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EUROPEAN SOCIAL CHARTER

13th National Report on the implementation of the
European Social Charter (Revised)

submitted by

THE GOVERNMENT OF THE REPUBLIC OF TURKEY

Thematic Group II

Health, social security and social protection Questionnaire
related to COVID-19

Report on Articles 3, 11, 12, 13, 14, 23 and 30
for the period 01/01/2016 – 31/12/2019

&

Thematic Group IV

Children, families, migrants
Complementary information on
Articles 7, 17, 19, 27 and 31
(Conclusion 2019)

Report registered by the Secretariat
on 29 April 2021

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01/04/2021

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THE GOVERNMENT OF THE REPUBLIC OF TURKEY

PART I

QUESTIONNAIRE RELATED WITH COVID-19

AND

RESPONSE TO QUESTIONS ON GROUP II PROVISIONS
“HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION”

Thematic Group II

Health, social security and social protection

**Questionnaire related with COVID-19 and Report on Articles 3,
11, 12, 13, 14, 23 and 30**

PART I
QUESTIONNAIRE RELATED WITH COVID-19
AND
**RESPONSE TO QUESTIONS ON GROUP II PROVISIONS “HEALTH,
SOCIAL SECURITY AND SOCIAL PROTECTION”**

QUESTIONNAIRE RELATED WITH COVID-19
ARTICLE 3
RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

3. RECS - All workers have the right to safe and healthy working conditions

The right of every worker to a safe and healthy working environment is a widely recognised principle, stemming directly from the right to personal integrity. It is closely linked to various rights protected by the Charter and also by the European Convention on Human Rights. As work environments evolve, so do the risks to health and safety that workers are exposed to. There are emerging or relatively new and there are also neglected factors that can affect health, both in the short and the medium or long terms. Of course, the right to safe and healthy working conditions applies to all workers, whether public or private sector employee and also to the self-employed.

Certain occupations involve assumed or accepted exposure to risk (e.g. cycle delivery services, including those linked to the platform economy; performers in the contact sports entertainment industry; certain jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive substances; etc.). Other work settings also involve risks, for example when they demand ongoing intense attention (e.g. operators of certain types of machinery, vehicles or even computers) or there is an expectation of high performance or increasing output or productivity sometimes associated or conducive to off-label use of medications or of stimulants procured in illegal markets (e.g. new forms of high yield trading; performers in the sports entertainment industry, etc.).

There may also be persistent or recurring stress or even traumatic situations at work (for example in the military, law enforcement or health care) which can sometimes be associated with growing industry demands or poor employer response to problematic situations (for example related to harassment or poor management). Ubiquitous supervision or monitoring using digital technology can also affect the health of workers as can the expectation of responsiveness or almost permanent availability.

A human rights and positive obligations approach requires ongoing attention as well as fostering and preserving a culture of prevention in the areas of health and safety as opposed to

purely curative or compensatory approaches. The policies and strategies adopted must be regularly assessed and reviewed, particularly in the light of changing risks.

Exposure of frontline staff to SARS-CoV-2 and the risk of developing COVID-19 placed the right to safe and healthy working conditions under the spotlight. Issues may arise both from the angle of risk of infection because of the objective working conditions (high-risk settings, close contact with highly contagious patients, emergency or intensive care units), the material and other arrangements surrounding that kind of work, and the means of protection provided to frontline workers, in terms of instructions, training as well as the quantity and adequacy of protective material. In a crisis, such as the one resulting from the COVID-19 pandemic, the large degree of unpredictability does not exclude preparedness and anticipation which is due not only to the population at large (under Article 11 of the Charter) but also to workers under Article 3 of the Charter. Beyond general preparedness, good governance arrangements must be in place enabling quick reaction and appropriate decision making as the crisis evolves in light of the best information and science available.

RESPONSES TO QUESTIONS ON GROUP II PROVISIONS “HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION”

ARTICLE 3

RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

Article 3: The right to safe and healthy working conditions

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

1. 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;

a) Please provide information about policy formulation processes and practical arrangements made to identify new or emerging situations, that represent a challenge to the right to safe and healthy working conditions; also provide information on the results of such processes and of intended future developments.

Regulation on Procedures and Principles Regarding Medical Examinations for Health Monitoring of Employees;

The Ministry of Health, together with the Ministry of Family, Labor and Social Security, prepared the "Regulation on the Procedures and Principles on Medical Examinations for Health Monitoring of Employees" in the field of occupational health and safety. The

regulation was finalized by taking the opinions of all relevant institutions and non-governmental organizations and is at the stage of publication. The purpose of this Regulation is to regulate the procedures and principles for medical examinations to be carried out by Joint Health and Safety Units, Health and Safety Units in Workplaces and Employee Health Centers affiliated to the Provincial Directorates of Health for monitoring the health of employees in workplaces covered by the Occupational Health and Safety Law No. 6331.

Activities of Ministry of Family, Labour and Social Services (MoFLSS) – Directorate General for Occupational Health and Safety (DG OHS):

DG OHS has conducted consultations with social partners as well as other institutions and organizations in order to create a healthier and safer working environment at workplaces in today's conditions and policy area and to develop solutions for areas that may arise in the future and are likely to cause problems. This process has been carried out in a tripartite manner (state, employee and employer) with the condition that the existing rights and gains of the workers and their representatives are not taken back.

On the other hand, subject-oriented meetings, seminars and workshops have been held with the parties in order to evaluate and improve the effectiveness of existing regulations, and national policies have been guided by using various platforms and research methods. In this context, Occupational Health and Safety Registration, Tracking and Monitoring Program (OHS-KATIP) and Occupational Health and Safety Information Management System, which includes notifications about authorized OHS professionals and joint health and safety units, are used.

In the past, surveys were carried out on various subjects with persons and organizations authorized through these platforms, and feedbacks were received for the development of national legislation within the scope of certain issues.

In the third paragraph of Article 27 of Law No. 6331, it is noticed that “The Ministry may request and archive all kinds of documents or information regarding the works and transactions to be carried out according to this Law through electronic and similar media, and can give approval of authorization, information and documents on these media.”. Accordingly, the data collection process specific to various employer obligations, sectors and regions has also begun, the first of which is the employer's obligation to provide OHS training of employees. Studies continue to develop preventive strategies with an integrated perspective in the light of the data available in the field of OHS or to be obtained from workplaces.

As a result of joint work with the OHS DG, Social Security Institution (SSI) and the Ministry of Treasury and Finance, the incentive and support mechanism financed by the SSI has been initiated. In this context;

- In accordance with Article 7 of Law No. 6331, the OHS service costs of dangerous and very dangerous workplaces with less than 10 employees are covered by the State. Within the scope of the support application, there are approximately 587,000 workplaces and 1,664,000 employees. It is not possible to benefit from this support if OHS experts and workplace physicians are not assigned in the workplaces.

- According to Annex 4 of the Unemployment Insurance Law No. 4447, for the workplaces with more than 10 employees and classified as very dangerous, the employer's share of unemployment insurance premium has been decided to be paid as 1% instead of 2% for 3 years if there has been no work accident resulting in fatal or permanent incapacity in the last 3 years. Within the scope of the regulation that entered into force on 1 January 2019, there are approximately 60,000 workplaces and 2,250,000 employees to be covered. The incentive expires in the event of a work accident resulting in fatal or permanent incapacity within 3 years from the date of incentive starts.

A legislative arrangement will be made to prevent the employees' exposure to electromagnetic fields and optical radiation in their workplaces. Regulatory authorities like Information and Communication Technologies Authority (BTK) and universities and organizations specialized in measurement and analysis were interviewed on this issue. In this framework, efforts to harmonize our national legislation with the EU Directives numbered 2013/35/EU and 2006/25/EC are continuing.

During the COVID-19 pandemic, home-based work has been prioritized and stakeholders have been met more frequently through digital platforms. In this way, thematic meetings such as improving the implementation of the legislation in public institutions and organizations, improving the service quality of joint health and safety units, participation in workplace occupational health and safety board meetings were held.

In this regard, in order to guide the employees, employers and OHS professionals during the pandemic, information documents were published for the protection of all employees, especially in critical areas, and technical information was provided to all public institutions/organizations on the provision of protective masks. The problems experienced in the provision of OHS services during the pandemic were evaluated and resolved in cooperation with public institutions/organizations and social stakeholders.

Posters and brochures regarding the measures to be taken in the normalization process in the public sector were prepared and shared with public institutions. In addition, the MoFLSS carried out sectoral studies in cooperation with employers during the pandemic, and documents and resources prepared were made available for the usage of sectors.

In addition, legislative revisions have been made in order to make possible the occupational safety expertise basic training program, the occupational medicine basic training program and the speciality on asbestos removal training program online.

DG OHS has carried out many guidance studies to rearrange working life according to COVID-19 conditions. Some of these are guidelines for critical sectors, preparation of comprehensive FAQs and answers, dissemination and information activities through social media, and the creation of a COVID-19 information platform to ensure that the studies are delivered to the relevant persons through a common portal. Moreover, guides and documents have been prepared for many sectors in our country by taking the opinions of the scientific advisory board. In order to increase the applicability of the prepared studies on spot, the drafts

are shared with social stakeholders, and cooperation is strengthened by holding online meetings.

Also, some publications of DG studies OHS has been translated into Arabic by the ILO Office in Turkey and moved exemplary to other countries. As an output of these studies, the module called "Occupational Health and Safety under COVID-19" was designed and trainings were organized in cooperation with the Turkish Cooperation and Coordination Agency (TIKA) to share with the requesting countries.

The National Occupational Health and Safety Council, which is a very important platform for developing policies in the field of occupational health and safety at the national level, had been working with the participation of government, employee and employer representatives before 2018. Article 210 of the Decree-Law No. 703 dated 2/7/2018 has been abrogated by Article 21 of Law No. 6331, which contains provisions on the Council. The work of this Council will continue under the auspices of the Presidency in the future.

b) With particular reference to COVID-19, provide specific information on the protection of frontline workers (health-care staff including ambulance crews and auxiliary staff; police and other first responders; police and military personnel involved in assistance and enforcement; staff in social-care facilities, for example for older people or children; prison and other custodial staff; mortuary services; and others involved in essential services, including transport and retail; etc.). Such information should include details of instructions and training, and also the quantity and adequacy of personal protective equipment provided to workers in different contexts. Please provide analytical information about the effectiveness of those measures of protection and statistical data on health outcomes.

Measures taken by the Ministry of Health:

The Ministry of Health has taken various protection and control measures in order to prevent the spread of the disease in health facilities and the measures that need to be taken.

Documents such as the COVID-19 (SARS-CoV2 Infection) Guidelines, algorithms and protective equipment recommendations have been created, updated continuously and made available on the official website. Additional regulations were needed regarding the triage practice for people applying to primary health care facilities, and the “Management Scheme of Persons Applying to Primary Health Care Facilities” was developed.

Outpatients who are admitted to primary healthcare facilities (Family Health Center, District Health Directorate, Community Health Center and affiliated units, E2 - E3 Integrated District State Hospital, Immigrant Health Center, Workplace Health Unit, Institutional Medicine Office, Polyclinics covered by the Regulation on Outpatient Diagnosis and Treatment Private Health Institutions, etc.) are triaged before entering the healthcare institution, those who are found at risk as a result of possible COVID-19 examination are taken to the COVID-19 examination room/area, and other patients are taken to a different area to be evaluated in terms of complaint/reason for application.

The number of people to be taken into the primary health care institution is determined in order to maintain the social distance according to the number and type of rooms served and

the size of the waiting room, and maximum this number of people are allowed to be together in the waiting area.

The number of people to be taken into the primary health care institution is determined in order to maintain the social distance according to the number and type of rooms served and the size of the waiting room, and maximum this number of people are allowed to be together in the waiting area.

Personal protective equipment was distributed in order to provide protection in accordance with the list of "Protective equipment recommended to be used according to the health institution, personnel and activity type for COVID-19 disease". All areas of the health facility are frequently ventilated, cleaned and disinfected. The materials on the subject are regularly published on the official website <https://covid19.saglik.gov.tr>

Measures taken in Child and Elderly Nursing Homes:

During the Covid-19 process, all kinds of measures regarding occupational health and safety were taken in accordance with the Occupational Health and Safety Law No. 6331 in Children's Houses Sites, Children's Houses Coordination Centers and affiliated Children's Houses.

In addition, the following measures have been taken to protect the health and safety of elderly and disabled residents and personnel for all official/private nursing homes, nursing home care and rehabilitation centers and disabled care and rehabilitation centers affiliated to the MoFLSS:

- The personnel working in all organizations providing services for the elderly were informed about the necessary measures to protect the health and safety of the disabled and elderly residents (basic measures such as masks, disinfectants, social distance, as well as updated measures according to the statements of the Ministry of Health, Scientific Committee and the World Health Organization).
- It was ensured that the staff working in the organizations started to work by cleaning with disinfectant before starting work, wearing/using masks and protective personal equipment. In particular, the sensitivity and control of the personnel working in the kitchen regarding hygiene applied in the kitchen have been increased. The employee was instructed to take a fever measurement before and at the end of the mission and to record it in the fever tracking chart.
- The issues such as not allowing the personnel with symptoms to enter or stay in the workplace, preventing them from returning to work until fully recovered, following the necessary isolation processes in case of illness or suspicious cases at the personnel's home, and facilitating health leave were implemented. If there are people among the staff who do not show symptoms but have the potential to be exposed to the virus (in case of returning from abroad, etc.), they were instructed to stay in a closed area for 14 days after exposure to the virus and to be subjected to voluntary or sometimes compulsory quarantine during this period.

- Selecting the staff accompanying the elderly who show signs of illness in the establishment from among the personnel serving these people and not changing these employees on their return, if possible, transferring the personnel in all shift transformations, determining and arranging the areas where the employees working for 24/7 will meet their needs and their rest during intensive work. The issues of supporting employees in a psycho-social sense and emphasizing the importance of their work were conveyed to all provincial directorates and organizations.
- It has been ensured that the personnel who will work in additional buildings or social isolation institutions created for isolation in the organizations are new personnel without signs of epidemic and history of contamination.
- Single rooms with toilet and bathroom were allocated to the staff staying in the organizations, within the bounds of possibility. Logistical support was provided to the personnel who will be on duty to meet their needs during the shift.
- In order to protect the health and safety of the personnel, it was ensured that the medical masks were disseminated by the Provincial Directorates of each province, by contacting the Provincial Health Directorates, in accordance with the existing and foreseen need (at least 3 months) in each institution located in the province.
- In institutions, staff shifts on each floor are fixed for 14 days. Shifts were arranged as 7-10-14 days, respectively, throughout the process.
- In the institutions, in coordination with the Provincial Health Directorate, COVID-19 tests were carried out in the organisation of the personnel coming from outside in the 14-day shift system changes. In the 14-day shift system changes, the incoming personnel was enabled to enter the organization with only "There is no risk of COVID-19" written document.
- In the event that the results of the swab tests performed during shift changes are positive, all of the service users, including the personnel serving in the institutions, are tested; in the event of a new case for the second time in the institution, it was ensured that the elderly and all the personnel remaining in the facility were retested.
- The website link created within the Ministry of Family, Labor and Social Services was shared with all provinces, enabling staff working in the organizations to access the most up-to-date information.
- In order to minimize the negative effects of the pandemic process on the mental health of nursing home residents and staff, and to provide morale and motivation, various works were conducted in the coordination of social services.
- A guide for all official/private nursing homes, nursing home care and rehabilitation centers and disabled care and rehabilitation centers affiliated with the MoFLSS, informing about the measures that need to be taken and the necessary procedures to protect the health and safety of elderly and residents with disabilities and staff during the normalization process has been prepared and distributed to all provinces.

- In-service trainings were given to increase the qualification and quantity of the personnel working in care services. Besides;
- The “Social Inclusion Project for Mentally Handicapped Persons”, funded by the European Union (EU), was carried out jointly in technical cooperation with the MoFLSS, the Ministry of Health and the World Health Organization (WHO), which aims to carry out community-based services in a comprehensive and harmonious manner. Within the scope of the Project, some face-to-face trainings were planned for all staff working in official care centers serving disabled individuals. However, due to the Covid-19 pandemic, it was deemed appropriate to support the staff with online training, and during the period June-July 2020 period, a total of 204 disabled care and rehabilitation center managers were provided with the following online trainings: Case Management and Response Processes, Burnout and Stress Management, Communication with Persons with Disabilities, Convention on the Rights of Persons with Disabilities, Training on “Community Based Rehabilitation and Individual-Centered Planning.

Measures Taken by the Ministry of Internal Affairs

Work Undertaken by the General Directorate of Provincial Administration:

- In order to minimize the potential risks arising from the nature of the working environment in public buildings, it has been ensured that public employees are put to work on rotational and flexible working conditions.
- Pregnant and staff with chronic diseases, etc. who are in a more risky position in the face of the epidemic are paid more attention in terms of the flexible working of the staff.
- Regulations have been made with various Presidential Circulars on flexible and rotational work.
- Disposable products have been used to reduce risks in dining halls. Again, different time zones are determined as lunch times for different units in order to prevent density in dining halls.
- Maximum attention is paid to hygiene rules in places that may be riskier for both citizens and working staff, such as prisons and nursing homes. As an additional measure, inmate visit permits are reduced or rescheduled so as not to create density.
- All staff, especially those working in funeral services, are provided with protective clothing and protective equipment, depending on the degree of risk, in addition to the masks.

Work Undertaken by the General Directorate of Security:

- A booklet on “COVID-19 and Mental Health” was published on the Corporate Information and Communication Portal (POLNET) of the General Directorate of Security, by informing the staff about the ways of protection from coronavirus.

- Personal Protective Medical Equipment (disinfectant, overalls, mask, gloves, glasses, visor, thermometer) was procured and distributed to the entire Organization. Distribution is still ongoing.
- The video streaming on "Coronavirus and Mental Health" prepared by psychologists working for the General Directorate of Security was broadcasted on POLNET.
- Brochures, posters, booklets etc. about the studies on coping with the effects of coronavirus on our mental health have been printed.
- The personnel were informed about the subjects of following the hygiene rules, paying attention to social distance and following the rules to be considered in the fight against coronavirus in public places.
- Trainings were delivered on the correct use of masks, ambient ventilation and how to clean the environment.
- Psychological support is provided to the staff by starting the "Psychological Counseling Line" application.
- By procuring a disinfectant (ULV) device, common areas, service cars and personnel services are disinfected periodically in all units.
- A commission has been established so as to check up on the personnel in the headquarters and at provincial units in terms of hygiene, use of masks and compliance with social distance rules thus the inspections are carried out.
- The isolation procedure is applied to ensure that personnel who test positive or have contact do not transmit the virus to their environment.
- Psychological support interviews are made over the phone with personnel who test positive for COVID-19.
- In the Central and Provincial Units of the General Directorate of Security, procedures and transactions are carried out in accordance with the provisions of the Occupational Health and Safety Law No. 6331.

Work Undertaken by the General Command of Gendarmerie:

By the Logistics Command of Gendarmerie, Occupational Health and Safety services are ensured for 7 workplaces (with NACE code) with 3 occupational safety experts and 1 workplace doctor in accordance with Article 2, paragraph 2 (a) of the Occupational Health and Safety Law No. 6331.

In this scope;

- Workplaces and Occupational Health and Safety professionals make contracts on the OHS-KATIP.
- Occupational Health and Safety activities are carried out in accordance with the regulations issued within the framework of Law No. 6331.

- Employees in the relevant workplaces are considered employees regardless of their status difference.
- While assigning or recruiting employees, the employee's suitability for work in terms of health, safety and vocational training is evaluated, VQA documents needed for their profession are obtained.
- Occupational Health and Safety board meetings are regularly held.
- Employees are delivered with the necessary Occupational Health and Safety trainings.
- Employees are dictated about the usage and safety instructions of the work equipment they use, such as machinery, hand tools, etc.
- Risk assessment is carried out by including psychosocial risks in terms of Occupational Health and Safety at workplaces and updated regularly as specified in the law.
- Emergency Action Plans are prepared and updated regularly as specified in the law.
- Notification of occupational accidents and diseases is made.
- Annual statistics of work accidents are prepared and additional measures, if any, are determined to minimize workplace accidents and occupational diseases by evaluating the statistical results.
- Necessary health surveillance is rendered for occupational and work environment risks.
- In cases where collective protection measures are not sufficient, personal protection measures are taken, necessary Personal Protective Equipment is provided against the risks that employees are exposed to and their usage is monitored.

While carrying out the aforementioned activities, workplaces other than 7 workplaces (headquarters, social facilities etc.), those in the "factory maintenance center, sewing workshop etc. excluding general law enforcement activities" as mentioned in the sub-clause (a) of the 2nd paragraph of the Article 2 of the Law No. 6331 affiliated to the Logistics Command of Gendarmerie, has been excluded with the above expression.

Measures taken by the General Command of Gendarmerie to Protect Personnel Health;

- With the order issued on 24 January 2020, a COVID-19 brochure was prepared in addition to other infectious diseases in order to recognize the disease and to protect it from the disease, and it was sent as an attachment to the relevant order, it was instructed to hang these brochures in areas visible to the staff and was also published on the JNET web pages of the General Command of Gendarmerie.
- In the order issued on coronavirus disease and preventive health measures on 28 February 2020, personal care measures, which are especially important in the disease, were explained, and the disease guide and the case tracking algorithm to be used in the management of the cases were sent to the battalions and higher-level units in the Annex of the relevant order.

- On 05 March 2020, within the scope of the circular issued by the General Directorate of Provincial Administration of the Ministry of Internal Affairs within the scope of combating the Coronavirus (COVID-19) pandemic, it was ordered that the measures to be taken in relation to the disease are urgently planned and the issue is followed precisely by the respective superiors. The order was sent to the battalion and the higher-level units.
- A training programme was organised on 16-20 March 2020 in order to increase the awareness of the personnel about the coronavirus disease and personal hygiene as well as to eliminate the deficiencies within the scope of personal hygiene measures, and a total of 594 personnel from the troops affiliated to the Logistics Command participated in the training.
- On 18 March 2020, the order on the measures to be taken against the COVID-19 outbreak was issued, and additional health measures to the previous orders, the points to be considered in cleaning and disinfection processes and the COVID-19 information banner were sent in the annex of the aforementioned order etc. It was ordered that the said poster be placed at work areas, dining halls, lavatories, etc.
- On 22 March 2020, the Provincial Gendarmerie Command offices were notified that they could obtain the materials they need by using the means of the troops (canteen, social facility income, etc.). In addition, the procurement of 3,400 N95 masks, 1,700 remote thermometers, 200,000 gloves and 650,000 surgical masks from the central procurement was completed and arranged for the units.
- On 23 March 2020, an order was issued regarding the measures that need to be taken during the participation of the personnel in the troops and institutions and was published to the battalions and higher-level units.
- All courses dedicated to the units were postponed, training at the Gendarmerie and Coast Guard Academy was suspended.
- 14 days quarantine practice has been started in order to protect all personnel against the availability of disease carriers due to the incumbents who have returned from their leave, newly joined and those to be discharged.
- At the entrance to the units, the remote non-contact thermometer and measuring fever practice was initiated and the potential disease carrier personnel were transferred to the health institutions.
- The distance between the beds in the wards of the soldiers was moved away and the dining tables were separated from each other. In order to reduce the number of people eating at the same time, the practice of eating in shifts was started. In the troops, the acceptance of visitors was suspended except in necessary cases and the inner city permits of the soldiers were cancelled at the weekend.
- Patisseries, gyms and picnic areas, children's playgrounds, women's hairdressing salons and barbers were closed. The take-away practice was started for the workers for lunch.

- Cleaning and disinfection activities continue to be carried out in the areas where personnel are accommodated.
- In line with the verbal instructions of the Minister of Interior Affairs, the Gendarmerie Sewing Workshop Directorate produced the masks in order to use for the needs of other units of the Ministry of Internal Affairs (General Directorate of Security, Coast Guard Command, Disaster and Emergency Management Presidency (AFAD), etc.), Vefa Social Support Groups and the Ministry of Health. With the sewing capacity of the Sewing Workshop Directorate, the production of an average of 100,000 surgical masks per day was started on 28 March 2020 at the first stage, and it continues to produce with a capacity of 150,000 pieces as of 08 April 2020.
- 10,000 rapid diagnostic kits were provided to the General Command of Gendarmerie for free of charge on 20 May 2020, in order to determine the illness of the officers, non-commissioned officers, specialized sergeants, sergeants and soldiers who will join the Gendarmerie units.
- Due to the increase in the number of cases in June 2020 in the course of the coronavirus (COVID-19) epidemic normalization process; brochures were distributed to the units about the measures that need to be taken for personal hygiene (hand hygiene, wearing a mask, avoiding contact with hands, mouth, nose and eyes), social isolation and disinfection of common areas.
- Orders were issued to the unions on 24-26 June and 06-10-20 July 2020 in order to take the necessary measures in line with the "Scientific Advisory Board Works along with Ministry of Health Outbreak Management and Work Guide" published on the website of the General Directorate of Public Health in order to manage the risk of the epidemic in terms of public health and public order, to ensure social isolation, to protect social distance and to keep the rate of spread under control from the moment the coronavirus (COVID-19) epidemic is seen.

Amounts allocated to the unions/institutions and materials procured and arranged by the General Command of Gendarmerie:

Within the scope of combating the coronavirus (COVID-19) disease, an additional allowance of 17,000,000 TL has been allocated, 650,000 surgical masks, 3,400 n95 / ffp2 masks, 1,200,000 non-sterile gloves, 11,000 protective overalls, 1,000 protective glasses, 17,000 lt. hand sanitiser, 3,000 lt. environment disinfectant, raw material for the production of 40,000 visor masks, raw materials for the production of 40,000,000 medical masks, 3,200 non-contact thermometers, 250 electric ULV devices and a total of 16,677,007 TL were used to meet the needs of the unit commands.

As of 12 November 2020, out of the total number of personnel of General Command of Gendarmerie who tested positive for COVID-19 was 7,063, the number of personnel who still tested positive for COVID-19 was 1,619, the number of personnel whose COVID-19 test turned from positive to negative was 3, and the number of personnel who started their duty after recovering was 5,441.

Works carried out by the Directorate General of Migration Management in Temporary Accommodation Centers:

- Temporary accommodation centers were informed to take measures regarding the Covid-19. A video conference meeting was held with the participation of deputy managers of all temporary accommodation centers. The meeting decisions taken were notified to the governorships as instructions.
- Disinfection works are carried out regularly in temporary accommodation centers. In addition, information brochures were distributed to the people who were sheltered.
- It is mandatory for the personnel on duty to wear masks and gloves.
- During the isolation periods, common areas are closed to use. In the markets, it is not allowed to have more than a certain number of people at the same time.
- Each temporary accommodation center makes its plans as per the pandemic, and in this context, the necessary coordination is ensured with Provincial Health Directors.
- A pandemic plan study regarding temporary shelters has been carried out.
- WFP distributed the following materials to a total of six temporary accommodation centers on September 28, 2020:

<u>Equipment</u>	<u>Total</u>
Thermometer	45
Gloves	90000
Protective eye-glasses or visor	1045
Protective uniform	1550
Surface disinfectant	12000
Hand disinfectant	1770
N95 Mask	1250
Surgical mask (boxes with 50 pieces)	2150
UV disinfectant machine	6
Disinfectant machine	8

- The distribution of 1,161 protective goggles, 16,254 protective overalls, 16,254 N-95 and higher quality masks, 32,508 surgical masks, 650 litres of surface disinfectant, 1,350 litres of hand disinfectant, 76,000 gloves were provided from UNHCR for the use of personnel in case of quarantine.

Works Undertaken by the Ministry of Family, Labour and Social Services:

The website on "Combating COVID-19 in Workplaces" was set up in order to provide information, raise awareness, provide training, share experience sharing and deliver consultancy services to employers, employees, OHS professionals and society regarding the fight against COVID-19.

