strategy for combating poverty and social exclusion, which was adopted by Turkey dealing with social and economic policy in an integrated manner;

Imbalance in income distribution shall be reduced through the policies on sustainable growth and employment, education, health and business life. The participation of individuals or groups who are at the risk of poverty and social exclusion in economic and social life shall be ensured and the life standards shall be improved.

Transfer policy shall be activated through ensuring the redistribution of income, which shall be rendered for the benefit of the poor. Within this scope, it will be provided that social security system shall have a remedial affect by presenting social security for each segment of the society, against the social risks.

Services rendered for reducing poverty shall be such as to prevent the culture of poverty with a regard to ensuring the poor to be more productive.

Steps shall be taken for ensuring that the poor working as unregistered shall be registered under social security and shall work in decent jobs.

Income-generating projects shall be supported, with an aspect to varying economical activities for the poor. Entrepreneurship shall be promoted especially in rural and underdeveloped areas.

In order to empower the woman participation in economic and social life, their employment shall be increased through the vocational education opportunities.

For the purpose of preventing violence against women, social awareness shall be raised.

By supporting the educational needs of the girls, mainly in rural places and the children of the persons with disabilities and low-income families, their access to education shall be facilitated. In addition to this, necessary steps shall be taken against child labour and they shall be implemented effectively.

Educatory programs for families, which serve as the ideal environment for child care, shall be extended. Home care services regarding the elderly shall be promoted and the number and quality of nursing homes shall be improved with regard to institutional care.

The accessibility to education, medical opportunities, employment and social security shall be enhanced for the disadvantaged groups. In order to empower the participation of persons with disabilities in economic and social life, the works carried out for improving the social and physical conditions of environment shall continue.

An employment-based system embracing a holistic approach for the needs of family in social assistance and services shall be established.

Due to the structural change in agriculture, active employment policy shall be created in order to reduce the risk of unemployment for the unqualified and poor people who immigrate from rural to urban areas.

In the implementation of the policy regarding the prevention of poverty and social exclusion and the services rendered regarding them such as education, housing and employment, a coordinative work shall be ensured, primarily between the central administrations, local administrations and NGOs.

Due to the fact that combating poverty is a multi-dimensional concept, several resources saved in many areas for this issue have a direct or indirect affect on poverty. For instance, expenses in the sector of transportation or agriculture could have a remedial affect on poverty. In addition to this, activities such as social assistance directly affect the poverty. In this scope, macro-economic and sectorial policy and social assistance are dealt with an integrated approach on poverty and social exclusion.

The ratio of the population under the poverty line, which includes the expenses on food and non-food, was 27 per cent in 2002. This ratio fell to 18,1 per cent in 2009. The ratio of the population under the poverty line, grounding on the expenses on food, was 1,4 per cent in 2002 and fell to 0,5 per cent in 2009. There has not been any population whose daily income is less than 1 Dollar. The ratio of the population whose daily income was less than 2,15 Dollars decreased to 0,2 per cent in 2010.

Prior to the preparation of the Development Plans, Specialization Commissions come together. Those commissions, which project a multilateral participation, provide input for the preparations of development plans. Thus, the opinions of the public institutions, social partners and NGOs are gathered in the context of preparations. As MTPs and Annual Programs comply with the Development Plan, a multilateral participation is ensured in deciding on policy regarding poverty and social exclusion.

2.2- Precautions Taken For Protecting Various Groups Against Social Exclusion and Poverty:

2.1- Persons with Disabilities

a) Action Plan on Accessibility

In order to ensure the implementation of the related legislation and the full, equal and active participation of the persons with disabilities in social life through carrying out accessibility activities and to cater the fulfillment of commitments made by the state institutions and organizations, the year 2010 was declared as the “The National Year of the Accessibility for Everyone”, with the purpose of preparing a National Action Plan and ensuring its active

implementation, through the coordination of the General Directorate of Services for Persons with Disabilities and Elderly (Defunct: the Department of Administration for People with Disabilities).

The Accessibility Action Plan has been prepared in 3 axis, in which the issues regarding the matter in Turkey have been grouped as “Legislative Arrangement”, “Raising Social Awareness” and “Implementation”.

The Action Plan consists of 8 priorities and 19 steps, which would ensure the realization of these priorities. The aims of the priorities are the realization of the existing provisions in laws and regulations, initiating the integrated and systematic works through central and local administrations and increasing the access to information by directing to sufficient and convenient implementations. Within the scope of the Action Plan, covering up the informational deficiencies on the parts regarding the issue, evaluation of the legislation, ensuring the funding, increasing the number and the quality of the implementations through different models, carrying out works for providing the materials needed are among the objectives.

The institutions and organizations taking place in the implementation of the Accessibility Action Plan are required to put the accessibility into practice through creating “The Board of Monitoring and Evaluating Accessibility Action Plan”. The Accessibility Strategy and Action Plan was completed with the meeting of the the Board of Monitoring and Evaluating Accessibility Action Plan, held on 31 January 2012 and various works have been carried out within the context of The Accessibility Strategy and National Action Plan since 15 July 2011.

i) The Legislation Arrangement Axis

The results from the meetings held with institutions and organizations are as follows:

A circular was published in 2011, regarding the fact that state institutions and organizations shall give importance to the responsibilities and commitments introduced by the Law No: 5378 of the Ministry of Culture and Tourism.

The Circular regarding the inclusion of the issue “Design for Everyone” in the curriculum, which was presented by the High Education Board in the General Assembly of High Education meeting held on 22 September 2011, was published.

The Circular No: 2011/56 was published by the Ministry of National Education, with a regard to specifying the necessary steps for determining the existing situation in the educational institutions, for accessibility and covering deficiencies.

The standard ‘TS (Turkish Standards) 9111: Requirements for Accessibility in Buildings for Persons with Disabilities and Limitation of Movement’ came into force on 22 November 2011.

Regarding the standard “TS 12576: Structural Precautions and Designing Rules for the Disabled Signs regarding the Accessibility in Urban Roads, Pavements and Crosswalks” the revision works of which are carried out and sent to institutions for opinion by the Ministry of Interior, TS 12576 Workshop was held on 7-8 March 2012 and 27-28 March 2012, with the participation of the related institutions.

ii) Raising Social Awareness Axis

The activities carried out in this scope are as follows:

The trainings, scope of which is related to accessibility and relevant legislation arrangements, was carried out for the technical staff in the Ministry of Health and the Ministry of Interior in 2011.

A briefing was organized in 2011 about the Law No: 5378 towards the Chambers of Technical Occupations and accessibility.

The trainings, held in 2011, were contributed by the Ministry of Environment and Urban Planning.

In the years 2010-2011 the training programs were carried out for the technical staff in the Municipalities, with the collaboration of the Union of Municipalities of the Marmara Region.

Through the collaboration of the Directorate General of Services for Persons with Disabilities and Elderly and the Çayirova Municipality, “From Local to General, the 1st Symposium on Barrier-Free Services” was organized on 26-28 December 2011 in Kocaeli- Çayirova, with the participation of governorates, provincial directorates public institutions, metropolitan municipalities, related departments of universities, related chambers of technical occupations and NGOs.

iii) Implementation Axis

Activities carried out within this scope are specified below.

In order to determine the accessibility level of existing built environments and services, Forms for Accessibility Assessment of Open Spaces and Public Buildings were prepared and published on the website of the Directorate General of Services for Persons with Disabilities and Elderly affiliated to The Ministry of Family and Social Policy in December 2011.

The Directorate General made contribution to the workshop held by the Ministry of Health on 17 November 2011, on the preparation of Ministerial publications such as “Practical Guide on the Provision of Health Care Services to Persons with Disabilities” which will provide information on buildings, open spaces and legislation. The work regarding the guide is expected to be finalized soon.