Documents prepared and published by the MoFLSS:

- In Fuel and LPG Stations; Checklist for Protection from the New Type of Coronavirus Outbreak,
- Checklist for Protection from the New Type of Coronavirus Outbreak for shopping malls;
- Points to be Considered in Combating New Type of Coronavirus in Main Metal Industry Enterprises (Information Card)
- Checklist for Protection of Main Metal Industry Sector Employees from the New Type of Coronavirus Outbreak
- Checklist for Protection from New Type of Coronavirus Outbreak at Workplaces Operating in Waste Collection
- Checklist for Protection from New Type of Coronavirus Outbreak in Workplaces Where Shoes and Bags are Manufactured
- Checklist of Bank Counter Officers for Protection from New Type of Coronavirus Outbreak
- Checklist for Protection from New Type of Coronavirus Outbreak in Call Centers
- Checklist for Protection from New Type of Coronavirus Outbreak for Oral and Dental Health Centers
- Checklist for Protection from New Type of Coronavirus Outbreak in Workplaces with Manual Handling Works
- Checklist for Protection from the New Type of Coronavirus Outbreak In Food Production Establishments;
- Checklist for Protection from the New Type of Coronavirus Outbreak for Security Officers;
- INTES Healthy and Safe Working Methods and Worksite Training Programs in COVID-19 Process
- Cleaning and Maintaining of Work Clothes and Personal Protective Equipment Used in INTES Constructions against New Type of Coronavirus Risk
- INTES Guidelines for Using Masks Against New Type Coronavirus Risk in Construction sites
- New Type of Coronavirus Checklist at INTES Construction Workplaces

- Questions and Answers About INTES New Type of Coronavirus (COVID-19)
- Points to be Considered in Combating New Type of Coronavirus in Work Equipment Rental Sector (Information Card)
- Checklist for Protection from the New Type of Coronavirus Outbreak in the Work Equipment Rental Sector;
- Checklist for Protection from the New Type of Coronavirus Outbreak for Occupational Hygiene Measurements;
- Occupational Health and Safety Guide for Psychosocial Risks for Workplaces
- Precautions that need to be Taken Against New Type of Coronavirus at Workplaces
- New Type of Coronavirus Protection Measures at Workplaces
- Points to be Considered in Combating New Type of Coronavirus in Enterprises Operating in Accommodation Services (Information Card)
- Checklist for Protection from the New Type of Coronavirus Outbreak in Accommodation Services;
- Checklist for Protection from the New Type of Coronavirus Outbreak in Coiffeurs, Barbers and Beauty Salons;
- Checklist for Protection from the New Type of Coronavirus Outbreak for Mine Workers;
- Points to be Considered in Combating New Type of Coronavirus in Mining Facilities (Information Card)
- Checklist for Protection from the New Type of Coronavirus Outbreak in Transportation by Intercity Public Transport Vehicles;
- Checklist for Protection from the New Type of Coronavirus Outbreak for Agricultural Workers;
- Checklist for Protection from New Type of Coronavirus Outbreak in the Textile Sector;
- Checklist for Protection from the New Type of Coronavirus Outbreak At Workplaces Producing and Selling Bakery Products;
- Checklist for Protection from the New Type of Coronavirus Outbreak for Works in Construction Sites;
- Points to be Considered by Occupational Health and Safety Professionals at Workplaces Against the New Type of Coronavirus;
- Guidelines Regarding Measures to be Taken during the Covid-19 Outbreak (Prepared by İSGÜM and KİPLAS together).

Posters and Brochures Prepared and Published by the MoFLSS:

- Points in Combating New Type of Coronavirus at Oral and Dental Health Clinics;
- Points in Combating New Type of Coronavirus in Fuel and LPG Stations;
- Points in Combating New Type of Coronavirus for Shopping Malls' Staff;
- Points in Combating New Type of Coronavirus in Workplaces Where Shoes and Bags are Manufactured;
- Points in Combating New Type of Coronavirus for Bank Counter Officers;
- Points to be Considered in Combating New Type of Coronavirus in Workplaces Operating in Municipal Waste Collection;
- Points in Combating New Type of Coronavirus in Call Centers;
- Points in Combating New Type of Coronavirus in Pharmacies;
- Points in Combating New Type of Coronavirus in Workplaces with Manual Handling Works;
- Points in Combating New Type of Coronavirus In Food Production Establishments;
- Points in Combating New Type of Coronavirus In the Work of Security Officers;
- Points to be Considered in Combating New Type of Coronavirus During Occupational Hygiene Measurements;
- Points to be Taken in Public Institutions and Organizations No Passage to COVID-19! Transportation to the Workplace, Entry and Exit;
- Points to be Taken in Public Institutions and Organizations No Passage to COVID-19! Offices and Common Usage Areas;
- Points to be Considered in Combating New Type of Coronavirus in Public Institutions;
- Points to be Considered in Combating New Type of Coronavirus in Cargo and Courier Transportation;
- Points to be Considered in Combating New Type of Coronavirus in Hairdressers, Barbers and Beauty Salons;
- Points to be Considered in Combating New Type of Coronavirus in Transportation by Intercity Public Transport Vehicles;
- Points to be Considered in Combating New Type of Coronavirus in Agricultural Work;
- Points to be Considered in Combating New Type of Coronavirus in the Textile Sector;
- Points to be Considered in Combating New Type of Coronavirus in Wholesale and Retail Markets;

- Points to be Considered in Combating New Type of Coronavirus in Workplaces Producing and Selling Bakery Products;
- Points to be Considered in Combating New Type of Coronavirus in Construction Work;
- New Type Coronavirus Workplace Information Posters;
- New Type of Coronavirus Workplace Protection Measures Posters.

Videos Prepared and Broadcasted by the MoFLSS:

- Points to be Considered by Pharmacy Employees Against New Type of Coronavirus;
- Points to be Considered Against New Type of Coronavirus in Cargo and Delivery Works;
- Points that Market Employees Need to Consider Against The New Type of Coronavirus;
- Points to be Considered Against New Type of Coronavirus in Workplaces Producing and Selling Bakery Products;
- Points to be Considered Against New Type of Coronavirus in Call Centers;
- Points to be Considered Against New Type of Coronavirus in Construction Works;
- Points to be Considered Against New Type of Coronavirus in Fuel and LPG Stations;
- Points to be Considered Against New Type of Coronavirus in Mining Facilities;
- New Type of Coronavirus (COVID-19) Protection Methods in Workplaces - 16 Rules.

In addition, it is foreseen that additional measures will be considered by the institutions that are employers of the said sectors, especially the Ministry of Health, the Ministry of Internal Affairs and the Ministry of National Education, regarding the precautions taken for the various professions mentioned here, the protective equipment provided by the directives.

Programs and Incentives Implemented by Turkish Employment Agency:

In order to reduce the effects of the COVID-19 pandemic on the labour market and to protect employment, unemployment benefits and short term work allowance practices have been effectively implemented. In addition to these practices, two new supports, cash wage support and normalization premium support for workplaces that started to work normally, has been put into practice, too.

Short Term Work Allowance:

Considering the possible effects of COVID-19, with the decision taken by the Board of Directors of İŞKUR, a short-term work allowance practice was implemented within the scope of "compelling reason arising from periodic situations arising from external effects".

The short-term work allowance is applied in cases where the weekly working hours at the workplace are temporarily reduced by at least one-third due to general economic, sectoral,

regional crisis or force majeure, or if the workplace is stopped completely or partially for at least four weeks without seeking continuity.

In the event of a decrease in working hours due to COVID-19, the short-term working practice has been rearranged the requirements to benefit from short-term work allowances have been eased in order to include as many persons as possible and compensate for the income losses of employees to the maximum extent. In the first arrangement regarding short work, the 600 days premium payment requirement in the last 3 years required to qualify for allowance has been reduced to 450 days and the condition of being subject to the service contract for the last 120 days prior to Short Term Work Allowance commences has been reduced to 60 days. Thus, more employees were able to benefit from the practice.

With the second regulation, workers who were included in the scope of short term work allowance were provided with rapid allowance. In order for more people to benefit from short term work allowance and to protect public health, it has been ensured that the short term work allowance applications previously received in the physical environment can be made by e-mail to İŞKUR by the employers and in order to facilitate the process, the short term work allowance is paid in line with the employers' statements and it has been determined that the conformity assessment will be made later by the labour inspectors. In this period, termination restrictions were also imposed so that the layoffs are prevented.

The short term working, which was previously applied as three months for compelling reasons within the scope of periodic situations caused by external effects due to COVID-19, was extended until the end of March 2021 with the extensions made in accordance with the Presidential Decisions.

During the COVID-19 process, payments of unemployment benefits, which have an important place in passive labour programs within the scope of unemployment insurance, continued effectively.

As of the latest data available (March 2021), a total of more than 27.5 billion TL have been paid to nearly 3.8 million persons in the form of short-term work allowance. What is more, since the start of the global pandemic, nearly 1 million persons have received unemployment benefits amounting to a total of 5.1 billion TL.

Cash Wage Support:

A cash wage support arrangement has been implemented for workers who are given unpaid leave by the employers and can not benefit from short-term work allowance, and workers whose employment contract was terminated after 15 March 2020 but could not qualify for unemployment benefits. Within the scope of cash wage support, our citizens who are on unpaid leave or who can not be entitled to unemployment allowance are paid 47,70 TL per day (as of January 2021). In the same period, general health insurance (GSS) premiums of those benefiting from the support are also covered by the Unemployment Insurance Fund. With the regulation made, the President has been authorized to extend the prohibition period for the termination and therefore the period of cash wage support application for a maximum of three months each time up to 30 June 2021. With the latest decision taken, this period has been extended until 17 May 2021.

Since the start of the outbreak up to March 2021, nearly 2.5 million persons have been entitled to benefit from this support amounting to a total sum of 8.3 billion TL.

Normalization Premium Support:

Strong steps have been taken with determination to support the transition to normal. In this context, short work has been applied or normalization premium support has been provided to our workplaces that have benefited from cash wage support but have started to work normally.

Within this incentive, the employer share of the social security premiums has been covered for a maximum duration of six months. The amount of this support is limited to the whole premium paid for an employee earning minimum wage. Since the start of the COVID-19 pandemic, a total of 3.5 billion TL have been paid for approximately 3.2 million employees.

Allowances Paid During the COVID-19 Period (as of March 2021):

Social Protection Shield Across Turkey		Number of persons/households	Total amount provided in TL
Social Assistance Programme (Households)	Phase I	2,111,254	2,111,254,000
	Phase II	2,316,010	2,316,010,000
	Phase III	2,029,198	2,029,198,000
National Solidarity Campaign	Household	2,074,693	2,074,693,000
Unemployment Benefits	Persons	994,608	5,081,629,812
Short-term Work Allowances	Employee	3,757,321	27,698,483,265
Daily Cash Support	Employee	2,471,134	8,265,914,051
Normalization Support	Employee	3,183,435	3,529,406,376

Precautions about Social Distance:

During the COVID-19 outbreak, payment channels for allowances delivered by İŞKUR have been diversified in order to reduce physical mobility. While the payments such as unemployment benefit, short term working allowance and cash wage support were paid to the beneficiaries through PTT, following the protocol and integration with public banks the payments were made to individuals' accounts in a more comfortable manner. Thus, the beneficiary density in front of PTT offices was reduced and our citizens were able to reach their allowances without leaving their homes. All services and information, especially the applications to the public employee recruitment announcements that cause the density of İSKUR service units, were received online via e-Government or İŞKUR e-branch and through ALO-170.

Applications for Public Employee Recruitment and Public Benefit Programs were received online instead of receiving through service centers.

Moreover, information meetings through workplace visits were held by coming together with employers on online platforms over the course of this period.

Activities such as face-to-face group meetings, job search skills training, Job Clubs within the scope of the job and vocational counselling services have been postponed due to the pandemic. In order to reduce the risks of face-to-face service provision, the "Online Job Clubs" was launched.

Precautions for Active Labor Force Programs:

Suspending courses and programs organized in workplaces that started before the epidemic and whose continuation was considered harmful for public health was enabled. The continuity of the courses and programs was supported by providing the opportunity to work remotely for certain sectors and workplaces that are suitable for remote work. Applications for on-the-job training programs have started to be received on İŞKUR website.

For on-the-job training programs that continue as of 1 March 2020 and opened after this date, the pandemic has been determined as force majeure, and the period for recruitment of people has been postponed up to 1 June 2020.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Information is given in the related part.

To issue safety and health regulations:

a) Please provide detailed information on the regulatory responses adopted to improve occupational safety and health in connection with known and also evolving or new situations (including as regards stress and harassment at work; work-related substance use and employer responsibility; strictly limiting and regulating electronic monitoring of workers; mandatory digital disconnection from the work environment during rest periods – also referred to as “digital detox”; health and safety in the digital and platform economy; etc.) and about regulatory responses to newly recognised forms of professional injury or illness (such as work-related self-harm or suicide; burn-out; alcohol or other substance use disorders; post-traumatic stress disorders (PTSD); injury and disability in the sports entertainment industry, including in cases when such injury and disability can take years or even decades to become apparent, for example in cases of difficult to detect damage to the brain; etc.).

According to Article 417 of the Turkish Code of Obligations, the employer is obliged to protect the personality of the worker with whom he/she has a labour relationship, to respect them, to ensure order in accordance with the principles of honesty in the workplace, to take the necessary measures to prevent the workers from being subjected to psychological and sexual harassment and to prevent further harm to those who have been subjected to such harassment.

The employer is obliged to take all necessary measures to ensure occupational health and safety at the workplace, and to keep the tools and equipment in full; employees are also

obliged to comply with all kind of measures taken regarding occupational health and safety. Compensation for damages due to the death of the employee, damage to his body integrity or violation of his personal rights due to the employer's violation of the law or contract, including the provisions mentioned above, is subject to the provisions of liability arising from the contradiction of the contract.

The provisions on harassment in the workplace are enacted with Articles 24 and 25 of the Labor Law No. 4857. In cases where the employer acts cruel or inhuman treatment or sexually harass the worker and/or his family members, or where the worker is subjected to sexual harassment by another worker or third parties at the workplace and the necessary measures are not taken despite the notification of this situation to the employer, the employee has right to terminate the labour contract immediately. In the occurrence of one of these situations, the employee may terminate the labour contract before the end of the term or without waiting for the notification period, regardless of whether the contract is temporary or permanent. On the other hand, if the employee sexually harasses another employee at the workplace, it is evaluated within the scope of the employer's rightful termination of the labour contract for the harasser.

Article 25 of the Occupational Health and Safety Law No. 6331 prohibits using addictive substances at the workplace. Accordingly, it is forbidden to come to the workplace drunk or stoned and to use alcohol or drugs at the workplace. The employer has the authority to determine in which situations, when and under which conditions alcoholic beverages can be consumed at the workplace. In accordance with the Regulation on Occupational Health and Safety Risk Assessment published on Official Gazette dated 29.12.2012 and No. 28512, there is a provision that the psychosocial dimension of the work should be considered in the risk assessment to be carried out at the workplace.

DG OHS has recently conducted a survey in a population of 1200 people determined by stratified random sampling method among employees in three different units of 17 private banks. In this context, the relationship between some characteristics of people's working conditions, some health-related behaviours and their burnout levels were surveyed. The results of the survey were shared with the regulatory agency of the sector in question, and two seminars were held for bank employees regarding the measures that can be taken.

The "Occupational Health and Safety Guide for Psychosocial Risks for Workplaces" has been prepared by DG OHS in order to combat the new type of coronavirus.

In addition, studies on psychosocial risks in various sectors such as mines, healthcare or other specific occupational groups were carried out by the career experts of MoFLSS, within the framework of thesis preparation obligations.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Information is given in the related part.

3. To provide for the enforcement of such regulations by measures of supervision:

a) Please provide statistical data on the prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through the digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high-stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

Data on accidents or diseases resulting in death or injury at workplaces:

Sectors	2016		2017		2018		2019	
	Number of Fatal OA at Sector	Fatal OA Rate per 100,000	Number of Fatal OA at Sector	Fatal OA Rate per 100,000	Number of Fatal OA at Sector	Fatal OA Rate per 100,000	Number of Fatal OA at Sector	Fatal OA Rate per 100,000
TOTAL	1.405	9,2	1.636	8,5	1.542	8,2	1.149	6,1

OA: Occupational Accident

Source: Social Security Institution

b) Please provide updated information on the organisation of the labour inspectorate, and on the trends in resources allocated to labour inspection services, including human resources. Information should also be provided on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections as well as on the number of breaches to health and safety regulations and the nature and type of sanctions.

Labour inspection activities are carried out by the Directorate of Inspection and Guidance Board under the Ministry of Family, Labour and Social Services under two headings as the execution of the work and occupational health and safety inspections and include the inspection of the whole working life. Labour inspection activities are carried out by a total of 959 labour inspectors (578 in terms of occupational health and safety, 381 in terms of execution of the work) working in 5 Group Presidencies established in Adana, Ankara, Bursa, Istanbul and İzmir provinces together with the Presidency at the Headquarters.

The Directorate has employed a total of 887 assistant labour inspectors, 7 in 2005, 71 in 2008, 59 in 2009, 310 in 2010, 104 in 2011, 122 in 2012 and 214 in 2015. In addition, the recruitment process of 80 assistant job inspector candidates continues. Following the COVID-19 pandemic, complaints and notifications about health conditions regarding workplaces operating in different lines of business throughout the country are submitted to the Directorate of Inspection and Guidance Board.

Notices that workplace employees are sick due to the COVID-19 are reported to the relevant units of the Ministry of Health. When there are claims and requests by the employees that occupational health and safety measures are not taken by the employer against the pandemic in the workplace, the employer and/or employer representatives, occupational safety specialists, workplace physicians or relevant persons are contacted and informed about the necessary measures that need to be taken. The essential warnings are made to them in writing by reminding the mandatory provisions.

During the meetings with employers, informative documents, posters, videos prepared by the Ministry of Family, Labor and Social Services for different lines of business within the scope of combating COVID-19, as well as frequently asked questions and answers are included on the website titled “Combating COVID-19 at Workplaces” (<https://ailevecalisma.gov.tr/covid19>) and the guides along with the checklists are shared with the workplace authorities. In addition, employers are requested to inform the Ministry about the measures they have taken, and the above-mentioned process is operated and the suggestions recommended by the Ministry of Health and the measures specified in the guidelines and checklists prepared by our Ministry are followed by the employers.

In this context, upon the notices and complaints about COVID-19, 4,092 workplaces were inspected in 2020 (as of 31.10.2020). During and after the COVID-19 pandemic, field inspections in terms of occupational health and safety were not interrupted, and occupational health and safety inspections continued uninterruptedly within the scope of labour inspections as well as the above-mentioned works and procedures. In terms of occupational health and safety in 2020 (as of 31.10.2020), a total of 3.055 inspections were carried out, including 1.784 scheduled inspections, 1.271 non-scheduled inspections (checks) inspections. As a result of the inspections carried out during this period, it was decided to halt work in 37 workplaces and an administrative fine of 9,420,168 TL was imposed on 587 workplaces.

c) Please indicate whether Inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors. If certain workplaces are excluded, please indicate what arrangements are in place to ensure the supervision of health and safety regulations in such premises.

Labour inspection in our country is carried out by the labour inspectors of the Ministry of Family, Labor and Social Services, in accordance with the provisions of ILO Convention No. 81 on Labor Inspection in Industry and Trade, Presidential Decree No. 1, Labor Law No. 4857 and Occupational Health and Safety Law No. 6331, and of other labour legislation.

In Article 2 of the Occupational Health and Safety Law No.6331, titled "Scope and Exceptions", it is stipulated that it will be applied to all jobs and workplaces belonging to the public and private sector, employers and employer representatives of these workplaces, all employees, including apprentices and interns, regardless of their field of activity. However, it has been stated that the provisions of Law No. 6331 on Occupational Health and Safety will not apply to the following activities and persons:

- a) Activities of the Turkish Armed Forces, general law enforcement and the Undersecretariat of the National Intelligence Organization, excluding those in factories, maintenance facilities, sewing workshop and similar workplaces.
- b) Response activities of disaster and emergency units.
- c) Domestic work,
- d) Those who produce goods and services on their own behalf and account, without employing any employees.
- e) During the execution services for convicts and detainees, within the scope of improvement of prison workshop, education, security and vocational training activities.

In this context, occupational health and safety inspections are carried out by labour inspectors within the framework of the scope and exception provisions of the Occupational Health and Safety Law No. 6331.

Procedures regarding the subject of supervision and inspection of military workplaces and workplaces producing the necessary materials for homeland security and their results are carried out in accordance with the regulation prepared by the Ministry of National Defense and the Ministry of Family, Labor and Social Services.

The Regulation on the Supervision, Inspection and Suspension of Workplaces Producing Materials Required for Military Workplaces and Homeland Security was updated and published in the official gazette dated 15 April 2020 and numbered 31100. Accordingly, the supervision and inspection of military workplaces regarding the working life are carried out by the inspectors of the Ministry of National Defense.

The supervision and inspections carried out by the Ministry of National Defense inspectors are implemented in accordance with the provisions of the legislation on working life regarding the supervision and inspection of workplaces. The notification of all kinds of supervision and inspection reports to the workplaces, including the decision to suspend the work, the announcement of relevant consequences to the relevant persons, their implementation and monitoring activities are carried out by the Ministry of National Defense inspectors.

d) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Information is given in the related part.

4. To promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Information is given in the related part.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 3

THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

Article 3 – The right to safe and healthy working conditions

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

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

Paragraph 1. To formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the working environment.

Scope of the provisions as interpreted by the ECSR

States Parties undertake to establish, implement and periodically review a consistent health and safety policy in consultation with the social partners. Work-related stress, aggression and violence should be taken into account while policies are regularly evaluated in light of new risks that arise. Psychosocial risks should also be included in research and information activities aimed at improving occupational health and safety of public institutions.

The main policy goal should be to promote and maintain a culture of prevention in health and safety areas at the national level, rather than a compensatory approach. The prevention culture refers to a structure in which all parties - the public, employers and workers - are actively involved in preventing risks by working within well-defined rights and duties. Authorities organize training, information and research activities to increase awareness and knowledge and to combat risks. Employers' and workers' organizations at all levels should be consulted when designing and implementing national policies and strategies.

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Consultation with employers'

1. Information about the Occupational Health and Safety (OHS) Policy Document II (2009-2013) and National OHS Policy Document III (2014-2018) and the results obtained

The National Occupational Health and Safety Council was established in accordance with the Eighth Five-Year Development Plan and as required by the Convention No. 155 of the International Labor Organization in order to make recommendations for the identification of OHS related policies and strategies throughout the country and held its first meeting on 6/5/2005. It has a legal basis with Article 21 of the OHS Law No. 6331, and the National OHS Council Regulation was published in the Official Gazette No. 28550 dated February 5, 2013. Finally, it held its 28th meeting on June 21, 2018.

The Council consists of 26 members, 13 of whom are from public institutions and organizations and 13 from social partners. It convenes twice a year and is tasked with publishing the national occupational health and safety policy document and following up the practices in line with this document. The 1st and 2nd National Occupational Health and Safety Policy Document covering the years 2006-2008 and 2009-2013 and the 3rd National Occupational Health and Safety Policy Document and Action Plan has been published and put into effect. The work on the 4th National Occupational Health and Safety Policy Document and Action Plan started in 2018.

Paragraphs 2, 3, 4, 5, 6 and 7 of Article 21 of the Occupational Health and Safety Law No. 6331, which regulates the National Occupational Health and Safety Council, have been removed from the text of the Law, and the "References to the National Occupational Health and Safety Council are deemed to have been made to the board and authority to be determined by the President", it is stipulated that the activities of the National Occupational Health and Safety Council will be carried out by our Presidency.

In this respect, in order to ensure the continuity of the activities of the Council, an official letter was sent to the Presidency, with the signature of our Minister, in order to establish a Council Board before the Presidency or to continue the work of the Council before our Ministry.

As stated in the meeting held with the Presidency Legal Policies Board, it was stated that the National Occupational Health and Safety Council would be run by the Presidency Social Policies Board; requests from the Board are awaited in case asked by our General Directorate to provide the necessary information and document support.

In addition, concrete information about the goals and realizations included in the 3rd National Occupational Health and Safety Policy Document is presented below in the form of a summary table.

OBJECTIVE No	3rd POLICY DOCUMENT (2014-2018)	REALIZATION
Objective 1	Increasing the quality and standardization of the activities in the field of OHS	<ul style="list-style-type: none"> - A new audit model has been developed for the units providing OHS services (taking into account the developments in the workplaces they serve) - The persons who will carry out the periodic testing, control and maintenance of work equipment have been recorded and the procedures and principles regarding their training have been arranged. - Advanced training modules have been prepared for OHS professionals. - The Regulation on Occupational Hygiene Measurement, Test and Analysis Laboratories was published in the Official Gazette dated 24.01.2017 and numbered 29958. - Trainings were delivered by Labour Health and Occupational Safety Center (ISGUM), Centre for Labour and Social Security Training and Research (ÇASGEM) and MoNA.
Objective 2	Dissemination of OHS culture in the society	<ul style="list-style-type: none"> - Within the framework of the protocols signed with the Communication Faculties of Universities, Public Institutions and Organizations as well as mass service providing large enterprises such as TURKCELL, our General Directorate has carried out studies to raise awareness in the society on OHS and continue to expand it. - The Protocol for Integration of Occupational Health and Safety into Education signed between the Ministry of National Education and our Ministry on 10.01.2019 was brought into force in the previous period. In this context, training, seminars, etc. to be organized in the field of occupational health and safety for students, trainees, administrators, teachers and master instructors serving at the MoNA. Visual / written material was prepared with the activities and the technical support requested by the parties was provided and the process is still ongoing. In this framework, "Occupational Health and Safety Corners" were created in schools. In the first stage, an OHS Corner was established in more than 5000 schools. In the OHS Corners, it is aimed to contribute to the formation of a healthy and safe living culture for our children in primary school age. - Master Güven Animation Series are continuing within the scope of cartoon preparations, which is a sub-component of the Project for Improving Occupational Health and Safety in the Mining Sector.

		- “Safe Home Guides” have been prepared and published on our website in order to protect parents and children against risks at home.
Objective 3	Increasing the activities for the development of OHS in the public and agricultural sectors	Activities carried out in both sectors are specified in the sixth article of the 4 th paragraph.
Objective 4	Development of occupational accident and disease statistics and recording system	- It is performed by SGK in accordance with ESAW - Occupational Health and Safety Information Management System and Occupational Health and Safety Recording, Tracking and Monitoring Program are put into practice and actively used.
Objective 5	Reducing the rate of occupational accidents for each of the metal, mining and construction industries	The activities carried out in the relevant sectors are specified in part c of the 1 st article of the 3 rd paragraph.
Objective 6	Identifying possible occupational diseases and collecting pre-diagnoses	The indicated activities are specified in part h of the 1 st article of the 3 rd paragraph.
Objective 7	Making VQA Vocational Qualification Certificates compulsory in hazardous and very hazardous works	The target regarding the preparation of the list of professions with a mandatory professional qualification certificate has been accomplished, and the realization has been achieved above the indicators. On the other hand, changes are carried out according to the needs arising in line with the demands from the field and technological developments as legislation studies.

2. Information about the observation raised by the ILO Committee of Experts on the Application of Conventions and Recommendations (CEACR) adopted in 2015 (105th ILC session) on Occupational Safety and Health Convention No. 155 (1981) and the allegations raised by the International Trade Union Confederation (ITUC) in its communication of 16.09.2020

A major overhaul of the OSH system in Turkey took place in 2012 with the enactment of the Occupational Health and Safety Law.

The Law was prepared in close consultation with social partners, taking into consideration the relevant ILO Conventions No.155 and 161 and the EU Directives.

Furthermore, as part of secondary legislation, a total of 36 regulations and 6 communiqués were issued in order to strengthen the implementation of this Law. The new legislation on OSH applies to all activities and workplaces in both the public and private sectors.

Social dialogue in the field of OSH was institutionalized with the establishment of the “National Occupational Health and Safety Council” in 2005.

The Council consists of 26 members (13 from government and 13 from social partners). One of its main functions is to develop “National Occupational Health and Safety Policy Document and Action Plan”. Entrusted with the responsibility of advising on the formulation of national OSH strategy and monitoring its implementation, the Council convenes at least twice a year.

As regards the implementation of the Law and the functioning of the inspection system, the Labour Inspection Board is entrusted with the duty of monitoring and inspecting the compliance to the OSH legislation. The Board conducts programmed and non-programmed inspections with an ever-increasing number of inspectors.

In order to improve the notification procedures of occupational diseases, the National Occupational Health and Safety Policy Document has set the objective of improving the registration system and statistics on work accidents and occupational diseases.