“II. Workshop on Tactile Walking Surfaces: Guiding Patterns and Decision Points” was held in Istanbul on 12- 13 September 2011. The consecutive reports of this workshop were called “**Reports I and II of the Workshop on Tactile Walking Surfaces**” and were submitted to the Turkish Standards Institution (TSE) on 17 November 2011 with the purpose of contributing to the introduction of national standards or criteria by the TSE. The aforesaid report was also published on the website of the Directorate General of Services for Persons with Disabilities and Elderly under the title “Reports I and II of the Workshop on Tactile Walking Surfaces”.

On 3 December, the International Day of Persons with Disabilities, the representatives of organizations and/or institutions that have been implementing high quality accessibility related works were awarded with “**Quality Promotion Prizes for Accessibility**”. Pursuant to the protocol signed with the Çayirova Municipality, the Directorate General has been providing technical support to the application project on accessibility works.

An **Implementation and Cooperation Protocol titled “Alanya: Barrier-Free Tourism Province”** was signed in December 2011 by the Ministry of Culture and Tourism, the

Ministry of Family and Social Policy – the Directorate General of Services for Persons with Disabilities and Elderly, the Municipality of Alanya, the Chamber of Commerce and Industry of Alanya and the Tourism Operators Association of Alanya.

b) Project on Combating against Discrimination based on Disability in Turkey

Within the framework of the “Combating against Discrimination” subheading of the European Union (EU) Employment and Social Solidarity Program, a Project titled as “Combating against Discrimination based on Disability in Turkey” was implemented in 2009-2010 period in cooperation with the Directorate of Human Rights. The purpose of the Project was to define strategies for combating against discrimination depending on freedom in Turkey and contribute to the determination of a knowledge-based policy.

Further information on the main activities carried out within the scope of aforementioned Project is given below.

Field Research: The field research intended to define the perception of persons with disabilities regarding discrimination and fields where discrimination has been faced, their knowledge level about legislation, application opportunities and support mechanisms towards discrimination, their experiences of discrimination, individual methods they use for combating discrimination has been carried out by the Institute of Public Administration for Turkey and the Middle East (TODAİE) which has been the contractor institution.

Symposium on Combating against Discrimination based on Freedom: The Symposium was held by the participation of all related public institutions and social partners on 04-05 November 2010 in Ankara. During the Symposium, with an aim to contribute to the determination of the strategies for combating against discrimination based on freedom within the specific conditions of our country, research results were shared and policies pursued by the EU on combating discrimination and examples of good practices in the EU countries were presented. Furthermore, existing situation on combating against discrimination in Turkey, the problems encountered and solution proposals were discussed.

c) Project on Barrier-Free Turkey

For the purpose of raising social awareness on disability and ensuring the effective and rapid implementation of the rights of persons with disabilities, a the project developed and implemented targeting that public and local administrations, NGOs as well as persons with disabilities and their families shall be informed. Within the scope of the Project started in 2007, 144 panels and conferences were organized in 69 provinces.

d) National Project on the Database regarding Persons with Disabilities

Within the scope of the Project; with a view to designing the project and policies related to persons with disabilities properly, the personal and disability-based information regarding persons with disabilities in Turkey has been compiled in a central database.

e) Research on Challenges and Expectations of Persons with Disabilities in Turkey

The Research was carried out in order to determine the expectations of people with disabilities and the problems they faced in daily life, through establishing policies and planning for people with disabilities in a proper and active manner. The newsletter of the research was published in March, 2011. The final report was published in July 2011 by the Turkish Statistical Institute (TÜİK).

f) Analysis Project of the Labor Market with regard to Persons with Disabilities”

The Project has aimed to ensure the identification of the perspectives, attitudes and expectations of the private sector employers in labour market concerning the persons with disabilities and the occupations for which professional employment gap occurs, as well as the analysis of the preferences of the persons with disabilities and to provide country-level data. Technical specification of the Project was prepared and put out to tender on June 30, 2011.