With regard to the allegations raised by the International Trade Union Confederation (ITUC) in its communication of 16.09.2020 concerning lack of preventative and protective measures against the impact of the COVID-19 pandemic, the World Health Organization (WHO) has addressed the COVID-19 disease, which emerged in China in December 2019 and subsequently was seen in Turkey as in many other countries and is extremely dangerous for human life, as a public health emergency with international importance. WHO has declared COVID-19 disease as pandemic on 11 March 2020, due to the high risk of spread of the coronavirus. Within this process, the MoFLSS continues to work to determine the measures that can be taken at workplaces. Within the scope of the Pandemic Influenza National Preparedness Plan published by the Ministry of Health, the duties of the MoFLSS were prepared and shared with the working group.

Within the scope of combating the COVID-19 outbreak, necessary legislative changes have been realized in order to facilitate the implementation of OHS legislation. The fight against the outbreak is followed on the basis of countries and developments, legislative applications and implementation guides of other countries are examined as well.

Systematic planning has been implemented, taking into account some sectors with high COVID-19 infection risk and their work areas, and informative documents such as posters, brochures, checklists specific to 24 different business areas were prepared (<https://ailevecalisma.gov.tr/covid19>).

During this process, works have been carried out by the Ministry of Health in order to ensure early diagnosis of occupational diseases and to increase their notification. In addition to the hospitals authorized to issue medical board reports for 103 occupational diseases in 53 provinces, 18 occupational diseases outpatient clinics were opened in different provinces.

In order to increase the occupational disease awareness of the physicians, occupational disease awareness training programmes prepared for primary care physicians are carried out in all provinces. In addition, the project studies conducted by the Ministry of Health are ongoing for the part of the training programmes designed for specialist physicians, and relevant stakeholders are given support in their work.

The official website and social media accounts of the General Directorate of Occupational Health and Safety of The MoFLSS are actively used, new documents are added and constantly updated, and necessary notifications are made to OHS professionals through the OHS-Clerk. In this context, the document "Measures to be taken at Workplaces against Coronavirus" and "Measures to be taken by OHS Professionals at Workplaces within the Scope of the New Coronavirus Outbreak" were published on the official website of the DG-OHS. Videos such as "Points to Consider against Coronavirus in Cargo and Delivery Works", "The Considerations of Market Workers against Coronavirus", "The Considerations of Pharmacy Employees against Coronavirus", "The Considerations of Notary Employees against Coronavirus" were published on social media accounts, information brochures were prepared.

The team, which will conduct the measures published in the workplaces regarding COVID-19, has also published the announcement text regarding which issues should be taken into consideration and training programmes to be given to employees can be given as distance education. The posters prepared within the framework of this document were also shared with professionals from the OHS-Clerk and were instructed to be used in workplaces. A total number of 8.000 posters in 4 types were printed, were distributed to all ministries, primarily including the Presidency of the Republic of Turkey, as well as to the main service units and related institutions to our Ministry.

Frequently asked questions and the answers about COVID-19 have been published on the General Directorate of Occupational Health and Safety website (https://www.ailevecalisma.gov.tr/media/42052/sikcasorulansorular-10042020_co19.pdf).

On the other hand, audits were conducted in Ankara, İzmir, Bursa, Kocaeli, Manisa, Adana, Tekirdağ and Kayseri provinces where the production, import and sales of personal protective equipment used within the scope of the epidemic were performed. An administrative sanction process has been initiated for companies with unsafe products. Following activities have been carried out in this regard:

- Within the scope of the works carried out for the construction sector by the General Directorate of Occupational Health and Safety, documents regarding combating new type of coronavirus in construction work,
- Checklist for protection from new type coronavirus outbreak in construction works,
- Informative video in which the points to be considered in combating the pandemic in construction works is explained,
- Protection brochures to protect against the new type of Coronavirus in 19 steps on construction sites were prepared. In addition, within the collaboration with the General Directorate of Occupational Health and Safety and the Turkish Employers'

Association of Construction Industries (İNTES), the following activities were carried out and by this way, the sector's access to different channels was ensured:

- Construction Site Training Programs (Healthy and Safe Working Methods in COVID-19 Process),
- Guide to Using Masks Against New Type Coronavirus Risk in Construction,
- Questions and Answers About the New Type of Coronavirus (COVID-19),
- Cleaning and Storage of work-clothes and Personal Protective Equipment used in Construction against New Type of Coronavirus Risk,
- Control Lists (New Type of Coronavirus in Construction Works).

Due to the pandemic that is an unexpected situation and suddenly affecting the whole world, it is known that similar situations are experienced not only in Turkey but also in many developed countries. Within this process, videos or photos that reveal individual cases shared in the media or on social media do not present the conditions of all businesses or the construction areas in Turkey, but only the situation of the relevant workplaces at the time they had trouble in product supply. All administrations and workplaces around the world have had some difficulties in building response to the unexpected challenges brought by the pandemic. In addition, the necessary procedures regarding the complaints duly made by the employees in the sector regarding the problems experienced in the workplaces through a petition or application to the Presidential Communication Center (CİMER) have been carried out by the competent authorities.

The official data source for occupational accidents in Turkey is the Social Security Institution (SSI) Statistical Yearbooks. The latest data published by SSI belongs to 2019. According to 2019 data:

- Number of workplaces: 1.891.512
- Number of employees: 18.768.069
- Number of insured persons who had a work accident: 422.837
- Number of insured persons affected by occupational diseases: 1.091
- Number of insured persons who died as a result of work accident: 1.149
- İstanbul, İzmir, Ankara, Kocaeli and Antalya are in the top 5 in the number of occupational accidents on a provincial basis. İstanbul, Ankara, İzmir, Bursa and Antalya are in the top 5 in the number of fatal accidents.

However, it would not be a correct approach to reveal and evaluate the situation regarding occupational accidents in Turkey by taking a single year of data into consideration. For this reason, in order to observe the development of occupational accidents on a yearly basis, it is seen that 1 person died per 83 accidents in 2002, and one fatal accident per 368 accident occurred in 2019. In other words, the rate of fatal accidents among all accidents is on the decline.

Furthermore, it is thought that analyzing only the number of accidental and fatal accidents without taking into account the occupational health and safety conditions and the number of employees will lead to a wrong evaluation. In this regard, when occupational accident statistics are evaluated considering the number of employees since 2002, while the rate of fatal accidents per hundred thousand employees was 13,3 in 2002 and decreased by 54% in 2019 to 6,1 per hundred thousand.

The International Labour Organization indicates that 2,78 million workers around the world succumb to work-related accidents or diseases every year. All around the world, there are 160 million victims of work-related illnesses and 374 million non-fatal work-related injuries annually. Occupational health and safety is the priority of Turkey as in all countries of the world. In this regard, one of the most important steps taken by Turkey is that an independent occupational health and safety law was published in 2012. Many developed world countries and many EU countries also have independent occupational health and safety laws. The span of laws in the relevant countries is on average 25-30 years, this period is 8 years for Turkey. Since the law was published in Turkey, there has been an improvement of 41,3% in fatal occupational accidents. In the same period, this improvement was 25% in France, 38% in Spain and Finland and 24,3% in Germany. It is seen that the aforementioned countries have achieved an average of 67% improvement in fatal accidents in a period of 22 years since the publication of their occupational health and safety laws. Therefore, these figures are an indication that Turkey follows the same course as countries that have a good record in occupational health and safety. Moreover, it is known that long-term studies involving all parties are required in order for Turkey to reach better levels.

Response to the Allegations Raised by the Confederation of Public Employees Trade Unions (KESK) in its Communication of 31.08.2020

As to the allegation concerning the impact of the COVID-19 pandemic and lack of efficiency in implementations of occupational health and safety; the guidance and counselling studies carried out by the General Directorate of Occupational Health and Safety of the MoFLSS regarding the regulation of working life in respect of the COVID-19 outbreak are similar to the studies of 32 different country authorities that the General Directorate of Occupational Health and Safety regularly monitors. These can be summarized as; preparing publications that guide critical sectors, publishing comprehensive frequently asked questions and answers for employees, OHS professionals and employers, extensification and informing activities via social media, creating a COVID-19 information platform (<https://ailevecalisma.gov.tr/covid19>) in order to ensure that the studies are delivered to the relevant persons through a single platform. Moreover, it should be stated that in Turkey, such guides and documents are prepared by taking the advice of the Coronavirus Scientific Advisory Board for many more sectors compared to other countries. In order to increase the applicability of the prepared studies in the field, informative social sharings have been conducted for social stakeholders and collaborations have been strengthened via online meetings along with them.

Informative documents were published for the protection of all employees, especially in critical areas, and by means of a rapid reaction, technical information on the procurement of

safe respiratory protective masks was provided to the Ministry of Health and other relevant public institutions/organizations by the General Directorate of Occupational Health and Safety in order to guide employees, employers and OHS professionals during the epidemic process. The problems to be experienced in the provision of OHS services during the pandemic were assessed and resolved with both other public institutions/organizations and social stakeholders.

Within this period, it appears that some works of the General Directorate of Occupational Health and Safety are exemplary in the international platform. The translation of the guidelines prepared by the General Directorate of Occupational Health and Safety into Arabic in cooperation with the ILO Turkey Office after its examination of them could be one example.

As known, in order to make recommendations for the determination of policies and strategies regarding occupational health and safety throughout the country, the “National Occupational Health and Safety Council” was established with the Approval No.755 dated 25 February 2005 of the Ministry and was adopted as an Annex to the 8th Five-Year Development Plan and ILO Convention No. 155 and held its first meeting on 6/5/2005. It gained legal status with Article 21 of the Occupational Health and Safety Law No. 6331, dated 20/06/2012. The National Occupational Health and Safety Council Regulation was published in the Official Journal No. 28550 dated 5 February 2013. The last 28th meeting was held on 21 June 2018.

On the other hand, within the scope of Article 210 of the Decree-Law No. 703, Paragraphs 2, 3, 4, 5, 6 and 7 of the Article 21 of the Occupational Health and Safety Law No. 6331 regulating the National Occupational Health and Safety Council have been removed from the text of the Law in the legislation, it is stated that References to the National Occupational Health and Safety Council in the legislation is considered to be made to the Board or the Authority determined by the President of the Republic and it is stipulated that the activities of the National Occupational Health and Safety Council will be carried out in the presence of the Presidency of the Republic of Turkey.

Moreover, regarding the allegation that KESK was not invited by the MoFLSS to the 28th Council Meeting, according to the Ministry records, there is an "invitation letter" of the General Directorate of Occupational Health and Safety addressed to public institutions/organizations, social partners and trade unions including KESK, it is clearly understood that KESK was invited but did not attend the meeting.

Works are carried out by the Ministry of Health in order to ensure early diagnosis of occupational diseases and to increase their notification. In addition to the hospitals authorized to issue medical board reports for 103 occupational diseases in 53 provinces, 18 occupational diseases outpatient clinics were opened in different provinces.

In order to increase the occupational disease awareness of the physicians, occupational disease awareness trainings prepared for primary care physicians are carried out in all provinces. In addition, the project studies conducted by the Ministry of Health are ongoing for the part of the trainings designed for specialist physicians, and relevant stakeholders are given support in their work.

As of 7/11/2013, the establishment works of Occupational Health and Safety Bureau Directorates has started within the General Directorate of Security. Circular No. 101 was published on 16/07/2013 in order to facilitate the follow-up of the works and procedures of the workers-personnel in the provincial organization.

In Circular No. 3 of the General Directorate of Security issued on 28/01/2014, the scope of the law was determined in order to implement the Occupational Health and Safety Law No.6331 more efficiently in the General Directorate of Security and the works and procedures to be carried out within the scope of the law were notified throughout the whole organization.

An order letter was written on 25/09/2014, stating that the workers-personnel in the General Directorate of Security should not be employed in jobs other than the hazardous class of work in which they work.

Between 2012 and 2018, the occupational health and safety practices of the workers-personnel in the central organization were carried out by the sub-contractor company they worked with, and the audits of the work and procedures were carried out by the units they are affiliated with.

As of 2018, regarding the workers-personnel who are transferred from the subcontractor firm to the cadre of permanent workers; by procuring services from Joint Health and Safety Unit (OSGB) in order to fulfil the occupational health and safety law obligations in the central organization;

- Risk Analyses,
- Emergency Action Plans,
- Basic Occupational Health and Safety Trainings,
- Health Surveillance and all obligations to be made within the scope of the law are fulfilled.

Within the scope of the Occupational Health and Safety Law, the obligations related to the workers working in the provincial organization are fulfilled by the units they are affiliated to, and the coordination, monitoring and supervision are provided by the Social Services and Health Department of the General Directorate of Security.

Measures have been taken in the Turkish Post regarding occupational health and safety measures after the COVID-19 outbreak. In this context, utmost care is taken by Turkish Post regarding the procedures cited in the legislation to be implemented by the employer such as informing the personnel, distribution of protective equipment like disinfectants, masks, gloves, etc., promoting good hygiene conditions in the workplace areas, risk management and other measures including rotational work to be taken in the workplace premises.

3. Information about the activities in terms of research, knowledge and communication relating to psychosocial risks.

Activities Performed by the General Directorate of Occupational Health and Safety(OHSDG):

Research, study, seminar, symposium, training and guides prepared and conducted by OHSDG on the subject;

- Participation in the EU-OSHA PAN EU POLL Research (2012),
- Mobbing Survey in the Public Sector,
- Psychosocial Risk Factors Information Guide,
- Psychosocial Risks Symposium in Occupational Health and Safety
- OSHNET School Trainer support for Psychosocial Risks Course,
- Working Conditions and Burnout Syndrome Research of Private Bank Branch Employees in Ankara,
- Pandemic Period - Occupational Health and Safety Guide for Psychosocial Risks for Workplaces,
- COPSOQ (Copenhagen Psychosocial Questionnaire) working group studies with Dokuz Eylül University Occupational Health Research and Application Center and OSHNET School.
- Psychosocial Risk Factors Brochure,
- Assessment of Psychosocial Risk Factors of Emergency Service Workers
- Assessment of Psychosocial Risks of Employees in IT Sector and an Application on e-Government Project Employees
- Assessment of Psychosocial Factors Exposed by Hotel Staff
- Evaluation of Psychosocial Risks of Workers in Underground Coal Enterprises
- Identifying Psychosocial Risks in Pilots
- Psychosocial Risk Factors and a Study in the Construction Sector.

B- LEGISLATION CHANGES AND APPLICATIONS

In the Occupational Health and Safety Law No.6331, it is stated that the measures to be taken to prevent major industrial accidents and mitigate their effects and all related issues will be regulated by the regulations to be issued jointly by the Ministry of Environment and Urbanization and the Disaster and Emergency Management Presidency.

Subsequently, the Major Accident Scenario Document Communique to be Prepared for Major Industrial Accidents, which includes the procedures and principles regarding the major accident scenario document that should be prepared by lower and upper-level establishments, has been published in the Official Gazette dated 30.06.2020 and numbered 31171.

The Communiqué on Rescue Chambers to be Set up in Underground Mining Workplaces was published in the Official Gazette No. 30032 dated 08.04.2017. In this context, the procedures and principles regarding the rescue chambers have been determined.

The Regulation on the Laboratories Measuring, Testing and Analysing Work Hygiene was published in the Official Gazette dated 24.01.2017 and numbered 29958. Accordingly, within the scope of occupational health and safety legislation, the procedures and principles regarding the authorization of laboratories that conduct occupational hygiene measurement, testing and analysis regarding personal exposures in the working environment and physical, chemical and biological factors in the working environment and the obligations of the employer have been regulated.

The Communiqué on Registration and Training of Persons Authorized to Perform Periodic Controls of Work Equipment was published in the Official Gazette dated 01.10.2017 and numbered 30197. In this context, the qualifications of those who could carry out periodic controls were regulated and basic periodic control training was provided to authorized persons in order to increase their competencies.

In the Official Gazette dated 31.12.2018 and numbered 30642, the Communiqué on the Procedures and Principles Regarding the Utilization of the Employer's Share Incentive for Unemployment Insurance Premium in Workplaces with Highly Hazardous Class having more than Ten Employees was published. In this context, the procedures and principles of benefiting from incentives have been determined.

The Regulation on the Amendment of the Regulation of Occupational Health and Safety in Construction Works was published in the Official Gazette dated 31/12/2018 and numbered 30642 (4). With the amendment, temporary edge protection systems, pillared working platforms, safety nets, lifelines conforming to the standards and minimum health and safety conditions regarding installation, use and disassembly have been regulated.

The Regulation Amending the Regulation on Occupational Health and Safety at Mining Workplaces was published in the Official Gazette dated 24/3/2016 and numbered 29663. With the amendment,

- Technical details have been determined regarding the arrangements including the usage of rescue chambers and oxygen mask stations for a life line.
- It is stated that adequate first aid equipment will be provided in accordance with the Regulation on Emergency Cases in the workplaces and necessary exercises will be carried out regularly, at the latest every 6 months.
- The provision including that explosives and capsules suitable for the enterprises will be used has been strengthened.
- It was stated that human and material and ore and waste roads are separated from each other.

In addition, with the Amendment of the Regulation on Occupational Health and Safety at Mining Workplaces published in the Official Gazette dated 18/11/2017 and numbered 30244, the following issues have been stipulated:

- Belt conveyors and drive groups should be equipped so as to put out a fire that may break out and the number and location of the cooling/extinguishing systems and sensors should be specified in the health and safety document of the workplace.
- Belt conveyors used in underground mining workplaces should be in conformity with TS EN 14973 standard.
- In underground mining workplaces, a suitable rescue station should be established in order for search, rescue and evacuation teams to respond to any accident quickly and effectively, and the characteristics and number of materials and equipment to be held at this station and the periodic controls and calibration frequencies of the equipment should be specified in the health and safety document of the workplace.
- Whether a rescue station will be established or not in aboveground mining workplaces should be determined by considering workplace characteristics and emergency drills. This should be stated in the health and safety document.

Paragraph 2. To prepare regulations in the fields of safety and health.

Scope of the provisions as interpreted by the ECSR

The determination and implementation of the occupational health and safety policy should be based on a definite legal framework. The first obligation of States parties under article 3 is to ensure the right to the highest possible standards of safe and healthy work. According to paragraph 2, this obligation requires the issuance of safety and health regulations that are academically recognized and provide preventive and protective measures against the risks specified in international regulations and standards. States parties are required to pay special attention to asbestos and ionizing radiation, providing evidence that workers are protected at least to the level set by international reference standards. All employees, all workplaces and all sectors of activity must be covered by occupational health and safety regulations. Legal regulations should be prepared in consultation with workers' and employers' organizations.

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Content of the regulations on health and safety at work

1. Information on whether some categories of workers (working at the Turkish Armed Forces, the Police Department and specific activities in civil defence services) are left without any standard of protection or if other protective rules apply.

The new legislation on OSH applies to all activities and workplaces in both the public and private sectors. In contrast to the large exceptions in the previous legislation, the new Law excludes from its coverage very limited categories of workers, i.e., armed forces and police, disaster and emergency activities, domestic services, disaster and emergency activities, domestic services, those self-employed employing no worker and training activities under the rehabilitation programs for the prisoners. However, other protective rules apply to them.

Thanks to the effective application of the Law and relevant legislation, the number of occupational safety experts has increased significantly.

The purpose of the Occupational Health and Safety Law No. 6331 is to regulate the duties, authorities, responsibilities, rights and obligations of employers and employees in order to ensure occupational health and safety at workplaces and to improve existing health and safety conditions. Except for the exceptions listed in Article 2, this Law applies to all actors including enterprises and workplaces belonging to the public and private sector, employers and employer representatives of these workplaces, all employees including apprentices and interns, regardless of their field of activity.

In parallel with the practices in the European Union, institutions and organizations with specific activities such as the Turkish Armed Forces, security and emergency response teams and those who work in domestic work and those who work on their own behalf are excluded from the scope of the Law as an exception.

Since a person working on his/her own behalf is self-responsible and there is no employee-employer relationship, it has been evaluated out of the scope of Law No. 6331. However, in subparagraph (b) of Article 4 of Law No. 5510 on Social Insurance and Universal Health Insurance, those who are taxpayers of real or simple income tax due to their commercial earnings, those who are exempt from income tax but registered as tradesmen or craftsmen, members of the board of directors of corporations, unlimited partners of limited partnership companies, all partners of other companies and those engaged in agricultural activities are considered under insurance.

Therefore, those who work on their own behalf and account are within the scope of Law No. 5510 on Social Insurance and Universal Health Insurance and are subject to regulations on work accident, occupational disease, sickness and maternity insurances.

On the other hand, domestic workers are excluded from the scope of Law No. 6331 as they take place on the private property of individuals. Occupational health and safety issues of these employees are regulated within the scope of the Code of Obligations.

According to the 2nd paragraph of Article 417 of the Code of Obligations, “The employer takes all necessary measures to ensure occupational health and safety at the workplace, and to keep the tools and equipment in full; workers are also obliged to comply with all kind of measures taken regarding occupational health and safety.

Compensation for damages due to the death of the employee, damage to his body integrity or violation of his personal rights due to the employer's violation of the law or contract, including the provisions mentioned above, is subject to the provisions of liability arising from the contradiction of the contract. This obligation is valid for all employees with whom they are in a service relationship, including domestic workers.

If the workplace falls under the scope of the Law of Obligations, it may be possible to apply the protective regulations in the Law of Obligations. Although it is not included in the scope of the Workplace Code of Obligations, the implementation of the regulations in this law will be in question if the activity in the workplace is within the scope of another specific law.

In the Turkish Code of Obligations No. 6098, provisions are included within the scope of private law regarding occupational health and safety to protect employees.

In Article 417/2 of the Turkish Code of Obligations No. 6098, it is stated that "The employer is obliged to take all necessary measures to ensure occupational health and safety in the workplace and to keep the tools and equipment in full" and the protection duties of the employer regarding occupational health and safety have been determined.

According to Article 417/1 of the Code of Obligations, "The employer must protect and respect the personality of the worker in the service relationship and ensure an order in accordance with the principles of honesty in the workplace, and to take the necessary precautions to prevent the workers from being subjected to psychological and sexual harassment and to prevent further harm to those who have been subjected to such harassment".

2. Information about how the psychological consequences (work-related stress, aggression and violence) are included in the occupational health and safety regulations.

According to Article 417 of the Turkish Code of Obligations, the employer is obliged to protect the personality of the worker with whom he/she has a labour relationship, to respect them, to ensure an order in accordance with the principles of honesty in the workplace, to take the necessary measures to prevent the workers from being subjected to psychological and sexual harassment and to prevent further harm to those who have been subjected to such harassment.

According to the 2nd paragraph of Article 417 of the Code of Obligations, "The employer takes all necessary measures to ensure occupational health and safety at the workplace, and to keep the tools and equipment in full; workers are also obliged to comply with all kind of measures taken regarding occupational health and safety.

Compensation for damages due to the death of the employee, damage to his body integrity or violation of his personal rights due to the employer's violation of the law or contract, including the provisions mentioned above, is subject to the provisions of liability arising from the contradiction of the contract. This obligation is valid for all employees with whom they are in a service relationship, including domestic workers.

The provisions on harassment in the workplace are enacted with Articles 24 and 25 of the Labor Law No. 4857. In cases where the employer acts cruel or inhuman treatment or sexually harass the worker and/or his family members, or where the worker is subjected to sexual harassment by another worker or third parties at the workplace and the necessary measures are not taken despite the notification of this situation to the employer, the employee has right to terminate the labour contract immediately. In the occurrence of one of these situations, the employee may terminate the labour contract before the end of the term or without waiting for the notification period, regardless of whether the contract is temporary or permanent. On the other hand, if the employee sexually harasses another employee at the workplace, it is evaluated within the scope of the employer's rightful termination of the labour contract for the harasser.

Article 25 of the Occupational Health and Safety Law No. 6331 prohibits using addictive substances at the workplace. Accordingly, it is forbidden to come to the workplace drunk or stoned and to use alcohol or drugs at the workplace. The employer has the authority to determine in which situations, when and under which conditions alcoholic beverages can be consumed at the workplace. In accordance with the Regulation of Occupational Health and Safety Risk Assessment published on Official Gazette dated 29.12.2012 and No. 28512, there is a provision that the psychosocial dimension of the work should be considered in the risk assessment to be carried out at the workplace.

B- LEGISLATION CHANGES AND APPLICATIONS

There are no important legislative changes or practices during the reporting period.

Paragraph 3. Enforcement of safety and health regulations

Scope of the provisions as interpreted by the ECSR

The purpose of this paragraph is to ensure the effective implementation of the right to occupational health and safety. This means monitoring developments in the number of occupational accidents and diseases, supervising the implementation of regulations and consulting with workers' and employers' organizations on this issue.

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Accidents at work and occupational diseases

1/a. Information on the number of occupational accidents and diseases in different sectors of activities (covering the period 01.01.2016-31.12.2019)

The statistics table including 21 main sectors in NACE Rev 2.0, which includes evaluation of occupational accidents and diseases in different sectors, is given below.

Number of occupational accidents and diseases including 21 main sectors in NACE Rev 2.0

	2016		2017		2018		2019	
Sectors	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs
Mining And Quarrying	11.792	79	13.052	55	13.771	108	14.167	72
Construction	44.552	30	62.842	16	77.194	30	47.742	35

Sectors	2016		2017		2018		2019	
	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs
Transport and Storage	19.087	9	21.660	21	26.248	26	28.770	26
Agriculture, Forestry and Fisheries	2.790	1	2.763	1	3.442	5	3.643	4
Electricity, Gas, Steam and Air Conditioning Production and Distribution	1.760	0	3.206	0	3.651	0	3.954	6
Water supply; Sewerage, Waste Management and Recovery Activities	5.052	6	6.755	1	6.890	0	7.139	6
Manufacturing	131.896	254	159.900	365	183.396	510	182.723	671
Administrative and Support Service Activities	18.171	11	23.296	16	28.120	18	30.996	21
Accommodation and Food Service Activities	18.023	9	24.719	9	35.312	14	43.440	19
Human Health and Social Work Activities	4.696	4	7.349	2	10.888	5	14.426	5
Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles	16.470	13	21.172	23	25.593	18	25.888	34
Real Estate Activities	434	1	702	3	875	0	1.041	0
Public	377	0	483	2	1.398	0	2.219	0

	2016		2017		2018		2019	
Sectors	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs
Administration and Defense; Compulsory Social Security Activities								
Activities of Households as Employers; Household Goods and Service Production Activities	89	0	63	0	77	1	65	0
Activities of International Organizations and Their Representatives	8	0	14	0	20	0	20	0
Other Service Activities	1.991	2	1.386	1	1.657	5	1.564	1
Professional, Scientific and Technical Activities	2.842	0	3.201	1	3.906	3	3.964	4
Culture, Art, Entertainment, Leisure and Sport	404	0	449	1	852	0	1.407	2
Information and Communication Activities	543	0	833	0	913	1	1.005	0
Education	4.744	1	5.552	1	6.542	2	7.992	1
Finance and Insurance Activities	347	2	469	1	483	2	562	1
Sector Separation Unknown / No Sector	0	175	0	174	48	299	110	183

Sectors	2016		2017		2018		2019	
	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs	Number of Insured Persons with OAs	Number of ODs
Separation								
TOTAL	286.068	597	359.866	693	431.276	1.047	422.837	1.091

OD: Occupational Diseases

1/b. Information on the number and standardized rate of fatal accidents (covering the period 01.01.2016-31.12.2019)

The statistics table including 21 main sectors in NACE Rev 2.0, which includes the number of fatal work accidents and the rate of fatal work accidents per hundred thousand workers, is given below.

Number and standardized rate of fatal accidents involving 21 main sectors in NACE Rev 2.0.

Sectors	2016		2017		2018		2019	
	Number of Fatal WA ¹	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000
Mining And Quarrying	83	62,6	86	61,1	57	41,5	48	35,7
Construction	496	26,3	587	28,2	591	36,9	368	28,4
Transport and Storage	225	26,2	267	30,5	224	25,6	216	23,5
Agriculture, Forestry and Fisheries	26	17,6	31	19,9	35	23,7	31	21,9
Electricity, Gas, Steam and Air Conditioning Production and	15	14,9	25	23,6	20	19,4	21	18,8

¹ WA: Work Accident

	2016		2017		2018		2019	
Sectors	Number of Fatal WA ¹	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000
Distribution								
Water supply; Sewerage, Waste Management and Recovery Activities	23	19,3	22	17,0	20	17,3	22	19,1
Manufacturing	262	7,4	311	8,5	300	8,3	205	5,4
Administrative and Support Service Activities	84	5,6	93	5,8	79	5,0	71	4,6
Accommodation and Food Service Activities	34	4,2	45	5,2	45	5,0	32	3,3
Human Health and Social Work Activities	10	2,8	11	2,7	7	1,2	6	0,9
Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles	91	4,3	96	4,2	104	4,6	75	3,3
Real Estate Activities	3	2,7	8	6,5	7	5,3	6	4,3
Public Administration and Defense; Compulsory Social Security Activities	5	7,8	5	3,8	11	5,5	12	5,4

	2016		2017		2018		2019	
Sectors	Number of Fatal WA ¹	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000
Activities of Households as Employers; Household Goods and Service Production Activities	0	0,0	2	10,3	0	0,0	0	0,0
Activities of International Organizations and Their Representatives	0	0,0	0	0,0	0	0,0	0	0,0
Other Service Activities	6	2,8	4	1,8	7	3,1	5	2,2
Professional, Scientific and Technical Activities	23	3,7	21	3,2	21	3,2	16	2,5
Culture, Art, Entertainment, Leisure and Sport	3	4,4	3	4,3	1	1,4	2	2,5
Information and Communication Activities	5	2,5	6	2,8	3	1,5	1	0,4
Education	9	1,2	11	2,1	9	1,5	6	0,9
Finance and Insurance Activities	2	1,2	2	1,2	1	0,6	6	3,8
Sector Separation Unknown / No	0	0	0	0	0	0	0	0

	2016		2017		2018		2019	
Sectors	Number of Fatal WA ¹	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000	Number of Fatal WA	Rate of Fatal WA in 100.000
Sector Separation								
TOTAL	1.405	9,2	1.636	8,5	1.542	8,2	1.149	6,1

1/c. Information on the most frequent causes of accidents at work and the preventive and enforcement activities undertaken to prevent them

The sectors with the highest number of occupational accidents in our country are mining, construction, metal/manufacturing and transport sectors as seen in the tables above. There are human, machine, working environment and management-based factors in the occurrence of work accidents. In the construction and mining sectors, accidents caused by falling from height, collapse, explosion, compression and other similar risks are more common.

The unconscious work of the employees makes them vulnerable to accidents. Thus, the possibility of injury in resultant work accidents is very high. In the accidents caused by the employees, the main reasons can be listed as not to use personal protective equipment, to carry on working carelessly, to work in an irritable, sleepy and ill manner, not to keep the working environment regular.

Activities carried out by the MoFLSS between 2016-2019 specific to the construction sector

Occupational Health and Safety Management Systems (OSH MS) for the Construction Industry (2014-2017)

The "Occupational Health and Safety Management System - for Small and Medium-Sized Enterprises (SME) - Construction Sector" Standard (TS 13739) prepared for construction workplaces within the scope of the protocol signed with Turkish Standards Institution (TSI) was accepted at the Technical Board on 6 February 2017, and entered into force.

Vision Zero

"Vision Zero - Practical Solutions in the Construction Sector" seminar was held in Istanbul on 23-24 March 2017.

On 13 May 2017, Vision Zero was declared with the high-level participation of the Parties along with the Minister of Labor and Social Security and all parties.

Within the scope of Vision Zero, one-day informative seminars and field visits were held in 33 provinces for employers, building control firms and OHS professionals, with the participation of senior officials of the MoFLSS.

Safe Construction Symposiums (2017-2018)

In 2017, technical information was shared in Adana, Bursa, Samsun and İzmir in order to prevent work accidents and losses due to these accidents.

At the symposiums, experts of major projects provided support and sample installations of relevant equipment were carried out.

In 2018, occupational health and safety symposiums were held in cooperation with the Gümüşhane Associations Federation (GÜDEF) in Ankara and Tokat Chamber of Commerce and Industry (TSO) in Tokat, respectively.

Regulation Amending the Regulation of Occupational Health and Safety in Construction Works

The Regulation Amending the Regulation of Occupational Health and Safety in Construction Works was published in the Official Gazette dated 31/12/2018 and numbered 30642 (4). As a result, temporary edge protection systems, pillared working platforms, safety nets, life lines conforming to the standards and minimum health and safety conditions regarding installation, use and disassembly have been regulated.

Website Regarding Safe Construction Works

The webpage (www.guvenliinsaat.gov.tr) has been launched in order to improve the technical know-how for the sector, to disseminate good practices and to effectively announce the activities to be carried out.

In addition to the information given about many activities related to the sector, especially working at height, excavation works, demolition works, electricity, work equipment, fire and PPE use, guides, information cards, posters, brochures, etc. Are included in the website.

Information Seminars on Work Safely at Height Campaign

Cooperation Protocol on Occupational Health and Safety was signed between the MoFLSS and the Union of Construction Industry Employers (INTES) on 16/1/2019. The aim of the protocol is to carry out the works together in order to prevent falls from heights and losses due to these accidents.

In this context, information seminars on Work Safely at Height Campaign were organized in 3 provinces, and technical details of work equipment commonly used in construction and information on safe working methods were shared with the parties.

Working at Height Trainings for Construction Sector Employees

In order to prevent accidents from falling from height, which is the biggest problem of the construction sector, draft legislation has been prepared to determine the procedures and principles of trainings on working at height.

Activities carried out by the MoFLSS between 2016-2019 specific to the “Mining Sector”

The Project for Improving Occupational Health and Safety Especially in Mining Sector funded by the European Union and Turkey has been initiated.

In the field of OHS, studies are carried out to improve the service standards of individuals and institutions authorized by the MoFLSS. In this context, trainings are organized at İSGÜM, a research and development institute affiliated to MoFLSS, in the field of OHS, including occupational hygiene and occupational health. On the other hand, basic training has been obligatory for those who carry out periodic controls of work equipment. In addition, these people are registered and followed up through EKİPNET, which is an e-government application. It is also planned that equipment-based training will be made compulsory in the upcoming period.

On the other hand, active use of information technologies has also been prioritized, and efforts are carried out to prevent work accidents and occupational diseases by benefiting from digital transformation applications. The "Occupational Health and Safety Information Management System (İBYS)" has been initiated to guide the operations by creating the OHS risk map of Turkey.

1/d. Information about the legal definition of occupational diseases

The legal definition of occupational disease is made in Article 14 of the Social Insurance and Universal Health Insurance Law No.5510 as: "Occupational disease is the temporary or permanent disease, physical or mental disability of the worker caused by a repetitive reason or the conditions of the work execution."

In addition, occupational disease is described as "the disease that occurs as a result of exposure to occupational risks" in Article 3 of the Occupational Health and Safety Law No. 6331.

1/e. Information about the recognition, review and revise of occupational diseases (or list of occupational diseases)

The list of occupational diseases is included in Annex 2 of the "Regulation on Determination of the Loss of Working Power and the Loss of the Earning Capacity in the Profession". In the list of occupational diseases, there are legal obligations regarding diseases and their symptoms, duration of exposure, liability period, major jobs and examinations having disease risk.

The determination of the occupational disease of the insured employee due to the job is made by the Institution's Health Board as a result of the examination of the health board report and audit reports duly prepared by the health service providers authorized by the Institution and other necessary documents. The audit reports should reveal the working conditions and their medical results.

The Institution's Health Board makes the aforementioned determination in accordance with the provisions of the Regulation on Determination of the Loss of Working Power and the Loss of the Earning Capacity in the Profession. Which diseases are considered as occupational diseases, the latest date of these diseases could appear after leaving the job, and the conditions of exposure period are arranged in the Occupational Diseases List annexed to the said Regulation (Annex 2).

The Social Insurance Supreme Health Council has the authority to decide whether any disease that is not specified in the Regulation can be considered as an occupational disease or not in accordance with the sixth paragraph of Article 14 of Law No.5510. In addition, if any disease is confirmed to be an occupational disease as of clinical findings, but the liability period listed in the list is exceeded, the disease in question can be considered an occupational disease with the decision of the Supreme Health Council.

The calculation regarding what extent the employee's earning power will decrease in the profession as a result of occupational disease is made according to the table in Annex 3 of the said Regulation.

1/f. Information about the incidence rate and the number of recognised and reported occupational diseases during the reference period (broken down by sector of activity and year)

Distribution of Insured Employees with Occupational Disease According to Economic Activity Classification and Gender

DISTRIBUTION OF INSURED EMPLOYEES WITH OCCUPATIONAL DISEASE ACCORDING TO ECONOMIC ACTIVITY CLASSIFICATION AND GENDER													
Economical Activity Classification (NACE Rev. 2)		2016			2017			2018			2019		
Code	Activity	M	F	Total	M	F	Total	M	F	Total	M	F	Total
01	Crop and animal production, hunting and related service activities	1	0	1	1	0	1	5	0	5	2	2	4
02	Forestry and logging	0	0	0	0	0	0	0	0	0	0	0	0
03	Fishing and aquaculture	0	0	0	0	0	0	0	0	0	0	0	0
05	Coal and Lignite Mining	74	0	74	36	0	36	95	0	95	50	0	50
06	Crude Oil and Natural Gas extraction	0	0	0	0	0	0	0	0	0	0	0	0
07	Metal Ore Mining	0	0	0	14	0	14	6	0	6	7	0	7
08	Other Mining and Quarrying	3	0	3	3	1	4	7	0	7	12	2	14
09	Mining support services	2	0	2	1	0	1	0	0	0	1	0	1
10	Food manufacturing	1	1	2	7	1	8	3	3	6	16	7	23
11	Manufacture of beverages	0	0	0	0	0	0	0	0	0	1	0	1
12	Manufacture of tobacco products	0	0	0	0	0	0	0	0	0	0	0	0
13	Textile production	5	1	6	7	1	8	10	9	19	8	8	16
14	Manufacture of clothing	0	2	2	4	3	7	4	7	11	10	3	13
15	Manufacture of leather and related products	3	0	3	3	0	3	3	0	3	4	0	4

16	Manufacture of wood, wood products and cork products (except furniture), manufacture of goods knitted from reed, straw and similar materials	4	0	4	1	0	1	0	1	1	5	0	5
17	Manufacture of paper and paper products	0	0	0	3	0	3	4	0	4	2	1	3
18	Printing and reproduction of recorded media	3	0	3	0	0	0	5	0	5	1	0	1
19	Manufacture of coke and refined petroleum products	0	0	0	1	0	1	1	0	1	2	0	2
20	Manufacture of chemicals and chemical products	10	0	10	7	1	8	8	0	8	24	0	24
21	Manufacture of basic pharmaceutical products and pharmaceutical goods.	0	0	0	2	1	3	0	0	0	2	1	3
22	Manufacture of rubber and plastic products	7	1	8	12	1	13	21	3	24	19	7	26
23	Manufacture of other non-metallic mineral products	84	0	84	115	0	115	176	3	179	185	3	188
24	Base metal industry	16	0	16	49	0	49	64	0	64	94	1	95
25	Manufacture of fabricated metal products except machines	14	3	17	26	2	28	32	2	34	49	7	56
26	Manufacture of electronic and optical parts of computers	1	1	2	2	0	2	0	2	2	0	2	2
27	Electrical equipment manufacturing	41	0	41	23	1	24	25	3	28	33	1	34
28	Manufacture of machinery and equipment not classified elsewhere	15	0	15	12	0	12	15	1	16	21	1	22
29	Manufacture of motor vehicles, trailers and semi-trailers	17	1	18	29	4	33	40	7	47	51	8	59
30	Manufacture of other transportation vehicles	9	0	9	22	0	22	30	0	30	44	0	44
31	Manufacture of furniture	3	0	3	6	0	6	6	1	7	16	0	16
32	Manufacture of other products	2	0	2	10	0	10	5	1	6	8	1	9
33	Installation and maintenance of machinery and equipment	9	0	9	9	0	9	15	0	15	25	0	25
35	Production and distribution of electricity, gas steam and ventilation systems	0	0	0	0	0	0	0	0	0	6	0	6
36	Collection, purification and distribution of water	2	0	2	0	0	0	0	0	0	1	0	1

37	Sewage	0	0	0	0	0	0	0	0	0	0	0	
38	Collection, reclamation and disposal and recycling of waste	4	0	4	1	0	1	0	0	0	4	1	5
39	Remediation activities and other waste management services	0	0	0	0	0	0	0	0	0	0	0	0
41	Building construction	15	1	16	11	0	11	16	0	16	19	0	19
42	Construction of outdoor structures	7	0	7	3	0	3	8	0	8	5	0	5
43	Special construction activities	7	0	7	2	0	2	5	1	6	11	0	11
45	Wholesale and retail trade and repair of motor vehicles and motorcycles	2	1	3	9	1	10	5	0	5	12	0	12
46	Wholesale trade excluding motor vehicles and motorcycles	4	1	5	6	0	6	7	1	8	11	1	12
47	Retail trade (excluding motor vehicles)	4	1	5	7	0	7	4	1	5	8	2	10
49	Land transport and pipeline transport	2	0	2	9	1	10	8	0	8	2	3	5
50	Waterage	0	0	0	0	0	0	0	0	0	0	0	0
51	Airway transportation	0	1	1	0	1	1	0	3	3	0	0	0
52	Storage and supporting activities for transportation	6	0	6	10	0	10	13	2	15	21	0	21
53	Postal and courier activities	0	0	0	0	0	0	0	0	0	0	0	0
55	Accommodation	1	2	3	0	3	3	0	1	1	1	2	3
56	Food and beverage service activities	4	2	6	1	5	6	6	7	13	6	10	16
58	Publishing activities	0	0	0	0	0	0	0	0	0	0	0	0
59	Motion picture, video and television program production, sound recording and music publishing activities	0	0	0	0	0	0	0	0	0	0	0	0
60	Programming and publishing activities	0	0	0	0	0	0	0	0	0	0	0	0
61	Telecommunication	0	0	0	0	0	0	0	0	0	0	0	0
62	Computer programming, consultancy and related activities	0	0	0	0	0	0	0	0	0	0	0	0
63	Information Service Activities	0	0	0	0	0	0	0	1	1	0	0	0
64	Financial service activities, excluding insurance and pension funds	0	1	1	0	1	1	0	2	2	0	1	1
65	Insurance, reinsurance and pension funds, excluding compulsory	0	0	0	0	0	0	0	0	0	0	0	0

	social security												
66	Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles Finansal hizmetler ile sigorta faaliyetleri için yardımcı faal.	0	1	1	0	0	0	0	0	0	0	0	0
68	Real estate activities	1	0	1	2	1	3	0	0	0	0	0	0
69	Legal and accounting activities	0	0	0	1	0	1	0	0	0	0	0	0
70	Administrative center activities, administrative consultancy activities	0	0	0	0	0	0	1	0	1	2	0	2
71	Architectural and engineering activities, technical inspection and analysis	0	0	0	0	0	0	2	0	2	2	0	2
72	Scientific research and development activities	0	0	0	0	0	0	0	0	0	0	0	0
73	Advertising and market research	0	0	0	0	0	0	0	0	0	0	0	0
74	Other professional, scientific and technical activities	0	0	0	0	0	0	0	0	0	0	0	0
75	Veterinary services	0	0	0	0	0	0	0	0	0	0	0	0
77	Rental and leasing activities	0	0	0	0	0	0	2	0	2	1	0	1
78	Employment Activities	4	0	4	1	0	1	0	0	0	0	0	0
79	Travel agency tour operator and other reservation services	0	0	0	0	0	0	0	0	0	0	0	0
80	Security and investigation activities	0	0	0	3	0	3	0	0	0	1	0	1
81	Landscaping activities	3	2	5	2	1	3	11	2	13	6	6	12
82	Office management and support activities	1	1	2	3	6	9	0	3	3	3	4	7
84	Public Administration and Defense, Compulsory social security	0	0	0	2	0	2	0	0	0	0	0	0
85	Education	1	0	1	1	0	1	1	1	2	0	1	1
86	Human health services	3	0	3	2	0	2	3	2	5	4	1	5
87	Inpatient care activities	0	0	0	0	0	0	0	0	0	0	0	0
88	Social services without accommodation	0	1	1	0	0	0	0	0	0	0	0	0
90	Creative arts, performing arts and entertainment activities	0	0	0	0	0	0	0	0	0	0	0	0
91	Library, Archives and Museums	0	0	0	0	0	0	0	0	0	0	0	0

92	Gambling and betting activities	0	0	0	1	0	1	0	0	0	0	0	0
93	Sports activities, entertainment and recreational activities	0	0	0	0	0	0	0	0	0	2	0	2
94	Activities of affiliated organizations	1	0	1	0	0	0	0	0	0	0	0	0
95	Repair of computers and personal household items	1	0	1	0	0	0	1	0	1	0	0	0
96	Other service activities	0	0	0	1	0	1	2	2	4	1	0	1
97	Domestic work	0	0	0	0	0	0	0	0	0	0	0	0
98	Undifferentiated goods and services produced by households for their own use	0	0	0	0	0	0	1	0	1	0	0	0
99	International organizations and representative activities	0	0	0	0	0	0	0	0	0	0	0	0
Number of insured employees diagnosed with an occupational disease after their insurance terminated		171	4	175	157	17	174	293	6	299	179	4	183
Total		568	29	597	640	53	693	969	78	1.047	1.000	91	1.091

Note: Data for 2016 and before include 4/1-a, and data for 2017 and after includes 4/1-a and 4/1-b coverage.

Occupational disease rates between 2016 and 2019 in NACE Rev 2.0, which includes 21 main sectors.

Sectors	Rate of Occupational Diseases (in thousand)			
	2016	2017	2018	2019
Mining and Quarrying	0,60	0,39	0,79	0,54
Construction	0,02	0,01	0,02	0,03
Transportation and Warehousing	0,01	0,02	0,03	0,03
Agriculture, Forestry and Fisheries	0,01	0,01	0,03	0,03
Electricity, Gas, Steam and Air Conditioning Production and Distribution	0,00	0,00	0,00	0,05
Water supply; Sewerage, Waste Management and Recovery Activities	0,05	0,01	0,00	0,05
Manufacturing	0,07	0,10	0,14	0,18
Administrative and Support Service Activities	0,01	0,01	0,01	0,01

Accommodation and Food Service Activities	0,01	0,01	0,02	0,02
Human Health and Social Work Activities	0,01	0,00	0,01	0,01
Wholesale And Retail Trade; Repair of Motor Vehicles and Motorcycles	0,01	0,01	0,01	0,01
Real Estate Activities	0,01	0,02	0,00	0,00
Public Administration and Defense, Compulsory social security	0,00	0,02	0,00	0,00
Activities of Households as Employers; Households Production Activities of Goods and Services	0,00	0,00	0,06	0,00
International organizations and representative activities	0,00	0,00	0,00	0,00
Other services	0,01	0,00	0,02	0,00
Other professional, scientific and technical activities	0,00	0,00	0,00	0,01
Culture, Art, Entertainment, Leisure and Sport	0,00	0,01	0,00	0,03
Information and Communication Activities	0,00	0,00	0,00	0,00
Education	0,00	0,00	0,00	0,00
Finance And Insurance Activities	0,01	0,01	0,01	0,01
Unknown	0,11	0,04	0,06	0,04
TOTAL	0,04	0,04	0,06	0,06

1/g. Information about the cases of fatal occupational diseases

Any fatal occupational disease case has not occurred during the reporting period.

1/h. Information about the measures taken and/or envisaged to counter insufficiency in the declaration and recognition of cases of occupational diseases

The "Occupational Exposure Data Package" software was prepared in 2017 in order to ensure early detection of occupational exposures by 1st and 2nd level health service providers, to increase occupational disease awareness and the rate of occupational/job inquiry of health service providers. This software was integrated into "Family Physicians Information System (AHBS)" and "Hospital Information Management System (HBYS)" applications in February 2018 and "Occupational Exposure Inquiry Screen" was put into use in 81 provinces. This Screen ensures that employees who are exposed to occupational risk factors and have symptoms related to them are diagnosed at an early stage before an occupational disease occurs and recorded by the physicians in case they apply to a physician. The data given from

the application are classified using the predetermined variables on the Health Statistics and Causal Analysis (SINA) platform. In order to recognize and report occupational diseases by family physicians in primary care services, trainings have been given to family physicians and other health personnel in 81 provinces.

Among the occupational diseases diagnosed in our country, Pneumoconiosis is an irreversible disease that causes death most frequently. A number of activities are carried out by the Ministry of Health to reduce the frequency of pneumoconiosis and silicosis, which develops because of exposure to silica dust. In 2009, Circular No. 24 on "Banning the Use of Sandblasting Process Applied to Denim Clothing" was published and such practices were ended. Thus, the prevalence of silicosis in society has been reduced.

"Occupational lung diseases guide" is being prepared for physicians serving in the 1st and 2nd step health units in order to enable them to recognize and report occupational lung diseases. In addition, it is planned to create guides for the most common occupational diseases in 5 specialities. One guide is also expected to be prepared for explaining the diagnosis process and legal dimensions of occupational diseases. The second National Pneumoconiosis Prevention Action Plan (2017-2021) has been adopted in order to ensure the continuity of anti-dust activities and to continue their effective and efficient execution.

Commission endeavours are ongoing regarding the inspection of OHS services provided by JHSUs. It is planned to examine the effectiveness of activities for coal worker pneumoconiosis and siderosis in the Hard Coal Mining, Lignite Coal Mining and Iron Ore Mining sector in 30 workplaces and to report them to the workplaces in 2021.

A cooperation protocol was signed between the "Association of Work and Occupational Diseases Specialists" (İMUD) and the Ministry of Family, Labor and Social Services on 04.10.2018. Within the protocol, it is aimed to:

- Organize training programs for DG OHS staff on occupational diseases and work-related diseases,
- Plan, implement and carry out scientific studies in the field of work-related diseases and occupational diseases, prepare joint reports, organize study visits to workplaces,
- Prepare and publish materials related to the activity subjects, to ensure and distribute them when necessary.

Occupational Diseases Congress was held on 04-06 October 2018. Rotations of Occupational Diseases Specialization students in Occupational Health and Safety Research and Development Institute (İSGÜM) continue and investigation and research projects are carried out.

A Cooperation Protocol was signed between Öz-Sağlık İş Union and the DG OHS on 19.03.2018, and within this scope, "Employee Friendly Health Institutions Project Workshop" was held on 15-16 April 2018, and Employee Health and Safety in National Health Services Congress was held on 17 April 2018.

The "Project for Improving Occupational Health and Safety in Workplaces in Textile, Leather, Furniture, Food Products and Beverage Manufacturing and Chemical Products

Manufacturing Sectors (ISGIP 2)” was carried out during the period between 2015-2017. Within the scope of the project, activities such as the development of occupational health and safety management system, risk assessment, performance monitoring studies, preparation of emergency plans were carried out in 20 workplaces in 5 provinces. At the end of the project, 14 guides for the relevant sectors were prepared and published.

“OHS Research Project (ISGAP)” was carried out during the period between 2016-2018. Within the scope of the project, it was aimed to analyze the current situation of ceramic, greenhouse, plastic, paint production, forest industry sectors, to improve the occupational health and safety conditions of employees in those sectors, to prevent and early detection of work accidents, occupational diseases, to increase OHS awareness and to contribute to the creation of OHS culture.

The "Development of National Pneumoconiosis Diagnosis, Detection, Notification and Monitoring System Project (Hard Coal and Lignite Mining)” was carried out during the period between 2019-2020. As part of the project, the "Pneumoconiosis Data Set Workshop" was held on June 25, 2019. The "Pneumoconiosis Data Set", which is planned to be integrated into the Occupational Health and Safety Information Management System (IBYS) has been finalized.

Within the Technical Assistance component of “Improving Occupational Health and Safety Especially in Mining Sector Project”, health surveillance of 10.000 employees in the mining sector will be made within the framework of specific standards and regulations.

Trainings on occupational diseases organized by the DG OHS during the reporting period:

- The ILO International Classification of Radiographs of Pneumoconioses Training (every year)
- Introduction to Ergonomics Training for Workplace Physicians (26.06.2019)
- Within the scope of ISGAP (Occupational Health and Safety Research Project) (in November 2018), trainings given to occupational health and safety professionals in 5 sectors (Greenhouse Growing Sector, Plastic Products Manufacturing Sector, Paint Production Sector, Ceramic Sector, Wood Products Manufacturing Sector):
 - Ceramic Industry OHS Professionals Training, Kütahya (13 November 2018)
 - Ceramics Sector OHS Professionals Training, Bilecik (15 November 2018)
 - Paint Production Sector OHS Professionals Training, Kocaeli (15 November 2018)
 - Paint Production Sector OHS Professionals Training, İzmir (27 November 2018)
 - Plastic Products Manufacturing Sector OHS Professionals Training, Kocaeli (14 November 2018)
 - Plastic Products Manufacturing Sector OHS Professionals Training, İzmir (28 November 2018)

- Greenhouse Sector Workplace Physicians Training, Antalya (22 November 2018)
- Greenhouse Sector Occupational Safety Specialists Training Program, Antalya (22 November 2018)
- Wood Products Manufacturing Sector OHS Professionals Training, Bolu (27 November 2018)
- Wood Products Manufacturing Sector OHS Professionals Training, Düzce (26 November 2018)
- "Occupational Lung Diseases and Respiratory Function Test Application and Evaluation" (30.03.2018)
- "Effects of Noise on Human Health and Hearing Test Evaluation" (06.04.2018)
- "Radiology of Occupational Lung Diseases and Evaluation of Normal Lung Film" (13.04.2018)
- Permanent Supervisor Trainings

Publications on occupational diseases prepared by the OHS DG during the reporting period;

- 17 guides, brochures, algorithms, etc. for occupational health and occupational diseases
- Numerous publications related to SARS-CoV-2 and Covid-19
- Occupational Health and Safety Guide in the Paint Production Sector (2018)
- Occupational Health and Safety Guide in the Plastic Products Manufacturing Industry (2018)
- Occupational Health and Safety Guide in the Ceramic Industry (2018)
- Occupational Health and Safety Guide in Wood Products Manufacturing Industry (2018)
- Occupational Health and Safety Guide in the Greenhouse Sector (2018)
- Occupational Health Surveillance Guide in the Food Products and Beverage Manufacturing Sector (2017)
- Food Products and Beverage Manufacturing Sector Occupational Health and Safety Management System Guide (2017)
- Occupational Health Surveillance Guide in Leather Manufacturing Sector (2017)
- Occupational Health and Safety Management System Guide in Leather Manufacturing Sector (2017)
- Occupational Health Surveillance Guide in Chemical Products Manufacturing (2017)

- Occupational Health and Safety Management System Guide in Chemical Products Manufacturing Industry (2017)
- Occupational Health Surveillance Guide in Furniture Sector (2017)
- Occupational Health and Safety Management System Guide in Furniture Sector (2017)
- Occupational Health Surveillance Guide in Textile Sector (2017)
- Occupational Health and Safety Management System Guide in the Textile Sector (2017)
- Dust Fight Guide in Cement Sector (2016)
- Combating Dust in the Textile Sector Guide (2016)
- Dust Control Guide in Agricultural Enterprises (2016)
- Infographics on occupational diseases

Congresses on occupational diseases in the reporting period:

- International and National Congresses on Occupational Health and Safety
- Silicosis Symposium in Ceramic Industry (2018)
- "Occupational Health and Safety Symposium in the Employment of Persons with Disabilities" (2018)
- Working Conditions of Private Bank Employees and Burnout Syndrome Seminar (2018)
- "Occupational Health and Safety Meeting in Dusty Works in the Ceramic Industry" (2019)
- Employee-Friendly Healthcare Institutions Project Workshop
- National Health and Safety Occupational Health and Safety Congress (2018)
- IMUD Occupational Diseases Congress(2018)
- 1st International Industrial and Environmental Toxicology Congress (2019)
- "Pneumoconiosis Symposium in Every Aspect", Turkish Thoracic Society, (2016)
- 1st National Occupational and Environmental Diseases Congress (2017)
- 2nd International Occupational and Environmental Diseases Congress (2018)
- 3rd International Occupational and Environmental Diseases Congress (2019)
- 4th International Occupational and Environmental Diseases Congress, (2020)
- Asbestos Sub-Working Group Meetings (2017)
- "Hacettepe University Occupational Health and Safety Occupational Diseases Application and Research Center" Seminars
- 2nd Occupational Health and Safety Symposium in Health Sector" (2017)

- 3rd Occupational Health and Safety Symposium in Health Sector at Istanbul Yeni Yüzyıl University (2018)
- Employee Health Symposium in Tourism Sector (2017)
- IV. Occupational Health and Safety Symposium Physical Factors (2017)
- 3rd International Integrated Health and Care Congress (2017)
- 5th International Home Health and Social Services Congress (2018)

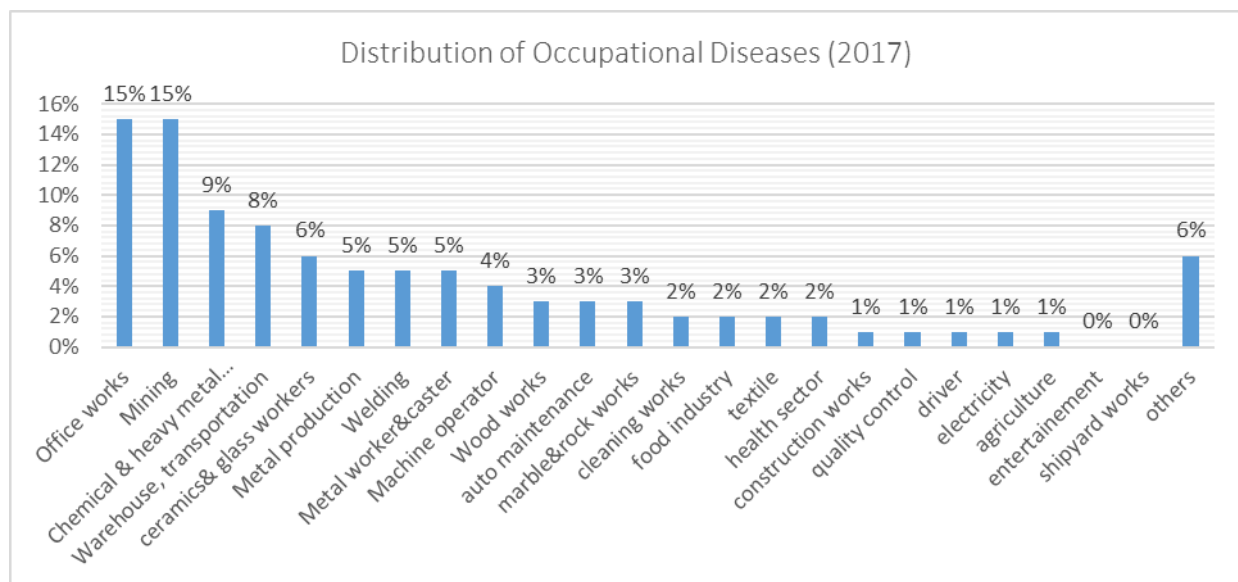
1/i. Information about the most frequent occupational diseases during the reference period, as well as the preventive measures taken or envisaged

In Turkey, the diagnosis of an occupational disease can be made by all physicians serving in the 1st and 2nd step health units. After the diagnosis of an occupational disease, the patient should be referred to hospitals authorized to issue a medical board report by the Ministry of Health and a health board report should be issued in order to transfer the information to the social security system and to determine whether the disease causes loss of earning power in the profession.