g) Model Barrier-Free Province Projects

The Project works on "Model Barrier-Free Province Projects" has been carried out with the collaboration of the General Directorate of Persons with Disabilities and Elderly, Metropolitan Municipality of Konya (as the Metropolitan Municipality), Municipality of Karaman (as the Provincial Municipality) and Hendek Municipality (as the District Municipality) and Keçiören Municipality (as the Metropolitan Sub-Provincial Municipality) within the framework of the signed protocols. In regard to ensuring the accessibility of those works, the followings have been targeted;

- *Raising the level of knowledge and awareness,
- *Extending the modern practices on accessibility to all provinces in Turkey through making model applications,
- *Raising the public awareness and enlightening the public through those models

h) Works on the Standards

With regard to ensuring the modernization of existing standards, which are deemed as resource guidelines essential for the implementation of accessibility arrangements, with a reference in the legislation on construction and the Law on the Persons with Disabilities;

- The revision of the Standard titled “TS 9111: Indoor Accessibility Requirements for Persons with Disabilities” was completed in November, 2011 in cooperation with the TSE.
- The elaborations with regard to revising the standard “TS 12576- Urban Roads: Designing Rules of Structural Precautions on Drives, Streets, Avenues and Roads for the Persons with Disabilities and Elderly” has been initiated by the TSE and the Ministry of Interior.

2.2- Women and Family

Information about services for women and family is given in the section of this Report concerning Article 14 of the Revised Charter.

2.3- Child and Youth Services

Information about services for children is given in the section of this Report concerning Article 14 of the Revised Charter.

2.3- Precautions taken in the field of social rights

2.3.1- Social Assistance

Information on access to social assistance right is given in the section of this Report concerning Articles 13 and 14 of the Revised Charter.

2.3.2- Housing

A project has been launched in cooperation with the Housing Development Administration of Turkey (TOKİ) with an aim to meet the sheltering needs of the disadvantaged people who do not have social security.

Construction of 1+1 and 2+1 rooms houses has been started mainly for the persons with disability and single mothers. Individuals have the opportunity to be a homeowner by paying TL 100 installments following their moving into the houses. Repayment period is 20 years.

As of February 2012, construction of 12000 houses has been completed; protocol has been signed for the construction of 40 thousand houses by the TOKİ.

It is targeted / planned to construct 100 thousand houses by the year 2013.

3- STATISTICS AND OTHER INFORMATION

In our country, financial and non-financial aspects of poverty are handled. As known, financial aspect of poverty arises from the income/expense deficiency. On the other hand, non-financial aspects are deficiencies in terms of benefiting from basic services i.e health, education and cultural opportunities required for maintaining basic humanistic activities, taking place in production activities and participating in decision making processes. People who experience non-financial poverty are also faced with social exclusion.

In our country, official poverty measurements are obtained through Household Budget Surveys carried out by the TÜİK since 2002. Expense based poverty ratios for 2002-2010 period have been obtained from the results of aforesaid surveys. Additionally, Survey on Income and Living Conditions which was conducted in the European Union countries in 2006 is also conducted in our country. Information on distribution of income, results of income-based poverty and living conditions can be obtained through the survey of which 2006-2010 period results are available. As abovementioned survey also serves as a panel, it is possible to carry out dynamic analyses.

2010 Household Budget Survey was carried out on 1104 sample households which vary monthly between the dates of 1 January-31 December and totally 13248 households during all year. Number of households of which surveys are valid is 10 082. All members of the households living within the borders of Republic of Turkey were included in the survey. However, population in old people's homes, retirement homes, dormitories, prisons, barracks, hospitals, hotels, day care centers which were defined as institutional population were excluded.