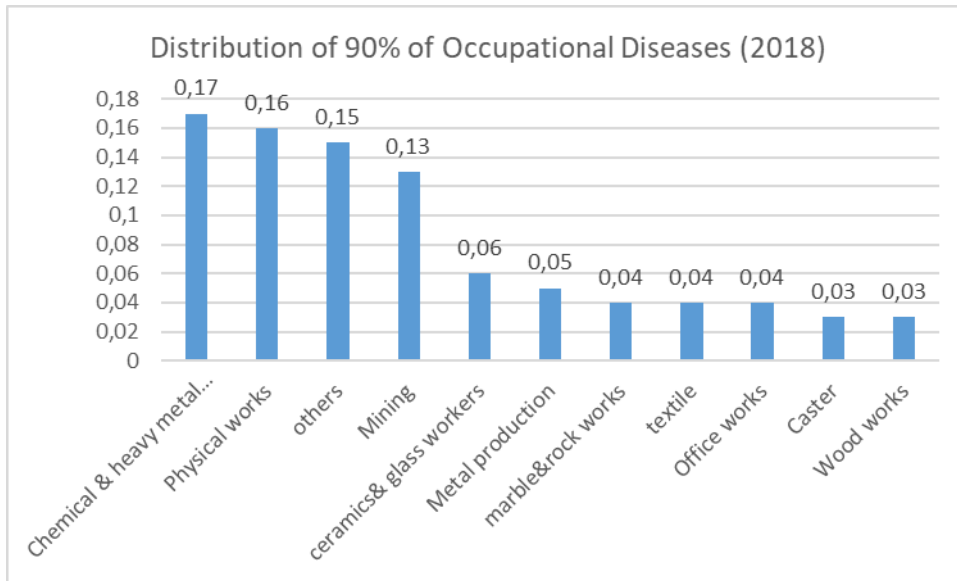
Information on occupational diseases has been collected monthly from the hospitals that have issued a health board report on occupational disease diagnoses since 2012. In these hospitals, 4,316 occupational diseases were diagnosed and a health board report was prepared in 2016, 4,855 in 2017, 5,573 in 2018 and 5,952 in 2019.

No fatal occupational disease cases have reported during the reporting period.

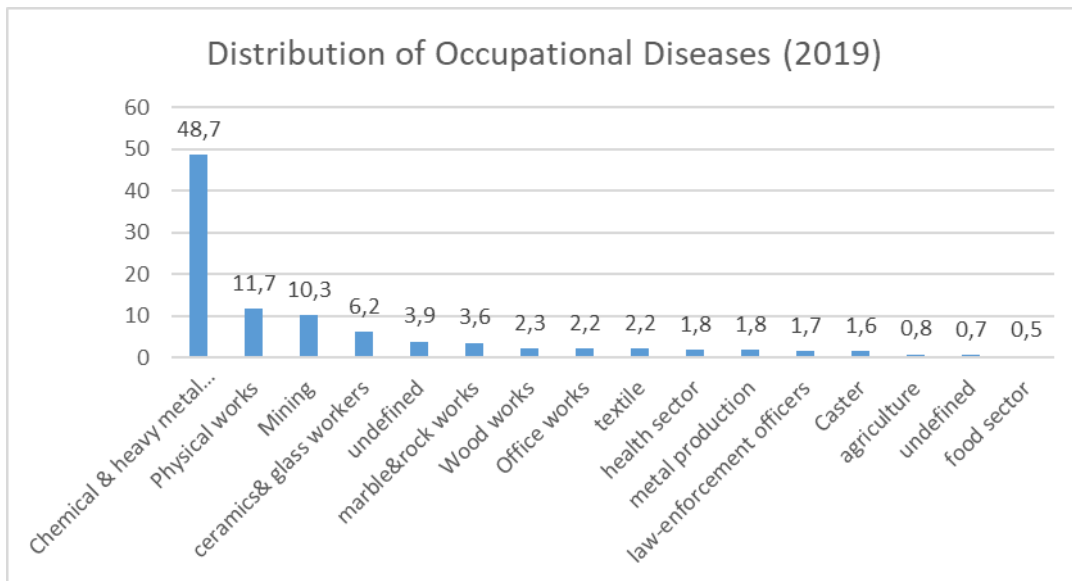
Distribution of Occupational Diseases on Sectoral Basis (2017)



Distribution of Occupational Diseases on Sectoral Basis (2018)



Distribution of Occupational Diseases on Sectoral Basis (2019)



Activities of the Labour Inspectorate

2/a. Information about the measures taken to increase staffing levels in the labour inspectorate

Labour inspection activities carried out by the Directorate of Inspection and Guidance Board under two headings as both the execution of the work and the occupational health and safety, covering the whole working life. Labour inspection activities are carried out by a total of 959 labour inspectors (578 in terms of occupational health and safety, 381 in terms of work execution) working in 5 Group Presidencies established in Adana, Ankara, Bursa, Istanbul and İzmir provinces together with the central Directorate.

A number of 887 assistant labour inspectors were recruited as 7 in 2005, 71 in 2008, 59 in 2009, 310 in 2010, 104 in 2011, 122 in 2012 and 214 in 2015.

Taking into account the circulation in the number of labour inspectors due to retirement and other reasons, the number of inspections/employees and the authorized participation of the assistant labour inspectors who are recruited for the inspection process after a working period of at least 3 years (training/accompaniment/exam/thesis) in accordance with the relevant legislation, the necessary human resources planning is made and the recruitment process for assistant labour inspectors is initiated if needed.

Regular trainings were given to labour inspectors under the Directorate of Inspection and Guidance Board in order to increase the effectiveness and efficiency of inspections.

A total of 443,889,000 TL was allocated from the budget for the period 01.01.2016-31.12.2019 in order to achieve the goals and objectives of the Directorate of Inspection and Guidance Board regarding the inspection activities.

2/b. Information about the proportion of workers who are covered by inspections

OHS inspections are carried out as scheduled and non-scheduled by the Directorate of Inspection and Guidance Board, taking into account the statistical data of previous years, national policies and needs, and the risks and priorities of working life and resources.

Scheduled inspections that require close cooperation with workers and employers, as well as with relevant institutions and organizations are executed as a result of evaluating and prioritizing problems in working life, in order to audit the implementation of all or part of the provisions of the legislation related to working life in the specified areas or sectors or in workplaces determined by targeting a specific risk group.

Non-scheduled inspections, on the other hand, are carried out upon denunciation, complaint or request received by the Directorate of Inspection and Guidance Board.

In this context, a number of 40.828 inspections were carried out in terms of occupational health and safety in the period of 01.01.2016 - 31.12.2019, reaching 3.595.606 workers. As a result of the inspections carried out, it was decided to suspend the work in 1.834 workplaces and it was proposed to impose an administrative fine of 136.969.231 TL for 10.530 workplaces.

2/c. Information about the percentage of companies that underwent a health and safety inspection in the years covered by the reference period

The sectoral distribution of inspections carried out in terms of occupational health and safety in the period of 01.01.2016-31.12.2019 including construction, mining, metal, chemistry and other sectors is given in the following table in detail:

The sectoral distribution of inspections

Sector	Number of Inspections			Administrative Fine		Shut-down
	Scheduled	Non-scheduled	Total	Number of workplaces recommended	Amount (TL)	Number of workplaces
Construction	7344	5610	12954	3360	45.471.569	1562
Mining	2904	963	3867	1334	33.043.554	190
Metal	5530	3639	9169	2092	19.951.073	32
Chemistry	2347	1396	3743	1062	12.114.887	15
Others	4283	6812	11095	2682	26.388.148	35

2/d. Information on the application of the current legislation on labour inspection throughout the country

Labour inspection activities in Turkey are carried out by the labour inspectors of the Ministry of Family, Labour and Social Services in accordance with the ILO Labor Inspection Convention in Industry and Commerce (No. 81), Presidential Decree No. 1, Labor Law No. 4857, Occupational Health and Safety Law No. 6331 and other labour legislation provisions.

2/e. Details, by category, of administrative measures that labour inspectors are entitled to take and, for each category, the number of such measures actually taken

In the period of 01.01.2016-31.12.2019, the Ministry of Family, Labour and Social Services reached a total of 3.595.606 workers by conducting a total of 40.828 inspections in terms of occupational health and safety. As a result of the inspections carried out, it was decided to suspend the work in 1,834 workplaces and an administrative fine of 136,969,231 TL was recommended to be imposed for 10,530 workplaces.

B- LEGISLATION CHANGES AND APPLICATIONS

A commission has been established for the revision of the Regulation of Fighting Dust and it continues to work.

Paragraph 4. To promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

Annex of Paragraph: This provision, for the purpose of this provision, means the functions, organization and the conditions of functioning of these services shall be identified with national laws or regulations, collective agreements or other means appropriate to national circumstances.

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

Legislative Framework

1. Detailed information about the tasks of occupational health and safety service units

The Regulation of Occupational Health and Safety Services dated 29.12.2012 and No. 28512 determines the establishment of workplace health and safety units to carry out occupational health and safety services, and the authorization and cancellation of authorization certificates of joint health and safety units, duties and responsibilities as well as the procedures and principles of them.

With "Article 13 titled "the Duties, Authorization and Responsibilities of the Workplace Health and Safety Units and Joint Health and Safety Units" the following provisions are included:

"Article 13 - (1) In order to contribute to creating a safe and healthy working environment in the workplaces, Workplace Health and Safety Units (WHSU) and Joint Health And Safety Units (JHSU) are responsible for,

- a) Guiding the employer about the supervision of the work environment, including all kinds of protective, preventive and corrective actions to be carried out against health and safety risks in the workplace, and preparing recommendations for approval,*
- b) Implementation of health examinations to protect and improve the health of employees,*
- c) Planning the occupational health and safety trainings and informing of the employees and submitting them to the approval of the employer,*
- ç) Determination of situations requiring emergency intervention such as accidents, fires, natural disasters at the workplace, preparation of an emergency plan,*

organization of the applications required in terms of first aid and emergency response and cooperating with other units, institutions and organizations,

d) Recording the information and study results on the annual work plan, the annual evaluation report, the monitoring of the work environment, the health examinations of the employees and the work accidents and occupational safety and health,

e) Keeping the records and information regarding employees' work, risk assessment results and exposure, first and periodic medical examination results, work accidents and occupational diseases in the personal medical files in the workplace in accordance with the confidentiality principle,

f) Monitoring the fulfilment of the duties specified in the “Regulation on education, duties, powers and responsibilities of Occupational Physicians and Other Healthcare Personnel” and the “Regulation on the Duties, Authority, Responsibility and Training of Occupational Health and Safety Experts”

(2) Certified copies of records that must be kept by the workplace physician and occupational safety expert assigned by the Joint Health and Safety Unit to provide occupational health and safety services in the workplaces (Additional phrase: RG-18/12 / 2014-29209), records of the annual work plan and annual evaluation report, records of occupational health and safety trainings are kept in Joint Health and Safety Unit archive and shown to the officers authorized for inspection if requested. Even if they are not asked, all records and files are delivered to the employer by Joint Health and Safety Unit at the end of the contract period.

(3) WHSUs and JHSUs take care not to disrupt the normal work flow during the delivery of occupational health and safety services.

(4) JHSUs cannot transfer all or part of occupational health and safety services to another person or institution.

(5) Contracts regarding persons employed by JHSUs are notified to the DG OHS via OHS-KATIP within five working days.

(6) In case of cancellation of the authority or suspension of the activities of JHSUs for any reason or their documents are canceled by the DG OHS, they shall send the originals of their authorization documents to the DG OHS within 30 days.

(7) (Annex: RG-18/12 / 2014-29209) If the responsible manager of JHSU changes or leaves his position, the newly assigned manager must be appointed by the JHSU within 30 days at the latest through the OHS-KATIP.

2. Information about the proportion of undertakings equipped with such services, and the number of workers monitored by such as compared to the previous reference period

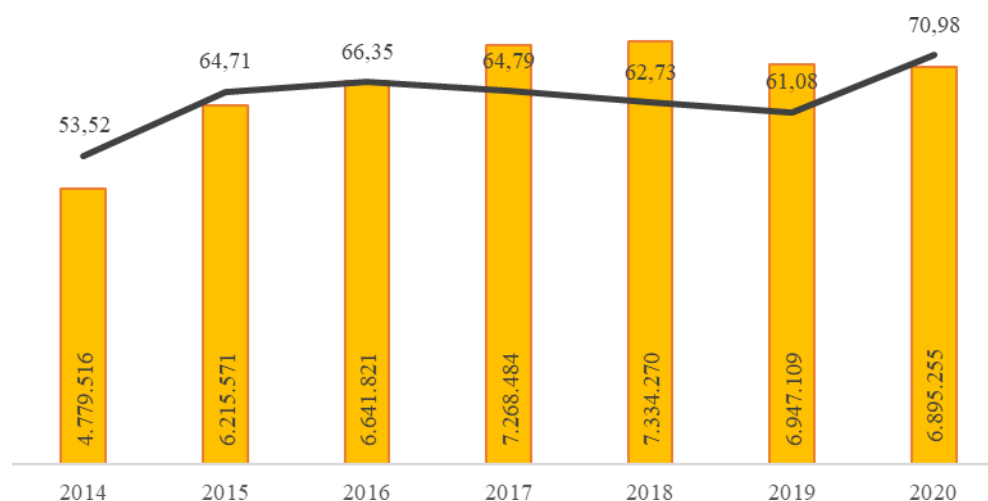
The number of Joint Health and Safety Units has increased from 2013 to 2020 with a rate of 139%. The number and rates of authorization documents are given in the table below.

The number and rates of authorization documents (2013-2020)

Indicator	2013	2020	% (change)
Joint Health and Safety Unit	1.017	2.435	139
Public Health Center Unit	31	48	55

Compared to 2014, the number of employees who received OHS services increased by 44.26% in 2020. The chart below shows the change between 2016-2019.

The number and rate of employees who received OHS services 2014-2020



3. More detailed information on duties and responsibilities of a workplace physician and of the occupational safety expert and explanation to how the functions performed by them are adapted in practice to all undertakings, especially in small and medium-sized enterprises

Duties and responsibilities of Occupational Safety Experts:

Occupational safety experts are obliged to fulfil the following duties in Article 9 titled "Duties of Occupational Safety Experts" of the Regulation on the Duties, Authority, Responsibility and Training of Occupational Health and Safety Experts published in the Official Gazette dated 29.12.2012 and numbered 28512:

Guidance:

1. To offer suggestions on planning, organization and implementation of the work, including design, condition, maintenance, selection of machinery and other equipment and materials used in relation to the work done and changes to be made in the workplace, selection, supply, use, maintenance, preservation and testing of personal

protective equipment in accordance with the occupational health and safety legislation and general occupational safety rules,

2. To notify the measures to be taken regarding occupational health and safety in written,
3. To search the causes of work accidents and occupational diseases in the workplace and to make recommendations on possible measures to prevent recurrence,
4. To search the causes of incidents that occur in the workplace but do not cause death or injury, but have the potential to damage the employee, equipment or the workplace, and to make recommendations to the employer.

Risk assessment:

1. To participate in the implementation of risk assessment in terms of occupational health and safety, to advise the employer about the health and safety precautions to be taken after risk assessment, and to follow up.

Supervision of work environment:

1. To supervise the working environment, planning periodic maintenance, control and measurements required in the workplace in accordance with occupational health and safety legislation and control the applications,
2. To participate in the activities to prevent accidents, fires or explosions in the workplace, make suggestions to the employer and follow the practices; To participate in the preparation of emergency plans for situations such as natural disasters, accidents, fires or explosions, to monitor and control periodic trainings and exercises on this issue acting in line with the emergency plan.

Training, informing and registration:

1. To prepare the plans of OSH trainings for employees in accordance with the current legislation and to submit them to the employer for approval, to apply the trainings or control them,
2. To prepare the annual evaluation report in which the workplace health and safety studies and work environment supervision results are recorded in cooperation with the workplace physician,
3. To organize informative activities for employees, submit them to the approval of employer and control their implementation.
4. To prepare occupational health and safety instructions and work permit procedures in order to be used where necessary, to submit them to the approval of the employer and to control their implementation.
5. To inform the OHS KATIP about the information about occupational health and safety issues to be determined by the Ministry.

Cooperation with other related units:

1. To evaluate work accidents and occupational diseases together with the workplace physician, to prepare the necessary preventive action plans and to follow up the

applications by conducting examinations and researches to prevent the recurrence of the hazardous event,

2. To prepare the annual work plan that includes the next year's activities regarding OHS in cooperation with the workplace physician,
3. To work in cooperation with the OHS Board of which s/he is a member if available,
4. To support the studies of employees' representatives and support staff and to cooperate with them.

Duties and responsibilities of Workplace Physicians:

In line with Article 9 titled "Duties of Workplace Physicians" of the Regulation on the Duties, Authorities, Responsibilities and Training of Workplace Physicians published in the Official Gazette dated 20.07.2013 with No. 28713, workplace physicians are obliged to fulfil the following duties:

Workplace physician works in cooperation with the other health staff if available

Guidance:

1. To guide the employer regarding the health surveillance of employees and the surveillance of the working environment within the scope of occupational health and safety services,
2. To make suggestions in order to ensure that the design of the workplace, planning, organization and implementation of the work, selection of personal protective equipment are in accordance with the occupational health and safety legislation and general occupational health rules regarding the works and changes to be made in the workplace,
3. To advise the employer on the activities required to improve the health of the employees in the workplace,
4. To participate in researches in the field of occupational health and safety, and also to conduct researches to ensure the adaptation of employees to the work and to protect them from stress factors in the work environment, taking into account the physical and mental capacities of them in terms of ergonomic and psychosocial risks in the execution of the work, and to use the research results in guidance activities,
5. To monitor and inspect the general hygiene conditions of the workplace buildings, including the canteen, dining hall, dormitory, nursery and breastfeeding rooms, dressing rooms, showers and toilets, and to advise the employees on the nutritional needs required by the nature of work carried out,
6. To investigate the causes of work accidents and occupational diseases in the workplace and to make suggestions by carrying out studies on measures to be taken to prevent recurrence,

7. To investigate the causes of accidents that are nonfatal or noninjurious but have the potential to damage the employee, equipment or workplace and to directly advise the employer,
8. To notify in written to the employer about the necessary precautions to be taken regarding OHS.

Risk assessment:

1. To participate in the work and implementation of risk assessment in terms of OHS, to advise the employer about the health and safety precautions that should be taken as a result of the risk assessment,
2. To monitor, protect and give prioritize in risk assessment those who need special policies including pregnant or breastfeeding women, those under 18 years of age, those with a diagnosis or pre-diagnosis of occupational disease, those with chronic diseases, the elderly, the disabled, those with alcohol or drug addiction, and those who have had more than one work accident.

Health monitoring:

1. To inform employees about periodic health examinations and examinations within the scope of health surveillance and to obtain their consent,
2. To make health examinations of employees including in night shifts,
3. In line with the results of the risk assessment made in the workplace considering the international standards and the personal characteristics of the employee, the hazard level of the workplace and the nature of the job: the physician examine the employees once every five years in less hazardous jobs, once in three years in hazardous jobs, once a year in very hazardous jobs, and once every six months for children, young and pregnant ones. However, these periods are shortened if deemed necessary by the workplace doctor,
4. To arrange the results of the periodic health examinations that indicate that the employees are suitable for the job,
5. To prepare health report after necessary medical examinations for employees such as groups that require special policy, including those who have been diagnosed with or pre-diagnosed an occupational disease, those who have had chronic illnesses, substance addiction, and those who have had more than one occupational accident, and to repeat the health examinations of other employees in the working environment if there is an employee with a diagnosis or pre-diagnosis of occupational disease,
6. To determine whether there is a relationship between absenteeism due to health problems and possible health hazards in the workplace, to plan the measurements regarding the working environment when necessary, to submit them to the approval of the employer and to evaluate the results in terms of the health of the employees,
7. To make health examination in return of the employee to the job after their repeated dismissal due to health problems, to submit the results to the employer's approval by

recommending that those who shouldn't work in their previous positions and to be appointed to another position appropriate to their current health status,

8. To provide the necessary hygiene trainings and necessary examinations and tests in order to prevent the spread of infectious diseases,
9. To record the studies related to health surveillance in the workplace, to evaluate work accidents and occupational diseases in cooperation with the occupational safety expert, to prepare the necessary preventive action plans and to prevent the recurrence of the dangerous incident, and to prepare the annual work plan to include these issues,
10. To check the health reports of temporary employees and employees of the subcontractor.

Training, briefing and registration:

1. To plan the occupational health and safety trainings of the employees in accordance with the relevant legislation, to submit them to the approval of the employer and to make or control their applications,
2. To organize the first aid and emergency response services in the workplace and to provide training for the personnel in line with the relevant legislation,
3. To provide training to managers, OHS committee members if any, and employees on general health, OHS, hygiene, the harms of addictive substances, personal protective equipment and collective protection methods, and to ensure the continuity of trainings,
4. To inform employees about the risks at work, health surveillance and examinations made during recruitment and periodically,
5. To prepare an annual evaluation report that is including the health surveillance results in cooperation with OHS expert,
6. To inform DG OHS about occupational health and safety issues to be determined by the Ministry through the OHS CLERK system.

Cooperation with other related units:

1. To advise making some essential measurements within the surveillance of working environment and to evaluate the results in the light of health examination results in cooperation with OHS expert,
2. To work in cooperation with OHS Board of which s/he is a member, if available,
3. To cooperate with relevant parties to provide information and training on OHS issues in the workplace.
4. To participate in the development of programs for the improvement of existing practices such as the analysis of occupational accidents and diseases, improvement of work practices, and the evaluation and testing of new technology and equipment in terms of health.
5. To work in cooperation with health providers authorized to issue health board reports on occupational diseases in accordance with the related Regulation, to cooperate with

the relevant units in the rehabilitation of employees who suffer from work accidents or occupational diseases.

6. To participate in researches in the field of occupational health and safety.
7. To assist OHS expert in the preparation of OHS instructions and work permit procedures to be used where necessary.
8. To prepare the annual work plan, which includes activities related to OHS to be carried out in the next year, together with the occupational safety specialist.
9. To support and cooperate with the employee representative and support staff in the workplace.

The authorities and responsibilities of OHS experts stated with Article 10 and Article 11 of the Regulation on the Duties, Authority, Responsibility and Training of Occupational Health and Safety Experts:

Authorities:

- To apply to the employer for suspending the work in case that life-threatening danger determined in the workplace is serious and unavoidable and requires urgent intervention.
- To carry out examinations and research on occupational health and safety in all departments of the workplace, access the necessary information and documents and meet with employees.
- To cooperate with the relevant institutions and organizations in accordance with the internal regulations of the workplace, within the knowledge of the employer,
- Occupational safety experts assigned with a full-time employment contract have the right to participate in trainings, seminars and panels to ensure their professional development in the workplace. In such organizations, five working days within a year are considered as the working time and no deduction can be made from the salary of the expert during these periods.

Responsibilities:

- OHS experts are obliged not to disrupt the normal flow of work as much as possible and to contribute to the provision of an efficient working environment while performing their duties specified in the Regulation, and to keep the professional secrets, economic and commercial situations of the employer and the workplace confidential.
- OHS experts are liable to the employer due to their negligence in the execution of OHS services.
- OHS expert notifies the employer in writing of situations requiring an emergency suspension of work regarding OHS and life-threatening situations such as fire, explosion, collapse, chemical leakage, etc. In the event that the employer does not stop

the work within a reasonable period, the OHS specialist is obliged to inform the Provincial Directorate of the Turkish Employment Agency in writing.

- OHS expert writes his determinations and recommendations in the approved records regarding the work done in the workplace, the activities related to the matters specified in article 9 in cooperation with the workplace physician.

The authorities and responsibilities of Workplace Physicians stated with the Article 10 and Article 11 of Regulation on the Duties, Authority, Responsibility and Training of Workplace Physician and the Other Health Staff:

Authorities:

- To apply to the employer for suspending the work in case that life-threatening danger determined in the workplace is serious and unavoidable and requires urgent intervention.
- To carry out examinations and research on occupational health and safety in all departments of the workplace, access the necessary information and documents and meet with employees.
- To cooperate with the relevant institutions and organizations in accordance with the internal regulations of the workplace, within the knowledge of the employer,
- Workplace physicians assigned with a full-time employment contract have the right to participate in trainings, seminars and panels to ensure their professional development in the workplace. In such organizations, five working days within a year are considered as the working time and no deduction can be made from the salary of the physician during these periods.

Responsibilities:

- Workplace physicians are obliged not to disrupt the normal flow of work as much as possible and to contribute to the provision of an efficient working environment while performing their duties specified in the Regulation, and to keep the professional secrets, economic and commercial situations of the employer and the workplace confidential.
- Workplace physicians are liable to the employer due to their negligence in the execution of OHS services.
- Workplace physician notifies the employer in writing of situations requiring an emergency suspension of work regarding OHS and life-threatening situations such as fire, explosion, collapse, chemical leakage, etc. In the event that the employer does not stop the work within a reasonable period, the workplace physician is obliged to inform the Provincial Directorate of the Turkish Employment Agency in writing.
- The workplace physician writes his determinations and recommendations in the approved records regarding the work done in the workplace, the activities related to the matters specified in article 9 in cooperation with the OHS expert.