Each of the survey conductors visit selected sample households averagely 8 times monthly as once before the survey month, twice in the first and second weeks and once after the completion of the survey and they record the consumption expenditure and income data. During the first visit, the controller and survey conductor meet with the sample household and they obtain some information about their socio-economic conditions, they also explain them how expenditure register is filled.

During the interviews performed within the survey month, data of consumption expenditures such as food, clothing, health, transportation, communication, education, cultural activities, entertainment, housing, furniture etc. are obtained through registering and polling method. In the interview during the final visit at the end of the survey month, employment situation, economic activity, job, business statement and income data earned during the survey month and last one year of the household members are compiled.

Within the scope of the 2010 Survey on Income and Living Conditions, totally 13 414 sample households were visited, 8 832 in urban areas and 4 582 in rural areas. Survey was conducted on 12 106 of those households.

Data compilation study is carried out between April-July and extended over three months. Data compilation study is performed in two phases. During the first phase, households which live in the same address with the former practices and households which who are lately added to the list were visited. During the second phase, household members which cannot be reached as they moved to somewhere else during the first phase and the ones who left their family and formed new households are monitored. Surveys were carried out face to face and via using data entry programs (CAPI – computer assisted personal interview) which are downloaded on laptop computers. By virtue of consistency controls between the questions which are added to data entry programs, data entry is ensured to be more consistent and controlled. Following the data compilation study, information on wage/ entrepreneur incomes, retirement/widow's and orphan's pension, unemployment compensation, impairment/retirement/veteran pension, social assistance (financially), income/wealth tax and insurance charges they pay is requested from administrative registers of the institutions using T.R. Identity Number attained through the survey study conducted on the members and those information is controlled by survey data. Imperfect/wrong information obtained from the survey is controlled via administrative register.

According to the methodology determined as a result of the studies carried out in cooperation with the World Bank, poverty indicators based on the data of household budget survey have been calculated since 2002 by the TÜİK. Moreover, poverty indicators depended upon income have been calculated by benefitting from the survey on income and living conditions since 2006.

Absolute and relative poverty lines based on consumption expenses, poverty lines which are defined as \$1, \$2.15 and \$ 4.3 and poor population rates of the poor whose expenses are under that line are calculated and information on the basic characteristics (gender, educational status, business status, etc.) of the poor are given in the studies published by the TÜİK. It is possible to investigate the term “permanent poverty” via Survey on Income and Living Conditions.

Definitions of relative and absolute poverty are made when some differences are taken into consideration.

Absolute Poverty: It is defined as the minimum consumption level required for households or individuals so as to maintain their lives physically. Absolute poverty can be defined separately considering food and non-food components.

Absolute Poverty Rate: It is the rate of number of people who cannot get minimum welfare level to total population.

Starvation Line: Cost of the package including the staple food products required for a person to maintain his/her life is defined as “starvation line”.

Poverty Line: Quantity of money needs to be paid for all goods and services such as clothing, sheltering, transportation, communication as well as the need of nutrition required for meeting minimum level of needs or basic requirements or in other words, it is the expense amount required for having minimum level of life quality.

Relative Poverty: When the examination is carried out due to income, individuals or households whose income is under a certain level in terms of general level of society are defined relatively poor.

Gini Coefficient: It is a common measure of dispersion used for measuring income distribution. Gini Coefficient has a value between “0-1”. When the income of society is distributed fairly, Gini coefficient equals to “0”, when it is taken by only one person, Gini coefficient equals to 1.

Apart from those, according to the other methods used for international comparisons related to poverty line, poverty lines are defined as \$1, \$2.15 and \$4.30 daily values per person due to purchasing power parity.