- The workplace physician sends the employees pre-diagnosed with occupational diseases to health service providers authorized by the Social Security Institution.

Regulation for SMEs:

Alternative regulations are included in the legislation in terms of the implementation of these services in small and medium-sized enterprises.

In order to provide occupational health and safety services in the workplace in accordance with the provision of Article 6 of Law No. 6331, the employer himself can undertake the performance of this service if he has the specified qualifications and the necessary certificate taking into account the hazard class and the number of employees. The employers or employer representatives who do not have the specified qualifications and the required certificate but have less than 50 employees in less hazardous type workplace can carry out OHS services, except for recruitment and periodic health examinations, provided that they complete and achieve the necessary training programs announced by the Ministry, limited to their own workplace.

On the other hand, within the scope of the third paragraph of Article 15 of Law No. 6331, it is essential that health reports can be obtained from the workplace physician, but also from public service providers or family physician for less hazardous workplaces with less than 50 employees.

4. The manner in which access to occupational health services takes place in practice for temporary workers or workers on fixed-term contracts, self-employed workers and domestic workers

All employers who own the workplaces identified within the Occupational Health and Safety Law No. 6331 are obliged to provide OHS services. Health reports required under this Law are obtained from the workplace physician. They can also be obtained from public health providers or family physicians for less dangerous workplaces with less than 50 employees.

“Regulation on Occupational Health and Safety in Temporary or Fixed Term Employment” published in the Official Gazette dated 23.08.2013 and No. 28744 is in force and aims is to ensure that employees with temporary or fixed-term employment contracts are protected regarding OSH at the same level as the other employees.

Pursuant to the fifth article of this Regulation, the employer cannot apply different practices in terms of working conditions in fixed-term jobs or temporary business relationships including protection of the health and safety of employees in the workplace and access to personal protective equipment.

According to the eighth and ninth articles of the Regulation, the employer shall ensure special health surveillance required for the job for the employees working with fixed or temporary labour contracts. This surveillance is continued after the employee's contract term expires, as long as the requirement arising from the nature of work continues. Persons assigned to perform occupational health and safety services based on Article 6 of Law No. 6331 have to be informed by the employer about the employees working with fixed or temporary

employment contracts. In addition, necessary studies are carried out to ensure the health and safety of these employees together with the others.

Employees who work in daily works such as cooking, cleaning, laundry, childcare, disabled & patient care and elderly care in household services are also covered by occupational health and safety services. According to the provisions of the Turkish Code of Obligations, employers who recruit domestic workers should take all necessary measures to ensure occupational health and safety at the workplace, and to keep tools and equipment in full; while workers are also obliged to comply with all kinds of measures taken regarding occupational health and safety.

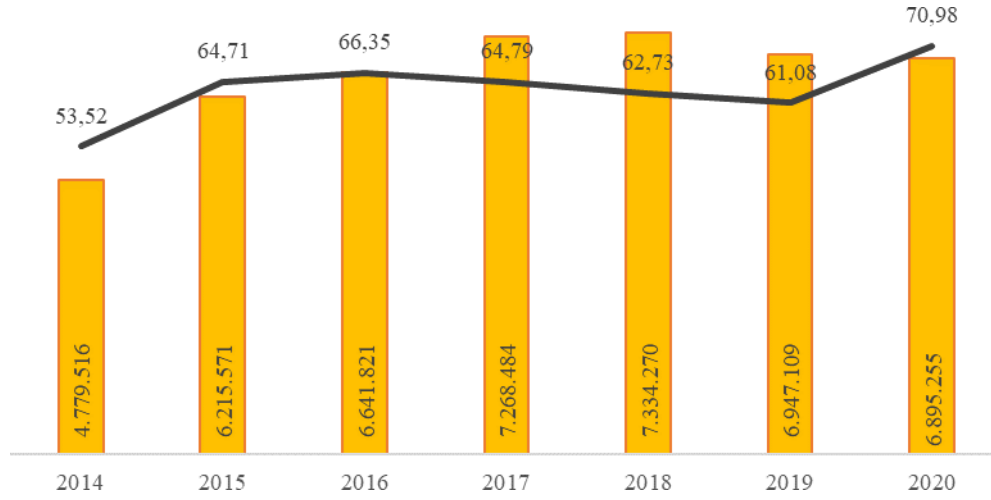
On the other hand, for paid and permanent employees working in household services, it is obligatory to be insured according to the Social Insurance and General Health Insurance Law No. 5510. According to the Unemployment Insurance Law No. 4447, unemployment insurance premiums are also paid by employers for those who work in home services. In order to benefit from unemployment insurance benefit, at least 600 days of insurance will be required according to Law No. 4447. Accidents in household services are considered as work accidents, regardless of the duration of the work, according to the Social Insurance and General Health Insurance Law No. 5510.

5. Information regarding the percentage of employees covered by occupational health services.

Another obligation imposed by the Occupational Health and Safety Law No. 6331 on employers is the health surveillance of their employees. This obligation is regulated in Article 15 of the Law. The employer should ensure that employees receive health surveillance appropriate to the health and safety risks they incur at work under pre-assignment, job change after the assignment, in case of return to work following repetitive absence from work due to work accidents, occupational diseases or health problems upon request, at regular intervals recommended by the Ministry in the course of employment taking into account the quality of the employee and the nature of work and the hazard class of the enterprise.

The number of employees who received OHS services increased by 44.26% in 2020 compared to 2014. The graphic below shows the number and rates of employees who received OHS services between 2014 and 2020.

The number and rates of employees who received OHS services (2014-2020)



6. Information on the activities implemented and the results obtained under the aim to develop occupational safety and health in the public and agriculture sectors.

Regarding OHS in Public Sector:

"Public Occupational Health and Safety Practices Unit" has been established within the DG OHS and activities in this area have gained momentum. Guides and spots for more effective implementation of OHS legislation in public institutions and organizations have been published. Some of those are "Occupational Health and Safety Implementation Guide in Municipalities", "Occupational Health and Safety Implementation Guide in Public Hospitals", "Occupational Health and Safety Guide in the Public".

On the other hand, by making use of digital applications during the pandemic period, remote meetings are held with employers and OHS representatives of public institutions, and their feedback on the difficulties and demands in implementation is received.

Regarding OHS in Agriculture Sector:

"TAIEX Workshop on Assessment of Occupational Health and Safety Risks in Agriculture and Forestry Sectors" was held in Ankara on 14-15 January 2016. The workshop focused on how the ongoing problems in the sector diversify in different geographies and conditions, and what kind of solutions are produced to these problems within the framework of parallel legislations from different perspectives.

In 2018, approximately 1000 agricultural workers in 9 provinces were provided with training on the correct and safe use of agricultural machinery and pesticides with the cooperation of Öz Orman-İş Union and the DG OHS.

In 2019, trainings were held in Adana, Mersin, İzmir, Konya and Karaman provinces to increase the awareness of agricultural workers on occupational health and safety. During the trainings, 402 agricultural workers were trained on "safety culture" for the agricultural sector, "safe working in agricultural machinery" and "emergency culture and first aid".

In 2019, the Safe Agriculture Web Site was set up by examining international practices. This website aims to create an occupational health and safety culture in order to prevent occupational accidents and diseases in the agricultural sector, to increase the level of awareness, and to guide employers, employees and OHS professionals about ways to avoid existing risks.

For awareness raising of agriculture workers, "Personal Protective Equipment Selection Guide Specific to the Agricultural Sector", "Guide to Working Safely with Agricultural Machinery", " Guide for Ergonomic Risks in Agriculture ", "Guide to Safe Storage of Pesticides", " Guide to Hazard Classification of Pesticides by Baua Method", " "Brochure for Hygiene in Agriculture", "Ergonomic Risks in Agriculture", "Brochure for Safe Tractor Use in Agriculture" were prepared and published at www.guvenlitarim.gov.tr.

7. Developments on the application of Articles 6, 7 and 8 of Act No. 6331 in the reporting period

With Law No. 7033 dated 1/7/2017, the phrase "1/7/2017" in the sub-clause (1) of (a) Clause of the first item of Article 38 of Law No. 6331 has been replaced by "1/7/2020". The amendment in question covers public institutions excluding those who work within the scope of the abrogated article 81 of the Labor Law No.4857, and workplaces with less than 50 employees and classified as less hazardous. On the other hand, there is no obstacle to the appointment of OHS professionals by the institutions if needed.

Postponement at workplaces is only related to the appointment of professionals, and employer obligations such as risk assessment in the workplace, providing occupational health and safety training for employees, preparing emergency plans, performing health surveillance and similar are in force for all workplaces. In addition, alternative regulations are included in the legislation on the provision of OHS services at the workplace, without the obligation to assign an OHS professional during the postponement period.

The obligation to assign occupational health and safety professionals for those except the above-mentioned scope, public institutions and workplaces with 50 or more employees continues.

B- LEGISLATION CHANGES AND APPLICATIONS

Information is given under the relevant paragraphs.

QUESTIONNAIRE RELATED WITH COVID-19

ARTICLE 11

RIGHT TO PROTECTION OF HEALTH

11. RESC - Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable.

The right to protection of health under Article 11 of the Charter complements Articles 2 and 3 of the European Convention on Human Rights; those provisions of international human rights law are closely linked. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Life expectancy (as well as causes of death and infant and maternal mortality) in a community—and life expectancy inequality as might be the case for a sub-group within a community—is a broad indicator for the enjoyment of the right to protection of health and for the delivery by the competent authorities of the measures that enable people to enjoy the highest possible standard of health attainable. There is ample evidence of factors that contribute to or that undermine the health of people.

It is well known that members of certain groups enjoy poorer health and have a shorter life expectancy, especially the poor, homeless, jobless or other underprivileged communities and also underprivileged ethnicities. Life expectancy varies from country to country and, in some cases, it varies considerably from one part of the country to another or from one part of the same city to another; reports suggest that the difference in life expectancy can amount to years or even to one decade or more. Life expectancy goes hand in hand with a range of health issues. Children's rights and education are also determinants of future health and life expectancy, as is the family environment (housing, poverty or exclusion, exposure to domestic violence, child abuse or neglect).

Insalubrious work or living environments also affect health adversely as does air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment. It is for example a broadly accepted truism that prison is bad for people's health (staff and inmates alike).

As regards health care, it should be available, accessible, acceptable and of sufficient quality (the WHO "3AQ" framework), and informed consent is not only a formal requirement, but it goes to the heart of patient autonomy, self-determination, bodily integrity and well-being. A human rights approach to health requires reliance on science, excluding ideology or dogmatism. In particular, pseudoscience is a source of risk and, almost invariably, amounts to the denial of informed consent; in particular homoeopathy can be a drain on public resources or misguide individuals to pointless personal expenditure.

Mental health is an integral part of the right to health. The transition from former large-scale institutions to community-based mental health care was—and, in certain cases, remains—fully justified and desirable. However, reportedly, it was often poorly implemented or

insufficient resources were allocated to it. As a result, some persons in need of mental health care were neglected, drifting towards unemployment and poverty, homelessness or petty crime, and ultimately towards prison. Prison administration complain about such cohorts that, -in their view, do not belong in the prison system and prison health care services advance that sometimes these inmates represent a high proportion of the prison population.

Under this provision, States Parties must demonstrate their ability to cope with infectious diseases, such as arrangements for reporting and notifying diseases and by taking all the necessary emergency measures in case of epidemics. The latter would include adequate implementation of the measures applied in the COVID-19 crisis: measures to limit the spread of virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.) and measures to treat the ill (sufficient number of hospital beds, including intensive care units and equipment and rapid deployment of sufficient numbers of medical personnel while ensuring that their working conditions are healthy and safe – the latter issue was addressed under Article 3 above). It goes without saying that measures taken in respect of epidemics or pandemics must respect the exigencies of human rights law.

The pandemic did not only place a huge demand on health care services but also revealed in many cases chronic public health underfunding and insufficient capacity to respond to ordinary, let alone extraordinary, needs.

States must operate widely accessible immunisation programmes. They must maintain high coverage rates not only to reduce the incidence of these diseases, but also to neutralise the reservoir of virus and thus achieve the goals set by WHO to eradicate a range of infectious diseases. Vaccine research should be promoted, adequately funded and efficiently coordinated across public and private actors.

Access to health care must be ensured to everyone without discrimination. Groups at particularly high risk such as older persons, the homeless or those poorly housed, the poor and destitute, those living in institutions must be adequately protected by the measures put in place. This implies that health equity as defined by the WHO should be the goal: absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. Ideally, everyone should have a fair opportunity to attain their full health potential and no one should be disadvantaged from achieving this potential. In the medical fields, there is ample evidence of how women have been victims of prejudice and biased science, to the detriment of their health and wellbeing.

RESPONSES TO QUESTIONS ON GROUP II PROVISIONS “HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION”

ARTICLE 11

RIGHT TO PROTECTION OF HEALTH

Article 11 – The right to protection of health With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia:

1. to remove as far as possible the causes of ill-health;

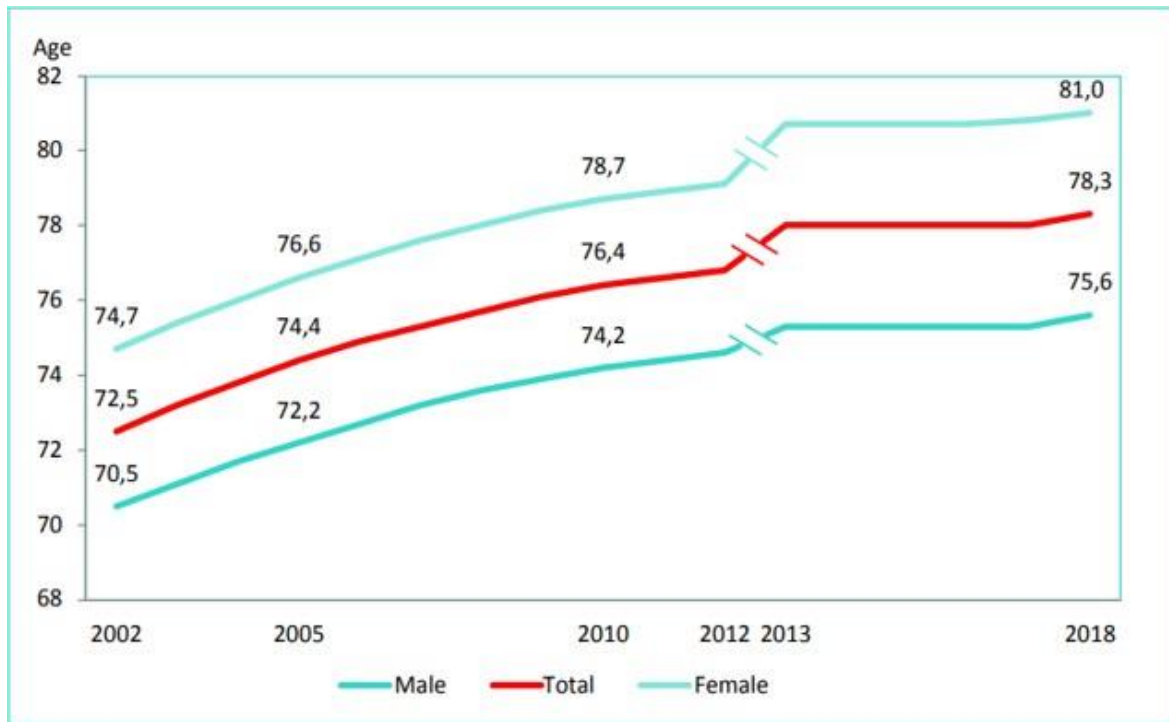
a) Please provide overall and disaggregated statistical data on life expectancy across the country and different population groups (urban; rural; distinct ethnic groups and minorities; longer-term homeless or unemployed; etc.) identifying anomalous situation (e.g. particular areas in the community; specific professions or jobs; proximity to active or decommissioned industrial or highly contaminated sites or mines; etc.) and on the prevalence of particular diseases among relevant groups (e.g. cancer) or blood-borne infectious diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison; etc.)

General Demographics Indicators by Years

	1990	2000	2015	2016	2017	2018
Total Population	56.473.035	67.803.927	78.741.053	79.814.871	80.810.525	82.003.882
Rural Population Ratio (%)	48,7	40,8	12,4	12,1	11,8	12,1
Urban Population Ratio (%)	51,3	59,2	87,6	87,9	88,2	87,9
0-14 Aged Population Ratio (%)	35,0	29,8	24,0	23,7	23,6	23,4
65 and Over Aged Population Ratio (%)	4,3	5,7	8,2	8,3	8,5	8,8
Youth Dependency Ratio (Aged 0-14)(%)	57,6	46,3	35,4	34,9	34,7	34,5
Elderly Dependency Ratio (Aged 65 and Over) (%)	7,1	8,8	12,2	12,3	12,6	12,9
Total Age Dependency Ratio (%)	64,7	55,1	47,6	47,2	47,2	47,4
Annual Population Growth Rate (‰)	21,7	18,3	13,4	13,5	12,4	14,7
Crude Birth Rate (‰)	24,1	21,6	17,1	16,6	16,1	15,3
Crude Death Rate (‰)	7,1	7,3	5,2	5,3	5,3	5,2
Total Fertility Rate	2,9	2,5	2,2	2,1	2,1	2,0

Source: TURKSTAT

Life Expectancy at Birth by Years and Sex, (Age)



Source: TURKSTAT Population Projections for 2002-2012, TURKSTAT Life Tables for 2013-2018

Number of Cases of the Infectious Diseases by Years

		2002	2014	2015	2016	2017	2018
AIDS	Local Case	37	102	94	94	106	88*
	Imported Case	6	29	28	11	19	20
	Total Case	43	131	122	105	125	108
Measles	Local Case		451	235	0	48	412
	Imported Case	7.810	114	107	9	36	304
	Total Case	7.810	565	342	9	84	716
Tuberculosis	Local Case		12.331	11.703	11.305	10.748	10.334
	Imported Case	18.043	777	847	881	1.073	1.242
	Total Case	18.043	13.108	12.550	12.186	11.821	11.576
Malaria	Local Case	10.184	0	0	0	0	0
	Imported Case	40	249	221	209	214	238
	Total Case	10.224	249	221	209	214	238

Source: General Directorate of Public Health

*One case reported as "unknown nationality" was included in the local cases.

Note: The number of Tuberculosis cases indicates the sum of new and relapse cases.

Infectious Diseases Incidence by Years, (per 100.000 Population)

	2002	2014	2015	2016	2017	2018
AIDS	0,07	0,17	0,15	0,13	0,15	0,13
Measles	11,8	0,7	0,4	0,01	0,09	0,87
Tuberculosis	32,0	16,9	15,9	15,3	14,6	14,1
Malaria	15,4	0,3	0,3	0,26	0,26	0,29

Source: General Directorate of Public Health

Note: Tuberculosis incidence data for the year 2002 is taken from WHO, TB (Tuberculosis) Database, data for other years is taken from General Directorate of Public Health, TB Database.

Total Cancer Incidence by Years and Sex, (per 100.000, World Standard Population)

	2002	2010	2011	2012	2013	2014	2015	2016
Male	154,2	261,4	275,0	277,7	267,9	246,8	247,6	259,9
Female	113,0	168,7	182,2	188,2	186,5	173,6	177,5	183,2
Total	133,5	215,1	228,6	233,0	227,2	210,2	212,6	221,6

Source: General Directorate of Public Health

Incidence of the Most Common 10 Types of Cancer among Men by Years, (per 100.000, World Standard Population)

	2002	2010	2011	2012	2013	2014	2015	2016
Trachea, Lung and Bronch	42,2	61,0	62,3	60,4	59,3	52,5	52,5	57,7
Prostate	11,5	33,8	37,1	39,2	36,4	32,9	33,1	35,0
Colorectal	11,8	20,7	22,4	24,7	24,4	22,8	23,1	25,3
Bladder	12,4	20,7	20,9	22,3	21,1	19,3	20,2	21,1
Stomach	11,6	16,1	17,1	16,4	15,9	14,3	14,2	14,2
Kidney	3,0	5,5	6,9	7,0	7,0	6,4	6,8	7,4
Non-Hodgkin Lymphoma	1,4	7,0	7,2	7,7	6,9	7,2	6,9	7,2
Larynx	6,9	7,7	8,1	7,8	7,0	6,2	6,6	6,2
Thyroid	0,5	4,7	5,1	5,4	5,6	5,5	6,0	6,2
Pancreas	3,1	5,7	5,6	5,8	6,3	5,1	5,6	5,7

Source: General Directorate of Public Health

Incidence of the Most Common 10 Types of Cancer among Females by Years, (per 100.000 Population, World Standard Population)

	2002	2010	2011	2012	2013	2014	2015	2016
Breast	31,9	38,6	44,2	46,8	45,9	43,0	43,8	45,6
Thyroid	3,5	18,1	20,4	20,3	21,3	20,7	21,7	22,9
Colorectal	9,3	13,1	13,3	15,2	15,3	13,8	14,4	14,2
Uterine Corpus	4,3	9,6	10,5	10,1	9,9	9,8	10,0	10,5
Trachea Lung and Bronch	5,2	8,0	7,8	9,3	10,0	8,7	9,0	9,8
Stomach	6,0	7,2	7,9	7,8	7,1	6,5	6,3	6,6
Ovarium	5,9	6,6	7,3	7,3	7,0	6,1	6,4	6,4
Non-Hodgkin Lymphoma	1,2	5,3	5,0	5,2	5,3	5,0	4,9	5,1
Uterine Cervix	3,9	4,0	4,5	4,5	4,6	4,0	4,5	4,3
Brain, Other Nervous System(ONS)	3,8	4,4	4,5	4,7	4,7	4,1	4,1	4,0

Source: General Directorate of Public Health

Distribution of 15 and Over Aged Individuals' General Health Status by Sex and Age Groups,(%),2016

Age Group	Health Status	Male	Female	Total
15-24	Very Good/Good	90,2	88,9	89,5
	Bad/Very Bad	3,1	1,5	2,3
25-34	Very Good/Good	82,9	79,2	81,1
	Bad/Very Bad	3,1	3,5	3,3
35-44	Very Good/Good	74,1	59,8	67,0
	Bad/Very Bad	5,5	7,7	6,6
45-54	Very Good/Good	58,8	39,5	49,2
	Bad/Very Bad	8,8	18,0	13,4
55-64	Very Good/Good	52,5	29,2	40,7
	Bad/Very Bad	11,4	25,9	18,7
65-74	Very Good/Good	33,2	20,1	26,1
	Bad/Very Bad	23,1	36,9	30,5
75+	Very Good/Good	17,8	11,5	14,0
	Bad/Very Bad	36,4	46,6	42,6
Total	Very Good/Good	69,8	57,5	63,5
	Bad/Very Bad	7,9	13,4	10,7

Source: TURKSTAT, Turkey Health Interview Survey 2016

Causes of Death Statistics, 2018

Deaths caused by diseases of the circulatory system were 161 thousand 920

At the causes of death statistics, the ranking of top three disease groups did not change in the year of 2018. 38.4% of death cases were caused by diseases of the circulatory system. This was followed by neoplasms with 19.7% and respiratory system diseases with 12.5%.

Distribution of causes of death, 2017, 2018

	2017 ^(r)		2018	
	Number	(%)	Number	(%)
Total	423 878	100.0	421 164	100.0
Diseases of the circulatory system	167 267	39.5	161 920	38.4
Neoplasms	81 886	19.3	83 163	19.7
Diseases of the respiratory system	50 224	11.8	52 568	12.5
Diseases of the nervous system and the sense organs	20 623	4.9	20 766	4.9
Endocrine, nutritional and metabolic diseases	20 219	4.8	20 074	4.8
External causes of injury and poisoning	21 533	5.1	18 462	4.4
Other (infectious and parasitic diseases, mental and behavioural disorders, diseases of the musculoskeletal system/connective tissue etc.)	62 126	14.7	64 211	15.2

Figures in the table may not add up to total due to rounding.

(r) Data have been revised due to the update of the administrative registrations in 2017.

39.7% of deaths based on diseases of the circulatory system were caused by ischaemic heart diseases

Death cases caused by the cerebrovascular disease with 22.4% and hypertensive disease with 8.3% were observed respectively, after the ischemic heart disease in 2018.

Distribution of deaths caused by diseases of the circulatory system by subgroups, 2017, 2018

	2017 ^(r)		2018	
	Number	(%)	Number	(%)
Diseases of the circulatory system	167 267	100.0	161 920	100.0
Ischaemic heart diseases	66 885	40.0	64 301	39.7
Cerebrovascular diseases	38 099	22.8	36 280	22.4
Other heart diseases	38 931	23.3	39 513	24.4
Hypertensive diseases	14 792	8.8	13 510	8.3
Other	8 560	5.1	8 316	5.1

Figures in the table may not add up to total due to rounding.

(r) Data have been revised due to the update of the administrative registrations in 2017.

The most of death cases from neoplasms were seen in malignant neoplasms of larynx and trachea/bronchus/lung

The number of death cases caused by malignant neoplasms in the total was 81 thousand 129 in 2018. 30.8% of these deaths were caused by malignant neoplasms of larynx and trachea/bronchus/lung.

Distribution of deaths caused by malignant neoplasms by subgroups, 2017, 2018

	2017 ^(r)		2018	
	Number	(%)	Number	(%)
Malignant neoplasms	80 236	100.0	81 129	100.0
Malignant neoplasm of larynx and trachea/bronchus/lung	24 861	31.0	25 017	30.8
Malignant neoplasm of lymph./haematopoietic tissue	6 444	8.0	6 676	8.2
Malignant neoplasm of stomach	6 715	8.4	6 616	8.2
Malignant neoplasm of colon	6 117	7.6	6 302	7.8
Malignant neoplasm of pancreas	4 935	6.2	4 996	6.2
Other	31 164	38.8	31 522	38.9

Figures in the table may not add up to total due to rounding.

(r) Data have been revised due to the update of the administrative registrations in 2017.

As the causes of death statistics were examined by age groups, it was found that diseases of the circulatory system were seen mostly in the 75-84 age group with 51 thousand 376 people, benign and malignant neoplasms were seen mostly in the 65-74 age group with 23 thousand 674 people in 2018.

As the causes of death statistics were examined according to the usual residence, the ratios of deaths caused by the diseases of the circulatory system were seen mostly in the following first five provinces in 2018: Çorum with 48%, Denizli with 47.2%, Adana with 46.7%, Çanakkale and Afyonkarahisar with 46.2%, respectively. In addition, the ratios of deaths caused by the benign and malignant neoplasms were detected mostly in the following first five provinces: Kırklareli with 24.6%, İstanbul with 23.8%, Van and Eskişehir with 23.2%, Edirne with 23%, respectively.