Poverty rates of individuals according to poverty line methods, Turkey								
Methods	Individual Poverty Rate (%)							
	2002	2003	2004	2005	2006	2007(*)	2008	2009
Poverty of Food (Hunger)	1,35	1,29	1,29	0,87	0,74	0,48	0,54	0,48
Poverty (food + non-food)	26,96	28,12	25,60	20,50	17,81	17,79	17,11	18,08

Below \$1 Daily per person ¹⁾	0,20	0,01	0,02	0,01
Below \$2.15 Daily per person	3,04	2,39	2,49	1,55	1,41	0,52	0,47	0,22
Below \$4.3 Daily per person	30,30	23,75	20,89	16,36	13,33	8,41	6,83	4,35
Relative Poverty based on expenditure	14,74	15,51	14,18	16,16	14,50	14,70	15,06	15,12
(1) According to purchasing power parity of \$1 (PPP), TL 618 281 used for the year 2002; TL 732 480 for 2003; TL 780 121 for 2004; YTL 0.830 for 2005; YTL 0.921 for 2006 YTL; 0.926 for 2007; YTL 0.983 for 2008 and TL 0,917 for 2009.								
(2) 50 % of median value of consumption expenditure equivalent per person is taken as basis.								
(*) Revised according to new population projections.								
Source: 2009 Results of Poverty Studies, The Turkish Statistical Institute								

In the groups of 20 % which are composed according to equivalent household disposable income for 2010, share taken by the last group, of whom income is the highest, is 46,4 %, share taken by the first group, of whom income is the lowest, is 5,8 %, Accordingly, share taken by the last group of 20 % is 8 times more than the share taken by the first group of 20 % (P80/P20 indicator).

Groups of % 20 listed according to the equivalent household disposable income, 2009-2010

Individual Groups of 20 %	Turkey		Urban		Rural	
	2009	2010	2009	2010	2009	2010
Total	100,0	100,0	100,0	100,0	100,0	100,0
First 20 percent (*)	5,6	5,8	6,0	6,3	6,1	6,2
Second 20 percent	10,3	10,6	10,7	11,0	10,9	11,0
Third 20 percent	15,1	15,3	15,0	15,3	15,9	15,7
Fourth 20 percent	21,5	21,9	21,1	21,6	23,1	22,8
Last 20 percent ²⁾	47,6	46,4	47,3	45,7	44,0	44,3
Gini Coefficient	0,415	0,402	0,405	0,389	0,380	0,379
Last 20 percent/first 20 percent (P80/P20)	8,5	8,0	7,9	7,3	7,2	7,1

Note: reference periods of incomes belong to the former calendar year.

(*) When equivalent household disposable incomes are divided into 5 groups from minor to major; "the first group of 20 %" defines the group whose income is the lowest and "the last group of 20 %" defines the group whose income is the highest.

Gini coefficient, one of the income inequalities, is calculated as 0,013 in 2010 by 0,402 points of decline compared to the former year.

The Turkish Statistical Institute has started the practices for revising the absolute poverty indicators based on expenditure which have been declared since 2002. After the revision, indicators will exhibit the socio-economic nature of our country and they will be appropriate for international comparisons. Therefore, it is indicated that dollar-denominated poverty rates per person according to purchasing power parity which is crucial for international comparisons will be announced until the aforementioned practices are concluded by 16 March 2012 dated press release.