Yaş grubu ve cinsiyete göre seçilmiş ölüm nedenlerinin dağılımı, 2018
Distribution of selected causes of death by age group and gender, 2018

Ölüm nedeni Cause of death		Yaş grubu - Age group										Bilinmeyen Unknown
		Toplam Total	0 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	
Toplam	Toplam - Total	421 164	19 639	5 232	6 114	10 752	25 169	55 993	85 919	117 289	94 957	100
Total	Erkek - Male	228 887	10 850	3 795	4 198	6 891	16 659	37 995	53 027	59 914	36 079	79
	Kadın - Female	192 090	8 638	1 436	1 912	3 858	8 509	17 984	32 896	57 971	58 878	18
	Bilinmeyen - Unknown	187	151	1	4	3	1	14	6	4	-	3
Dolaşım sistemi hastalıkları	Toplam - Total	161 920	545	408	721	2 618	7 965	19 187	32 543	51 376	46 534	3
Diseases of the circulatory system	Erkek - Male	80 877	299	259	474	1 832	5 728	13 093	19 096	23 674	16 220	2
	Kadın - Female	81 020	244	148	246	784	2 257	6 086	13 442	27 498	30 314	1
	Bilinmeyen - Unknown	23	2	1	1	2	-	8	5	4	-	-
İyi huylu ve kötü huylu tümörler (malign ve benign neoplazmlar)	Toplam - Total	83 163	667	631	1 105	3 138	8 888	19 660	23 674	18 484	6 936	-
Neoplasms	Erkek - Male	53 452	363	406	580	1 524	5 234	13 704	16 354	11 632	3 675	-
	Kadın - Female	29 709	304	225	545	1 614	3 654	5 954	7 320	6 832	3 261	-
	Bilinmeyen - Unknown	2	-	-	-	-	-	2	-	-	-	-
Solunum sistemi hastalıkları	Toplam - Total	52 568	806	232	251	469	1 525	5 099	10 878	18 459	14 849	-
Diseases of the respiratory system	Erkek - Male	30 047	440	144	150	271	965	3 639	7 264	10 527	6 627	-
	Kadın - Female	22 520	366	88	101	198	539	1 460	3 614	7 932	8 222	-
	Bilinmeyen - Unknown	1	-	-	-	-	1	-	-	-	-	-
Sinir sistemi ve duyu organları hastalıkları	Toplam - Total	20 766	1 054	450	281	353	501	963	2 286	6 627	8 251	-
Diseases of the nervous system and the sense organs	Erkek - Male	9 121	563	316	165	226	287	566	1 244	2 981	2 773	-
	Kadın - Female	11 643	489	134	116	127	214	397	1 042	3 646	5 478	-
	Bilinmeyen - Unknown	2	2	-	-	-	-	-	-	-	-	-
Endokrin (iç salgı bezi), beslenme ve metabolizmayla ilgili hastalıklar	Toplam - Total	20 074	410	78	79	223	974	2 718	4 723	6 271	4 586	-
Endocrine, nutritional and metabolic diseases	Erkek - Male	8 581	203	38	38	132	585	1 498	2 271	2 409	1 407	-
	Kadın - Female	11 492	206	40	41	91	389	1 220	2 452	3 862	3 191	-
	Bilinmeyen - Unknown	1	1	-	-	-	-	-	-	-	-	-
Dışsal yaralanma nedenleri ve zehirlenmeler	Toplam - Total	18 462	1 357	2 555	2 543	2 358	2 125	2 060	1 794	1 895	1 721	54
External causes of injury and poisoning	Erkek - Male	13 423	868	2 082	2 136	1 909	1 736	1 571	1 245	1 064	764	48
	Kadın - Female	5 032	488	473	405	449	389	489	548	831	957	3
	Bilinmeyen - Unknown	7	1	-	2	-	-	-	1	-	-	3
Diğer	Toplam - Total	64 211	14 800	878	1 134	1 593	3 171	6 306	10 021	14 197	12 068	43
Other	Erkek - Male	33 386	8 114	550	675	997	2 104	3 924	5 553	6 827	4 613	29
	Kadın - Female	30 674	6 541	328	458	595	1 067	2 378	4 468	7 370	7 455	14
	Bilinmeyen - Unknown	151	145	-	1	1	-	4	-	-	-	-

TÜİK, Ölüm Nedeni İstatistikleri, 2018
TurkStat, Causes of Death Statistics, 2018
- Bilgi yoktur.
- Denotes magnitude null.

Yaş grubu ve cinsiyete göre seçilmiş ölüm nedenlerinin dağılımı, 2017⁽¹⁾
Distribution of selected causes of death by age group and gender, 2017⁽¹⁾

Ölüm nedeni Cause of death	Toplam Total	Yaş grubu - Age group									Bilinmeyen Unknown
		0 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	
Toplam	423 878	20 087	5 839	9 732	11 874	28 093	66 209	86 141	123 180	89 861	102
Total											
	Erkek - Male	11 117	4 985	4 772	7 480	17 430	37 871	52 366	82 618	33 287	82
	Kadın - Female	8 970	822	1 474	1 980	4 184	8 831	17 538	20 861	56 574	14
	Bilinmeyen - Unknown	69	48	2	-	-	2	-	1	-	8
Dolaşım sistemi hastalıkları	187 287	547	410	793	2 852	8 698	19 367	33 281	55 704	45 568	7
Diseases of the circulatory system											
	Erkek - Male	265	272	529	1 975	6 281	13 370	19 484	25 825	15 387	6
	Kadın - Female	282	138	264	917	2 417	5 997	13 797	29 879	30 181	1
	Bilinmeyen - Unknown	-	-	-	-	-	-	-	-	-	-
İyi huylu ve kötü huylu tümörler (malign ve benign neoplazmlar)	81 888	715	637	1 095	3 109	8 980	19 224	23 060	18 749	6 317	-
Neoplasms											
	Erkek - Male	389	388	532	1 467	5 393	13 443	16 016	11 937	3 335	-
	Kadın - Female	326	249	563	1 642	3 587	5 781	7 044	6 812	2 982	-
	Bilinmeyen - Unknown	-	-	-	-	-	-	-	-	-	-
Solunum sistemi hastalıkları	50 224	841	232	250	494	1 452	4 674	10 442	18 535	13 301	3
Diseases of the respiratory system											
	Erkek - Male	463	163	151	297	952	3 272	6 894	10 665	5 860	-
	Kadın - Female	378	69	99	197	499	1 402	3 548	7 870	7 441	3
	Bilinmeyen - Unknown	1	-	-	-	1	-	-	-	-	-
Sinir sistemi ve duyu organları hastalıkları	20 823	1 092	439	294	393	557	943	2 191	7 053	7 660	1
Diseases of the nervous system and the sense organs											
	Erkek - Male	600	294	200	215	305	540	1 177	3 240	2 490	1
	Kadın - Female	491	145	94	178	252	403	1 014	3 813	5 170	-
	Bilinmeyen - Unknown	1	1	-	-	-	-	-	-	-	-
Endokrin (iç salgı bezi), beslenme ve metabolizmaya ilgili hastalıklar	20 219	420	81	81	264	932	2 773	4 887	6 589	4 192	-
Endocrine, nutritional and metabolic diseases											
	Erkek - Male	216	47	51	148	555	1 556	2 304	2 615	1 244	-
	Kadın - Female	204	34	30	116	377	1 217	2 583	3 974	2 948	-
	Bilinmeyen - Unknown	-	-	-	-	-	-	-	-	-	-
Dışsal yaralanma nedenleri ve zehirlenmeler	21 533	1 517	3 143	3 187	2 944	2 502	2 368	1 866	2 210	1 752	44
External causes of injury and poisoning											
	Erkek - Male	958	2 621	2 697	2 437	2 023	1 840	1 279	1 350	745	39
	Kadın - Female	559	521	490	507	478	528	587	860	1 007	4
	Bilinmeyen - Unknown	3	1	-	-	1	-	-	-	-	1
Diğer	82 128	14 955	897	1 032	1 578	2 942	5 860	9 414	14 340	11 061	47
Other											
	Erkek - Male	8 226	578	612	941	1 921	3 650	5 201	6 886	4 226	36
	Kadın - Female	6 682	318	420	637	1 021	2 210	4 213	7 453	6 835	6
	Bilinmeyen - Unknown	54	47	1	-	-	-	-	1	-	5

TÜRK Ölüm Nedeni İstatistikleri, 2018

TurkStat, Causes of Death Statistics, 2018

(1) İstatistikler güncellenen medyanıyla, 2017 yılına ait veri revize edilmiştir.

(1) Data have been revised due to the update of the administrative registrations in 2017.

- Bilgi yoktur.

- Denince magistral null.

Distribution of selected causes of death by usual residence, 2017⁽¹⁾

2017⁽¹⁾

Ölüm nedeni - Cause of death

Daimi ikametgah Usual residence	Toplam Total	Dolaşım sistemi hastalıkları Diseases of the circulatory system	İyi huylu ve kötü huylu tümörler (malign ve benign neoplazmlar) Neoplasms	Solunum sistemi hastalıkları Diseases of the respiratory system	Sinir sistemi ve duyu organları hastalıkları Diseases of the nervous system and the sense organs	Endokrin (iç salgı bezi), beslenme ve metabolizmaya ilgili hastalıklar Endocrine, nutritional and metabolic diseases	Dışsal yaralanma nedenleri ve zehirlenmeler External causes of injury and poisoning	Diğer Other
Türkiye - Turkey	423 878	167 265	81 886	50 224	20 623	20 219	21 533	62 128
Adana	10 286	4 315	1 915	1 093	612	401	648	1 302
Adıyaman	2 375	1 046	338	317	89	119	94	372
Afyonkarahisar	4 817	2 254	758	581	185	184	283	572
Ağrı	1 733	566	358	246	45	74	132	312
Amasya	2 421	1 123	440	256	122	124	95	261
Ankara	24 840	9 717	5 378	2 460	1 320	1 410	1 193	3 362
Antalya	10 386	3 962	2 186	1 111	514	532	784	1 297
Artvin	1 432	606	261	188	73	67	75	162
Aydın	7 603	3 708	1 294	928	221	220	404	828
Balıkesir	10 550	5 039	1 985	1 243	525	274	421	1 063
Bilecik	1 496	590	296	212	78	63	73	184
Bitlis	1 002	424	202	87	52	38	35	164
Bolu	1 039	372	205	139	39	52	47	185

Burdur	2 062	896	351	266	116	89	88	256
Bursa	2 096	900	327	244	102	171	135	217
Çanakkale	16 327	7 326	3 517	1 791	889	407	773	1 624
Çankırı	4 492	2 118	816	496	278	160	199	425
Çorum	1 529	681	239	237	49	72	51	200
Denizli	3 891	1 799	660	401	112	162	138	619
Diyarbakır	6 353	3 139	918	796	232	242	322	704
Edirne	4 541	1 875	786	478	189	218	174	821
Elazığ	3 527	1 569	763	401	137	119	131	407
Erzincan	3 188	1 184	589	401	199	234	169	412
Erzurum	1 392	528	276	173	83	83	50	199
Eskişehir	4 030	1 511	877	467	212	217	162	584
Gaziantep	5 588	1 817	1 268	671	374	471	262	725
Giresun	6 853	2 463	1 056	709	240	343	268	1 774
Gümüşhane	3 571	1 506	656	543	208	131	88	439
Hakkari	913	337	187	137	51	52	36	113
Hatay	571	206	99	53	18	25	50	120
Isparta	7 196	3 065	1 061	841	289	302	409	1 229
Mersin	2 966	1 195	493	343	179	184	155	417
İstanbul	8 591	3 465	1 487	889	429	448	554	1 319
İzmir	62 338	21 344	14 045	7 512	3 415	2 806	3 189	10 027
Kastamonu	26 004	10 531	5 530	3 479	970	1 366	1 176	2 952
Kayseri	1 385	490	294	220	50	75	91	165
Kırklareli	3 661	1 636	589	546	158	203	130	399
Kayseri	6 816	2 107	1 379	1 061	490	407	425	947
Kırklareli	2 811	1 190	646	346	102	115	85	327
Kırşehir	1 474	631	287	162	64	66	54	210
Kocaeli	8 210	2 806	1 881	1 027	464	457	426	1 149
Konya	11 591	4 287	2 166	1 530	586	670	694	1 658
Kütahya	4 627	1 621	805	597	331	420	205	648
Malatya	4 059	1 640	768	491	300	229	139	492
Manisa	9 811	4 247	1 686	1 123	442	550	550	1 213
Kahramanmaraş	4 673	2 123	646	502	212	215	293	682
Mardin	2 356	935	317	242	100	112	151	499
Muğla	5 432	1 957	1 137	593	356	297	364	728
Muş	1 288	439	264	138	51	57	52	287
Nevşehir	1 882	666	372	313	75	122	91	243
Niğde	2 024	877	334	271	70	72	105	295
Ordu	5 266	2 170	1 006	836	220	222	106	706
Rize	2 338	916	540	252	134	139	84	273
Sakarya	5 720	2 581	1 154	534	223	314	155	759
Samsun	8 317	3 824	1 602	1 001	350	150	314	1 076
Siirt	889	347	117	102	44	34	43	202
Sinop	1 965	829	361	262	96	101	77	239
Sivas	4 288	1 811	776	574	217	158	214	538
Tekirdağ	5 336	2 092	1 210	604	243	198	255	734
Tokat	4 374	1 787	783	542	259	244	179	580
Trabzon	4 939	1 901	1 055	635	325	224	188	611

Tunceli	547	234	98	65	37	26	38	49
Şanlıurfa	5 146	1 752	686	519	198	226	250	1 515
Uşak	2 479	1 101	385	315	107	176	115	280
Van	3 086	931	695	381	112	125	226	616
Yozgat	2 798	1 183	503	367	120	158	89	378
Zonguldak	4 016	1 488	817	668	180	228	167	468
Aksaray	1 953	794	390	262	67	136	88	216
Bayburt	507	209	103	71	17	27	18	62
Karaman	1 383	650	223	150	72	70	58	160
Kırıkkale	1 866	857	341	153	79	137	95	204
Batman	1 429	609	190	133	80	60	35	322
Şırnak	1 114	425	151	102	36	45	61	294
Bartın	1 598	651	255	274	71	89	70	188
Ardahan	703	274	150	118	21	31	34	75
Iğdır	694	237	154	83	40	26	30	124
Yalova	1 576	593	316	229	81	56	48	253
Karabük	1 688	666	311	205	117	109	75	205
Kilis	695	263	101	92	31	45	35	128
Osmaniye	2 473	997	400	257	162	174	181	302
Düzce	2 201	899	451	242	91	133	86	299
Diğer⁽²⁾ - Other⁽²⁾	12 395	3 365	1 374	845	296	431	1 401	4 683

TÜİK, Ölüm Nedeni İstatistikleri

TürkStat, Causes of Death Statistics

(1) Tablodaki değerler, ilgili yıllarda revize edilmiş değerlerin son halini göstermektedir.

(1) Figures in the table indicate the final state of the revised values in the respective years.

(2) İkametgah ili bilinmeyen ve yurtdışı olanları göstermektedir.

(2) The numbers indicate the unknown residence of the province and residence abroad.

- Bilgi yoktur.

- Denotes magnitude null.

For more information about the above statistics:

<https://data.tuik.gov.tr/Bulten/Index?p=Causes-of-Death-Statistics-2018-30626>

The life expectancy at birth was 78 for the period 2015-2017 in Turkey. Life expectancy for men was 75.3 years and 80.8 years for women.

For the period 2015-2017, the province with the highest life expectancy at birth was Tunceli with 80.7 years. Muğla with 80.3 years and Trabzon with 80 years followed Tunceli. The province with the lowest life expectancy was Kilis with 76.1 years. Kilis was followed by Ağrı and Kütahya with 76.8 years, and Ardahan and Gaziantep with 76.9 years. For the same period, Muğla was the province with the highest life expectancy at birth with 77.6 years. Tunceli followed Muğla with 77.4 years and Adıyaman with 77.3 years. The province with the lowest life expectancy for men was Kilis with 72.9 years. Kilis was followed by Şırnak with 73.4 years and Hakkari with 74.1 years.

For the period 2015-2017, the highest life expectancy at birth for women was Tunceli with 84.2 years. Gümüşhane followed Tunceli with 83.5 years and Trabzon with 83.4 years. The province with the lowest life expectancy for women was Kütahya with 79.1 years. Kütahya was followed by Ağrı with 79.3 years and Gaziantep, Van and Kilis with 79.5 years.²

²<https://tuikweb.tuik.gov.tr/PreHaberBultenleri.do?jsessionid=PtWvfRYQBhj8y6GqVmvDypGMMyQRg2yRkhQ5pn81MNb8IHpK1IXK9!1486763903?id=27591>

For the period 2017-2019, the life expectancy at birth was 78.6 years in Turkey. As it is observed in Turkey during the period 2017-2019 life expectancy for men was 75.9 years and 81.3 years for women.³

All sorts of health procedures of convicts and detainees in penitentiary institutions are carried out within the scope of the provisions of Circular No. 172 on International Standards of Human Rights Centered Health Access and Treatment, Transfers for Treatment and Penalty Suspension Procedures of Those Hosted in Penitentiary Institutions. Regulation of the health conditions of penitentiary institutions is made by the physician. In order to protect the physical and mental health of all convicts and detainees, and to diagnose their diseases, first examination and treatment services are provided in the institution; those requiring further examination, treatment and rehabilitation are referred to state hospitals, and those requiring further healthcare services are referred to university hospitals, and all examination and treatment results are recorded in the person's health file.

Except for emergencies, convicts and detainees are taken to the institution infirmary within a reasonable time after written notification of their illness to the institution administration. Those who are deemed appropriate to be referred to a higher-level health institution after the doctor examination in the infirmary of the institution are notified to the institution administration, and their referrals to the hospital are carried out as soon as possible by taking the necessary security measures. Emergency patients are referred to the State Hospital with the 112 emergency service ambulance under the supervision of the gendarmerie as soon as possible.

Family medicine services in penitentiary institutions are given according to Article 5 of “Protocol on Regulation of Health Services in Penitentiary Institutions” ratified between the Ministry of Health and Ministry of Justice on 30th April 2009. Article 5 states “In provinces where family medicine practice has not yet been introduced, medical service with doctors is provided 5 full days a week in institutions with more than 1000 staff and convicts, 5 half days a week in institutions with 500 to 1000, and 2 half days a week in institutions with less than 500.” and “A family doctor position is created and health services are provided to each institution with 1000 or more convicts and detainees. Institutions on campus that accommodate 1000 or more convicts and detainees are also considered within this scope.”

All kinds of examinations and treatments required by law are under the guarantee of the Constitution and the state and are free of charge. Penalty deferral procedures due to illness are carried out with a medical report by the Forensic Medicine Institute, which then is evaluated by the Office of the Public Prosecutor according to the 16th Article of Law No. 5275. Article 16 states “The decision of postponement as provided for in the paragraphs above shall be made by the Office of Chief Public Prosecutor in the place of execution, upon a report issued by the Forensic Medicine Institution or issued by the health committee of a fully equipped hospital designated by the Ministry of Justice and approved by the Forensic Medicine Institution.” and “the execution of the penalty of a convict who cannot continue his life in prison conditions due to a severe illness or disability or who are evaluated to constitute no

³ <https://tuikweb.tuik.gov.tr/PreHaberBultenleri.do?id=33711>

severe or substantial danger in terms of social security may be deferred until his/her recovery according to the procedures determined in the above-mentioned paragraph.”

On 14 April 2020, the Parliament of Turkey passed Law No. 7242 amending Law No. 5275 on the Execution of Penal and Security Measures. The amendments include both provisions that are aimed at lowering the prison population generally and, in response to COVID-19, a temporary release provision for convicts that are serving or have the right to serve time in a minimum-security institution and those under supervised release.

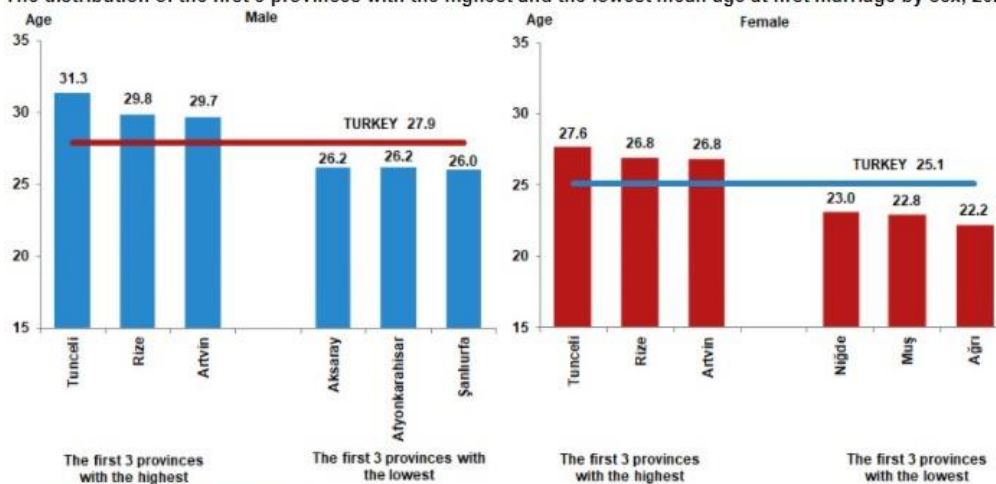
In addition, the number of healthcare personnel working in penitentiary institutions has been increased in order to protect the physical and mental health of convicts and detainees in these institutions, and to carry out their medical examinations and treatments on time and to carry out health services effectively and efficiently.

b) Please also provide information about sexual and reproductive health-care services for women and girls (including access to abortion services) and include statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. Provide also information on policies designed to remove as far as possible the causes for the anomalies observed (premature death; preventable infection by blood borne diseases; etc.).

Mean age at first marriage was 25.1 for females and 27.9 for males

According to the marriage statistics; while the mean marriage age of females who officially made their first marriage in 2020 was 25.1, it was 27.9 for males. The province with the highest age at first marriage was Tunceli with 27.6 age for females and 31.3 age for males. The provinces with the lowest age at first marriage were Ağrı with 22.2 age for females and Şanlıurfa with 26.0 age for males.

The distribution of the first 3 provinces with the highest and the lowest mean age at first marriage by sex, 2020



Source: TurkStat, Marriage Statistics, 2020

Anne ölüm oranı, 2007-2019

Maternal mortality ratio, 2007-2019

(Yüzbinde/one hundred thousand)

Yıl Year	
2007	21,9
2008	19,8
2009	19,0
2010	16,7
2011	15,8
2012	15,2
2013	15,7
2014	15,0
2015	14,6
2016	14,7
2017	14,5
2018	13,6
2019	13,1

Sağlık Bakanlığı, Sağlık İstatistikleri, 2007-2019

Ministry of Health, Health Statistics, 2007-2019

Infant mortality rate was 9.3 per thousand

According to death statistics, while the infant mortality rate was 11.1 per thousand in 2014, it decreased to 9.3 per thousand in 2018. When the infant mortality rate was examined by sex, it was observed that the infant mortality rate decreased from 11.8 per thousand to 9.8 per thousand for boys and from 10.3 per thousand to 8.7 per thousand for girls between 2014 and 2018.

While the under-five mortality rate, which is the probability of dying five years after birth, was 13.3 per thousand in 2014, it decreased to 11.4 per thousand in 2018. When the under-five mortality rate was analyzed by sex, it was seen that the under-five mortality rate decreased from 14.2 per thousand to 12.1 per thousand for boys and from 12.3 per thousand to 10.7 per thousand for girls between 2014 and 2018.

Temel ölümlülük göstergeleri, 2014-2018

Basic mortality indicators, 2014-2018

		(‰)				
		2014	2015	2016	2017	2018
Bebek ölüm hızı Infant mortality rate	Toplam-Total	11,1	10,2	9,8	9,4	9,3
	Erkek-Male	11,8	10,9	10,4	9,9	9,8
	Kadın-Female	10,3	9,6	9,3	8,8	8,7
Beş yaş altı ölüm hızı Under five mortality rate	Toplam-Total	13,3	12,4	12,0	11,4	11,4
	Erkek-Male	14,2	13,1	12,6	12,0	12,1
	Kadın-Female	12,3	11,6	11,3	10,7	10,7

TÜİK, İstatistiklerle Çocuk, 2019

TurkStat, Statistics on Child, 2019

Kaynak: TÜİK, Ölüm İstatistikleri, 2014-2018

Source: TurkStat, Death Statistics, 2014-2018

Hastanede gerçekleşen doğumların oranı, 2010-2018

Proportion of births at hospital, 2010-2018

		(%)								
		2010	2011	2012	2013	2014	2015	2016	2017	2018
Doğum oranı Proportion of births		91,6	93,7	96,8	98,1	98,0	99,0	98,0	98,0	98,0

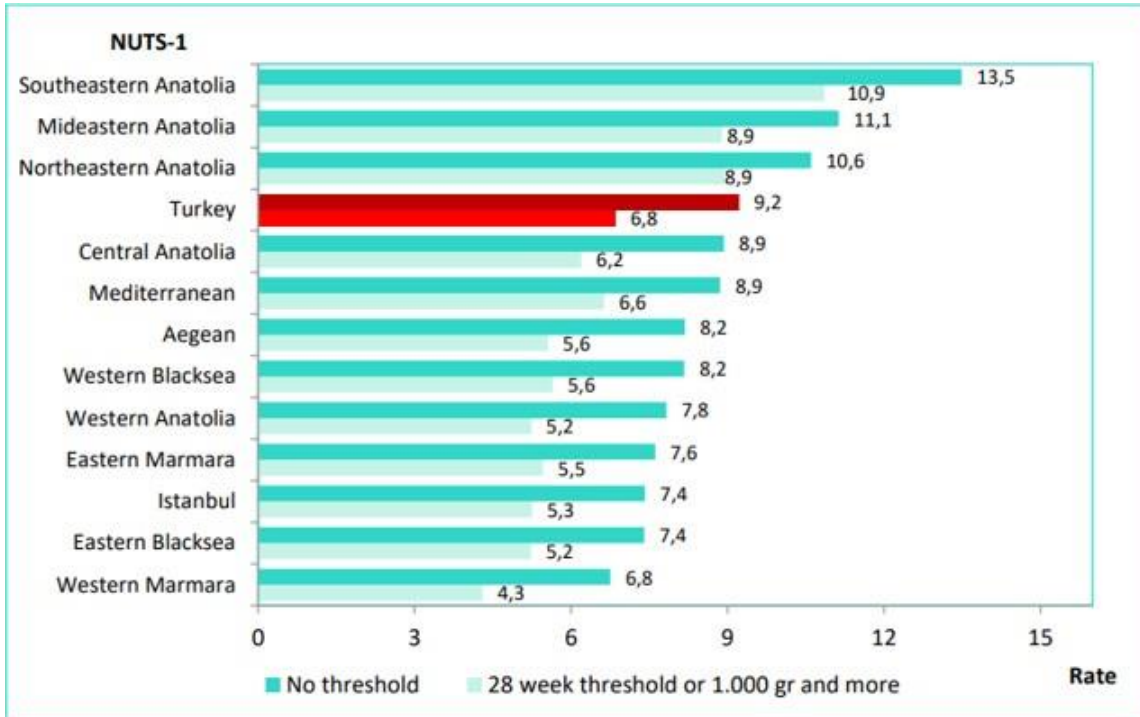
TÜİK, İstatistiklerle Çocuk, 2019

TurkStat, Statistics on Child, 2019

Kaynak: Sağlık Bakanlığı, Sağlık İstatistikleri Yıllıkları, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018

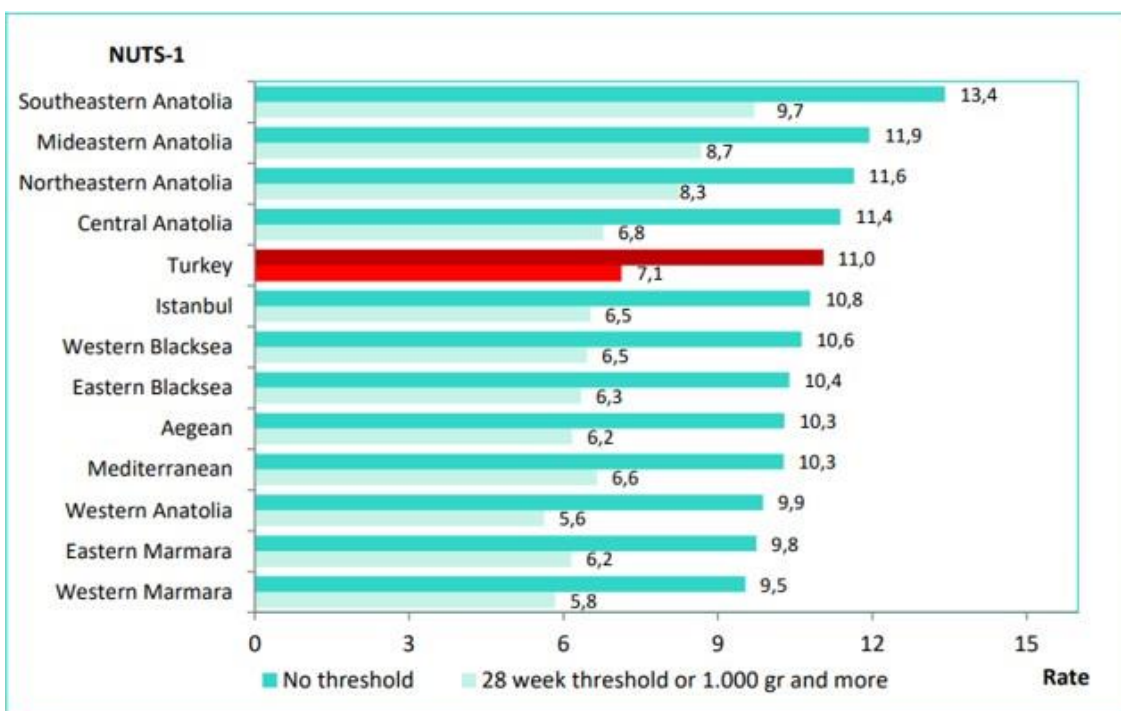
Source: Ministry of Health, Health Statistics Yearbooks, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018