Individual poverty rates according to poverty line methods, 2002-2010

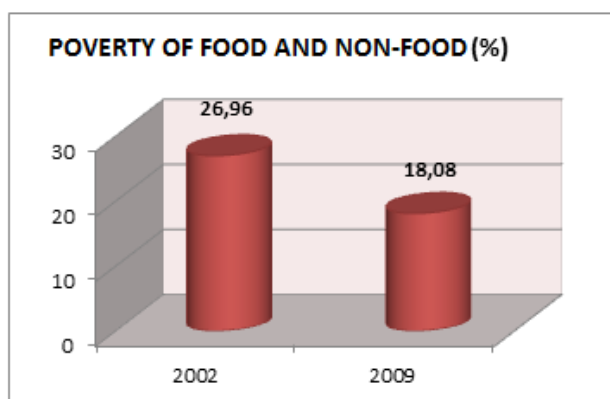
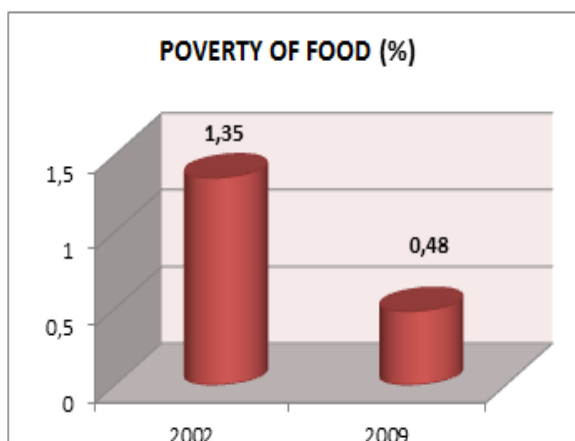
Methods	Individual Poverty Rate (%)								
	2002	2003	2004	2005	2006	2007 ^(*)	2008	2009	2010
TURKEY									

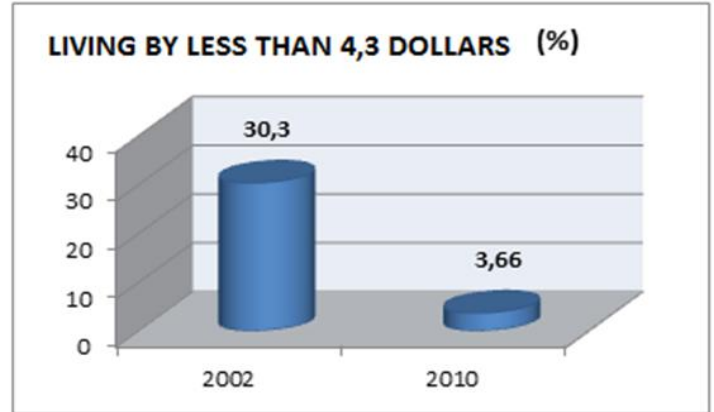
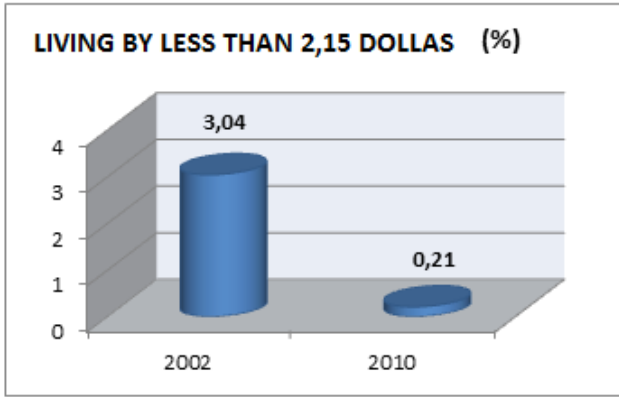
Below \$2,15 Daily per person ⁽¹⁾	3,04	2,39	2,49	1,55	1,41	0,52	0,47	0,22	0,21
Below \$4,3 Daily per person ⁽¹⁾	30,30	23,75	20,89	16,36	13,33	8,41	6,83	4,35	3,66
URBAN									
Below \$2,15 Daily per person ⁽¹⁾	2,37	1,54	1,23	0,97	0,24	0,09	0,19	0,04	0,04
Below \$4,3 Daily per person ⁽¹⁾	24,62	18,31	13,51	10,05	6,13	4,40	3,07	0,96	0,97
RURAL									
Below \$2,15 Daily per person ⁽¹⁾	4,06	3,71	4,51	2,49	3,36	1,49	1,11	0,63	0,57
Below \$4,3 Daily per person ⁽¹⁾	38,82	32,18	32,62	26,59	25,35	17,59	15,33	11,92	9,61

(1) It is calculated according to purchasing power parity TL 0,990 is used in return for the purchasing power parity of \$1.

(*) New population projections have been used since 2007.

Individual rate whose daily expenditure per person was below 2, 15 dollars according to the purchasing power parity was 0,22 in 2009, however this rate was predicted as 0,21% in 2010. Poverty rate, which was 4,35 % in 2009 according to 4,3 dollar limit, declined to 3,66 % in 2010.





B. RESPONSE TO THE CONCLUSIONS OF EUROPEAN COMMITTEE ON SOCIAL RIGHTS

4- RESPONSE TO THE CONCLUSIONS OF THE ECSR

4.1- How social exclusion is comprehended in our country

Social exclusion in our country, which is a non-financial aspect of poverty, is comprehended as being excluded from basic services such as health and education and cultural opportunities required for maintaining basic humanistic activities, production activities and decision-making processes.

4.2- Precautions taken for minimizing poverty and social exclusion in our country and results of those precautions

So as to remove disorder in the field of social service and assistance during the reporting period, and ensure service integrity, institutions serving for those activities have been restructured within the body of Ministry of Family and Social Policy.

With an aim to develop human capital and ensure social integrity, Social Assistance Program was carried out in the provinces of Southeastern Anatolia Project (GAP) in 2008 and it was extended over the provinces of Eastern Anatolia Project (DAP) in 2010 and finally in 2011 Adana, Mersin, Hatay, Osmaniye and Kahramanmaraş provinces were also included. Projects of Social Assistance Program, prepared at local level in coordination with governorates object (?) to increase employability, ensure the participation of disadvantaged segments of the society in economic and social life; contribute to the children, youth and women in the region for expressing themselves in a better way with the help of cultural, artistic and sport activities.

In order to contribute to the practices performed with an aim to make physical environment appropriate for the accessibility of persons with disability until the date of July 2012 in accordance with the Law No 5378, Accessibility Action Plan was prepared in 2010. It is required to carry out certain practices in terms of assessing the needs after the evaluation of legislations of the institutions on accessibility, making necessary regulations and developing some incentive and sanction precautions regarding the implementation using finance methods about accessibility. Persons with Disability Support Program (ÖDES) has been carried out with an aim to ensure social integration and prevent disabilities since 2011.

The objective is to carry out the care services in social service system in a planned and programmed manner through Care Services Strategy and Care Action Plan (2011-2013) and

necessary steps need to be taken within the framework of strategic priorities are defined. Within this scope, abovementioned Action Plan aims to render quality and systematic services for people requiring care services. In accordance with this purpose, Action Plan defines the studies to be carried out related to the care services during the period of 2011-2013.

The fact that social assistance which are provided generally for the individuals who don't have social security register in social assistance system encourages them to maintain their lives dependent to social assistance instead of working formally. On the other hand, employment of the people who receive aid for the jobs providing regular income is crucial for the acceptance of poverty as a temporal condition. Within this scope, an Action Plan has been prepared and implemented with an aim to correlate with labor market in order to help poor people, who have receive aid yet they have been suitable for working, get over poverty permanently and strengthen this correlation. Turkish Employment Organization Registration of the poor, who have applied for social assistance yet they have been suitable for working, has been initiated through abovementioned Action Plan on Correlation and Activation of Social Service System with Employment.

Point Formula Project and Integrated Social Assistance Services Projects whose objective is to reach the people who actually need assistance and improve the cooperation in social assistance system have been continued. "Integrated Social Assistance Project" was initiated by The Ministry of Family and Social Policy in 2009. The purpose of the project is to set up a substructure of an institutional social assistance system after removing the deficiency about the common data base functioning properly which is the basic problem of social assistance field. Within the scope of abovementioned project, objective is to gather whole assistances given by the governmental agencies under a single roof, provide the application of various social assistances via electronic systems, provide integrated management of all of the information on social assistance, activate the social assistance decisions and ensure more equitable resource allocation.

Further information is available on this subject above (A-2)