Infant Mortality Rate by NUTS-1, (per 1.000 Live Births), 2018



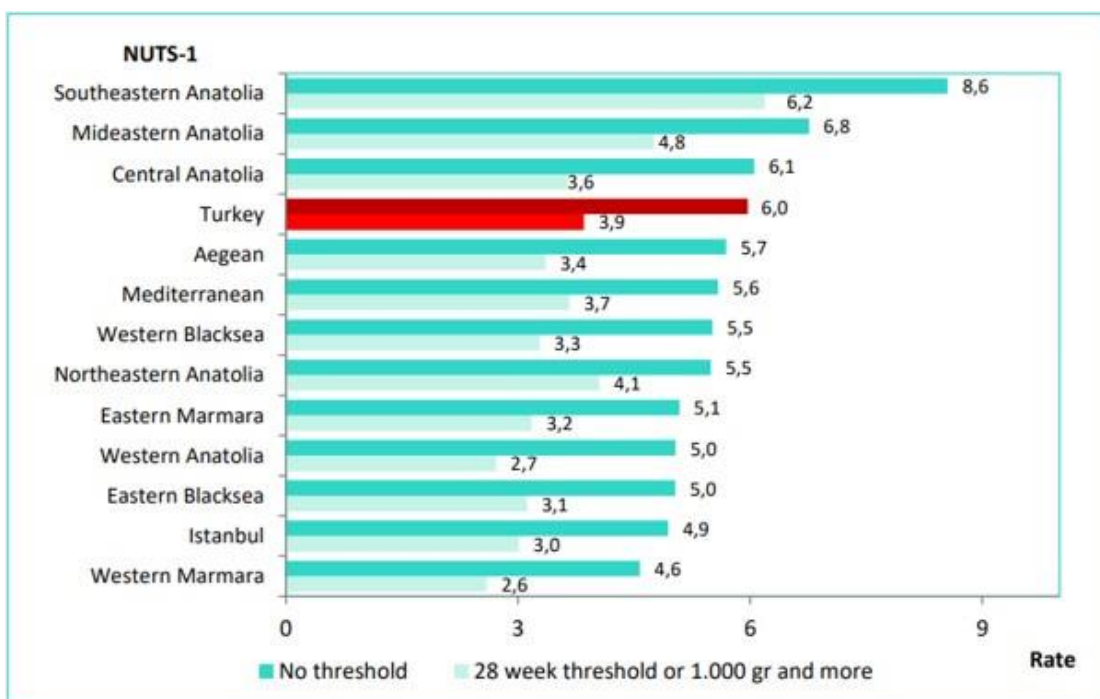
Source: General Directorate of Public Health

Perinatal Mortality Rate by NUTS-1, (per 1.000 Births), 2018



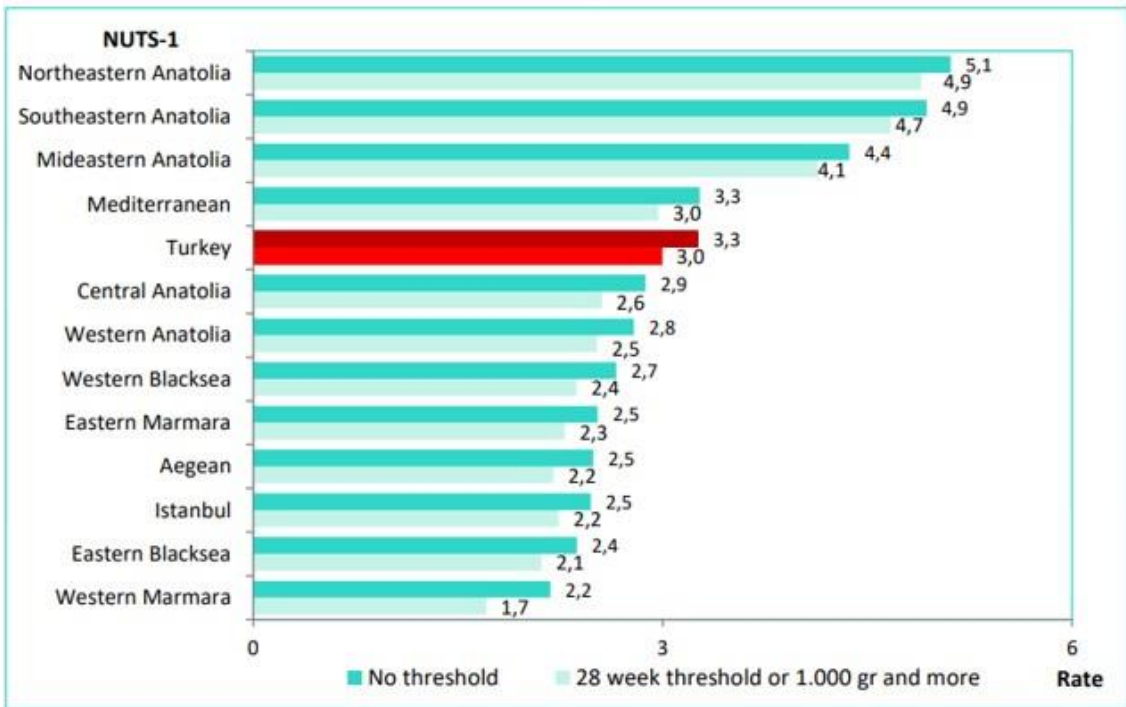
Source: General Directorate of Public Health

Neonatal Mortality Rate by NUTS-1, (per 1.000 Live Births), 2018



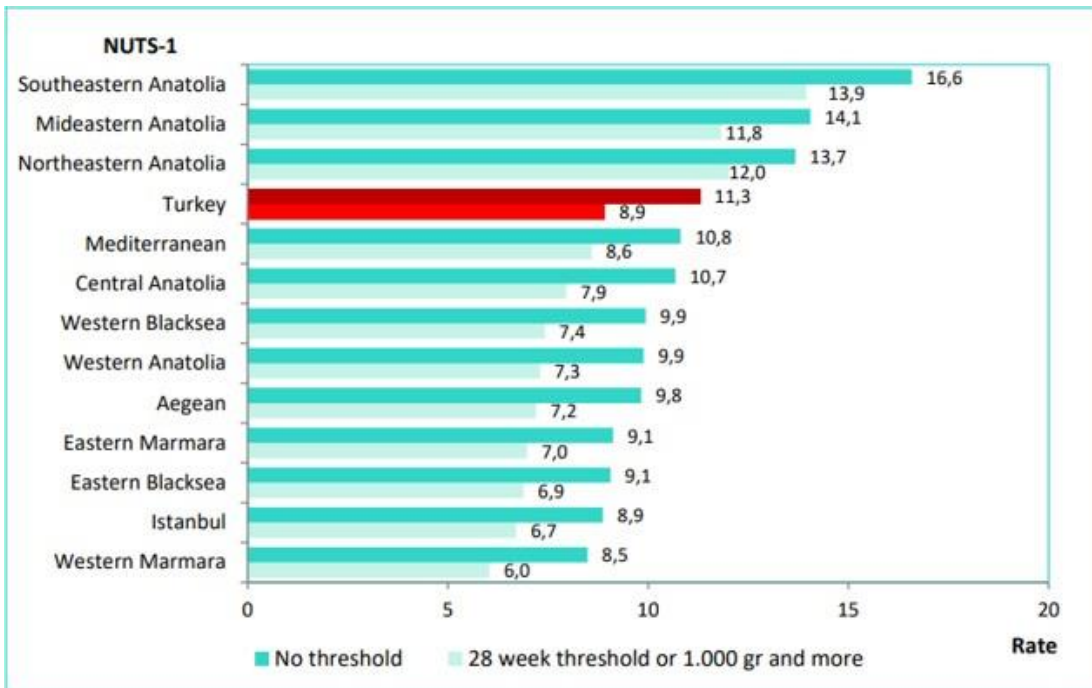
Source: General Directorate of Public Health

Postneonatal Mortality Rate by NUTS-1, (per 1.000 Live Births), 2018



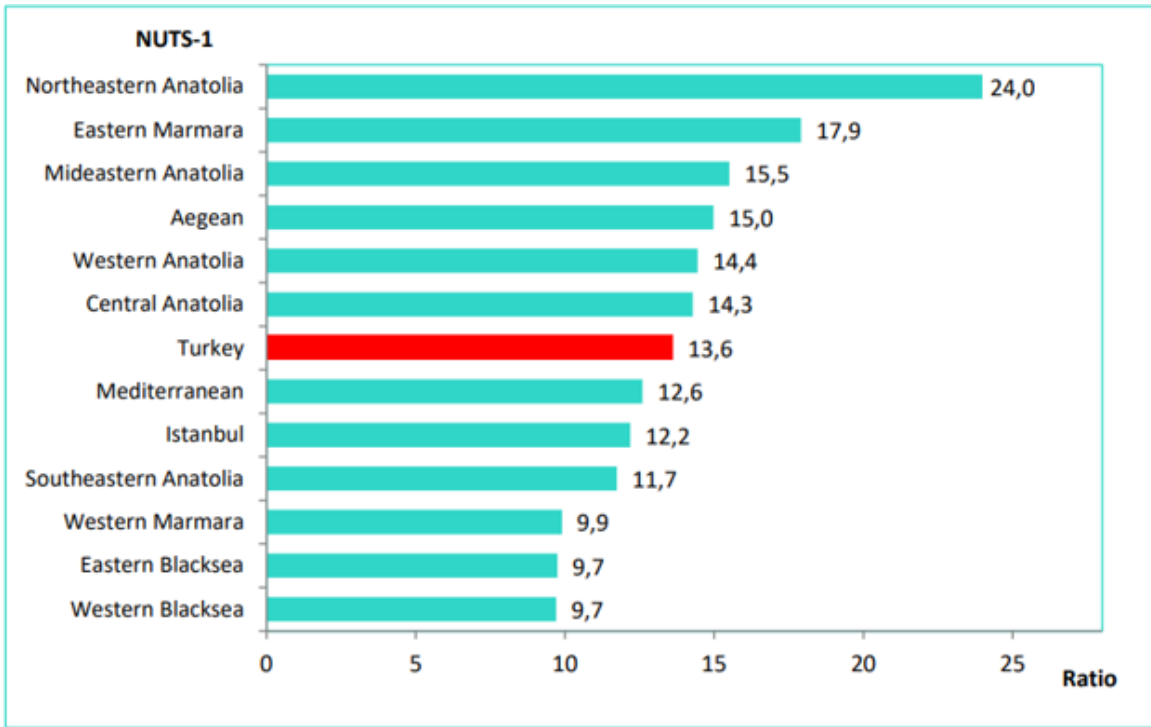
Source: General Directorate of Public Health

Mortality Rate by NUTS-1, (per 1.000 Live Births), 2018



Source: General Directorate of Public Health

Maternal Mortality Ratio by NUTS-1, (per 100.000 Live Births), 2018



Source: General Directorate of Public Health

Indicators of Birth and Antenatal Care by Years

	2002	2014	2015	2016	2017	2018
Births at Hospital, (%)	75	98	99	98	98	98
Antenatal Care Coverage (Minimum One Visit) (%)	70,0	96,9	98,0	98,5	99,7	99,5
Cesarean Sections Among Live Births (%)	21,0	51,1	53,1	53,1	53,1	54,9
Primary Cesarean Sections Among Live Births (%)	-	26,3	27,2	26,4	25,7	26,3

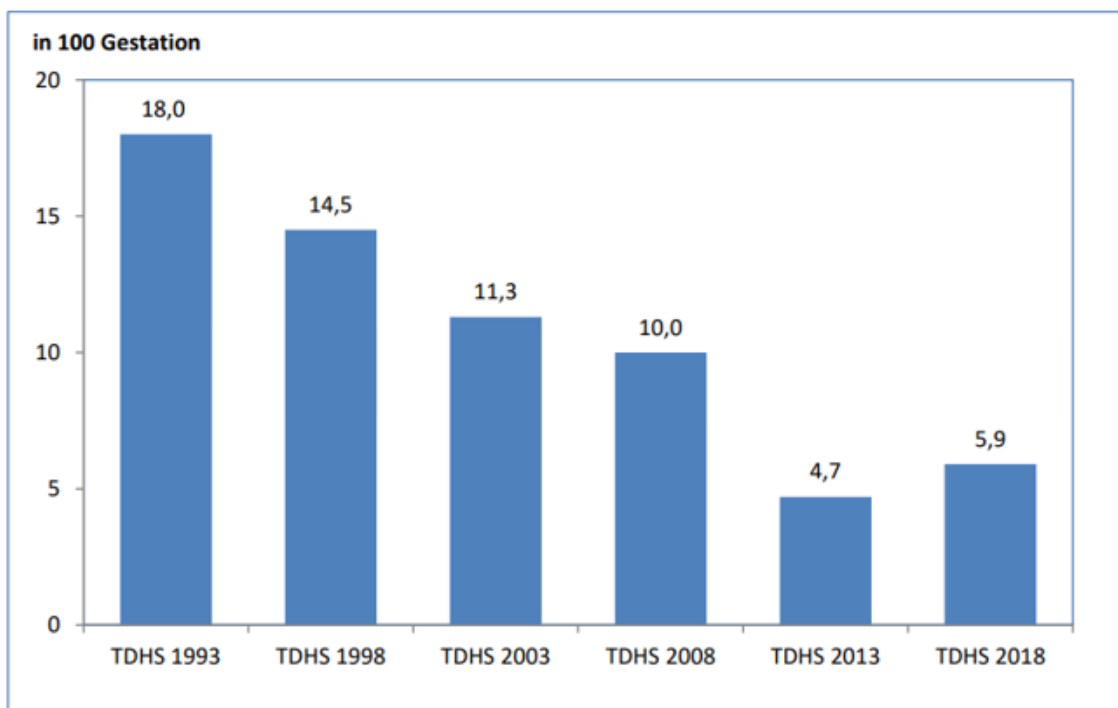
Source: General Directorate of Public Health

Antenatal Care Coverage (Minimum 1 Visit) by NUTS-1, (%), 2017, 2018

NUTS-1	2017	2018
Istanbul	99,8	99,4
Western Marmara	99,8	99,7
Aegean	99,7	99,7
Eastern Marmara	99,8	99,6
Western Anatolia	99,6	99,0
Mediterranean	99,7	99,5
Central Anatolia	99,7	99,6
Western Blacksea	99,6	99,7
Eastern Blacksea	99,6	99,8
Northeastern Anatolia	99,6	99,7
Mideastern Anatolia	99,8	99,8
Southeastern Anatolia	99,7	99,3
Turkey	99,7	99,5

Source: General Directorate of Public Health

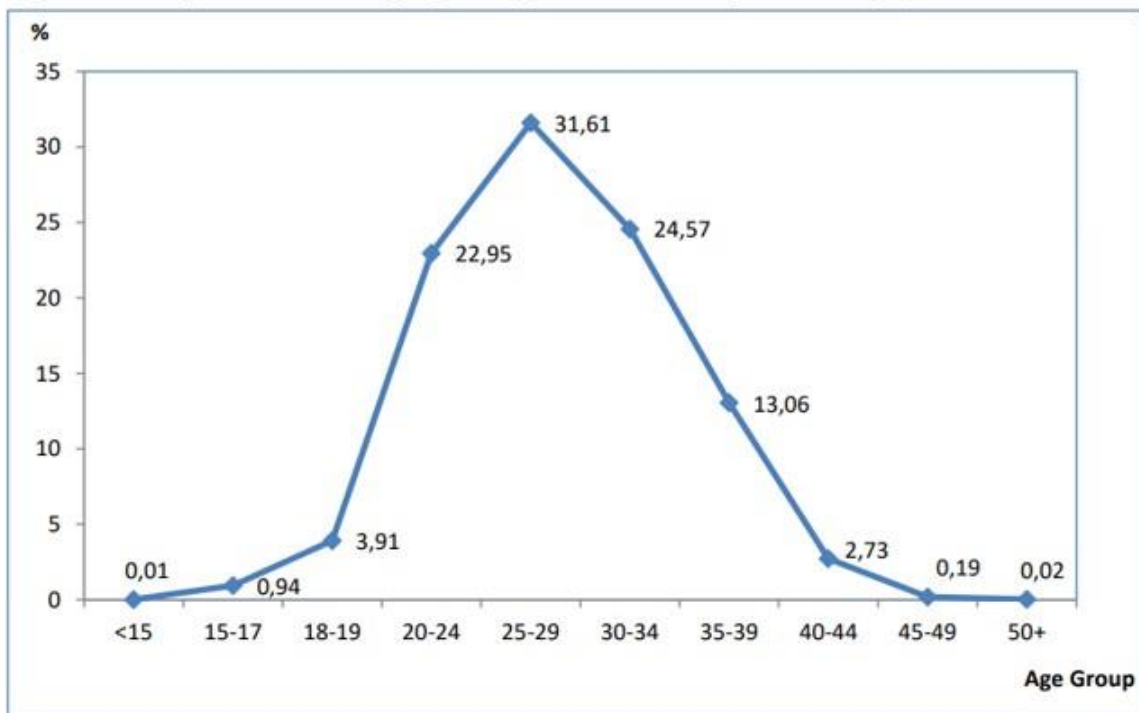
The Proportion of Induced Abortion by Years, (in 100 Gestation)



Source: TDHS, 1993, 1998, 2003, 2008, 2013, 2018

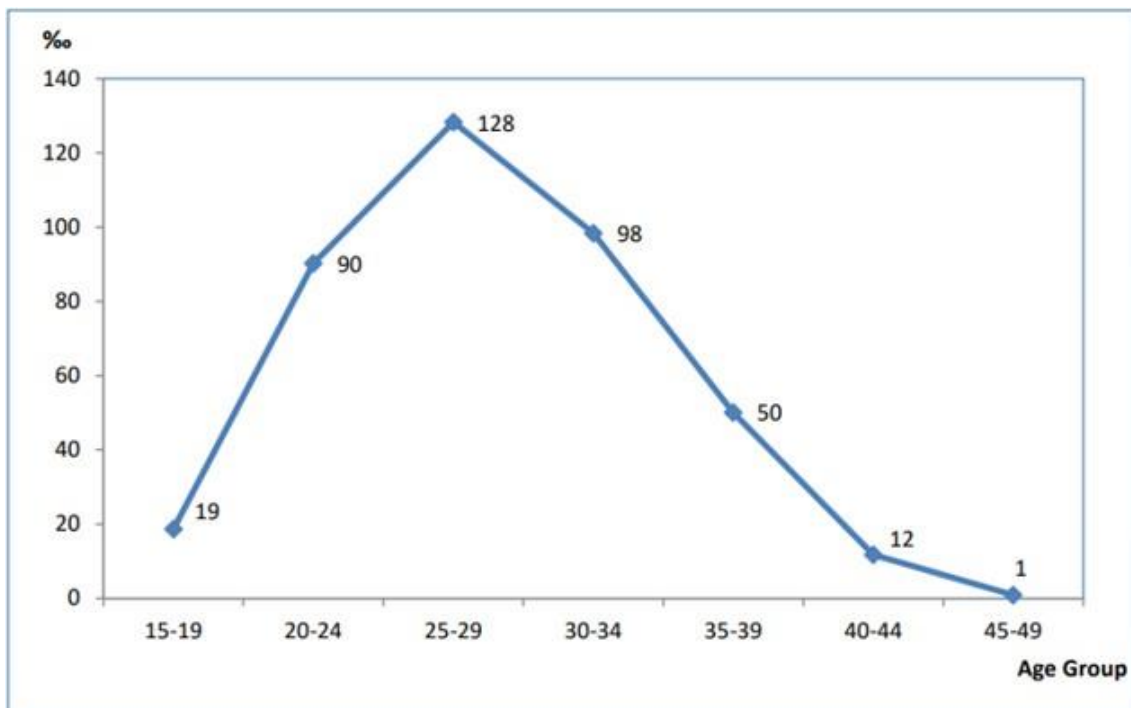
(TDHS: Turkey Demography and Health Survey)

The Proportion of Births by Age Group of Mother Among All Births, (%), 2018



Source: TURKSTAT, Birth Statistics 2018

Age-Specific Fertility Rate, (%), 2018



Source: TURKSTAT, Birth Statistics 2018

Age-specific fertility rate refers to the average number of live births per thousand women in a certain age group. When the fertility rate was examined by age group, it was seen in the 25-29 age group with 122 per thousand in 2019. Adolescent fertility rate refers to the average number of live births per thousand women in the 15-19 age group. The adolescent fertility rate decreased from 49 per thousand in 2001 to 17 per thousand in 2019. In other words, there were 17 births per thousand women in the 15-19 age group in 2019. While the average age of mothers who gave birth in 2001 was 26.7, it became 28.9 in 2019. The average age of mothers who had their first birth in 2019 was 26.4 years. ⁴

While the number of infant deaths was 11,598 in 2018, it was 10,770 in 2019. Infant mortality rate refers to the number of infant deaths per live birth. this rate was 9.3 per thousand in 2018 and 9.1 per thousand in 2019. While the rate of babies who died before completing their first month was 65.1% in 2018, it was 63.6% in 2019. In 2019 it was observed that 12.3% of the babies who died, died on the first day, 29.6% when they were 1-6 days old, and 21.7% died when they were 7-29 days old. The proportion of infants who died at the age of 1-4 months was 23.3%.⁵

A guide has been prepared on pregnancy follow-up for the period of COVID-19 respiratory system diseases are frequent.

Many studies are carried out by the Ministry of Health to reduce preventable maternal deaths, and it is of great importance that pregnant and puerperant follow-ups are carried out in accordance with the "Antenatal Care Management Guide" and "Postpartum Care Management Guide".

In line with the new regulations regarding the COVID-19 pandemic, official letters were sent to 81 cities, in order to make sure the following precautions were being taken;

- Care should be taken about the risk of COVID-19 infection in Family Health Centers (FHC) and other healthcare institutions where pregnant and puerperal follow-up and outpatient services are provided,
- The monitoring should be carried out during the hours when Family Health Centers are less busy, planned to prevent congestion and in areas far from crowded environments in order to protect the recipient from the epidemic,
- Informing pregnant women about the epidemic by providing consultancy on not putting themselves at risk until the epidemic is over for needs that do not require an emergency (such as learning the gender of the baby).
- Regarding the careful monitoring of risky pregnant women in order not to increase morbidity and mortality, and to provide all kinds of precautions in order not to delay the intervention to complications in the presence of danger signs;

Within the scope of the measures taken regarding Covid-19, studies are continuing to provide online trainings on some subjects.

⁴ <https://tuikweb.tuik.gov.tr/PreHaberBultenleri.do?id=33706>

⁵ <https://tuikweb.tuik.gov.tr/PreHaberBultenleri.do?id=33706>

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Information is given under the related part.

2. Provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;

a) Please provide information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community (life-long or ongoing) and in schools. Please also provide information about awareness and education in respect of sexual orientation and gender identity (SOGI) and gender violence.

In Turkey, efforts to prevent the use of addictive substances such as tobacco, alcohol and drugs are carried out as a whole. The Addiction Fighting Training Program consists of modules that are prepared to take into account the age groups. Within the program, trainings are given to all levels of education life and for adult life. The contents of these trainings can be accessed on the website <https://tbm.org.tr/>.

In addition, intervention trainings are provided for occupational professionals working in the field of addiction.

On the other hand, counselling services regarding addiction are provided to citizens who apply to Addiction Counseling Centers of Healthy Life Centers and to their relatives when necessary.

In order to combat all types of violence against women in Turkey, related stakeholders and different segments of society are constantly given trainings, seminars and conferences on the subject. For the purposes of providing the continuity of these trainings and to increase their efficiency, different protocols have been signed between different institutions such as Ministry of Justice, Ministry of the Interior, Ministry of Health, General Command of Gendermerie and Directorate of Religious Affairs with the coordination of the Ministry of Family, Labour and Social Services. In this context, since 2007 trainings have been given to 723 thousand rank and file soldiers, 630 thousand paid military service soldiers, 278 thousand police, 100 thousand religious officials and 75 thousand other public personnel totalling close to 2 million staff.

b) Provide information on measures to ensure informed consent to health-related interventions or treatment and on specific measures to combat pseudoscience in respect of health issues.

In Turkey, all health-related interventions or treatment has to be informed consent to the patients or the responsible relatives of the patient. Before any medical intervention or treatment, the patients or their responsible relatives (in case the situation of the patient is not available) have to be informed about the medical interventions and the possible risks. After this given information, the patient or the responsible relatives are asked to sign the

information papers about the treatment and health-related interventions by declaring that they understand the medical interventions and treatment and the possible risks of these interventions. This signature means that the medical interventions and treatment are approved by the patient. If the patient and/or the responsible relatives do not accept to sign the information paper, the intervention could not be applied and the patient or the responsible relative should declare it. After getting this declaration, this should be recorded accordingly and reported to the related authorities.

In order to prevent pseudoscience in the health sector, several legislation are in force in Turkey. Some of them are;

- Right to Information Act,
- The Act of Establishment of Board of Ethics for Civil Servants,
- Public Finance Management and Control Law,
- Public Tender Act,
- The Law Regarding the Prevention of Laundering of Crime Revenues,
- Amending Statute Regarding Banking Law and Some Other Laws,
- Anti-Smuggling Law,
- Turkish Criminal Law,
- Amending Statute Regarding Turkish Criminal Law No. 5918 and Some Other Laws,
- Code of Criminal Procedure,
- Amending Statute Regarding Petroleum Market Law,
- Amending Statute Regarding Several Laws in Order to Prevent Bribing Foreign Public Officers for International Operations,
- National Marker Practice Enacted within Fight against Fuel Smuggling
- Practices under e-State,
- Simplification of legislation; reduction of red-tape and bureaucracy; studies for improvement of investment environment for national and foreign investors

And some system for preventing the abuse in health are;

- The Presidency's Office Communication Center (CIMER) which receives and pursues complaints and demands of citizens from all over the country,
- Quality Standards in Health <http://www.kalite.saglik.gov.tr/TR,12680/guncel-standartlar.html>
- Reference Medicine System <http://www.ieis.org.tr/ieis/en/issues/9/fiyatlandirma>
- Communiqué about Pricing Human Medicinal Products
file:///C:/Users/calij/Downloads/beseri-tibbi-urunler-teblig-11-12-15_Y2CEVy_s7ZNgu.pdf

- 184 SABİM (Ministry of Health Call Center) provides self-control of the health system by simultaneously assessing health concerns at the location, and prompting mechanisms, which will be effective in solving problems. This application is the most economical way in reaching fast and effective solutions. It is economical because problems reach the top of the organization without any loss of time and information. For concerns aroused at any level of progress within the system, calling 184, or applying to the unit personally triggers the mechanism of self-control. <http://www.saglik.gov.tr/TR,11429/temel-amac-ve-hedefimiz.html>
- Republic of Turkey Medical Devices and Drugs Databank has been established. <https://titubb.titck.gov.tr/>

A team that works within the scope of the Ministry of Health, the Ministry of Finance, Public Oversight Accounting and Auditing Standards Authority, the Financial Crime Investigation Board Administration (MASAK), the Council of Higher Education Administration (YÖK), Union of Chambers of Certified Public Accountants Turkey (TÜRMOB), Public Internal Auditors and the Revenue Administration must be established in order to create the Fraud charts in the health and pharmaceutical sectors, to determine the proactive methods which are preventative against fraud in the health sector and the interactive flow of information. The new formation that consists of members who are representative of these organisations can operate under the name “Fraud Prevention and Education Working Group in the Health and Pharmaceutical Sector”.

By the way, it is believed that the reinforcement of ethical behaviour of health sector personnel and interest groups should prevent fraud. For this purpose, ways of creating a more transparent, accountable and institutionalized health sector business come from following the developments in management science and applying them.

3. Prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

a. Please describe the measure taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.

In the 2000s, as a result of the breakthrough achieved by Turkey the immunization and successful strategies vaccination rates have increased to over 95%. As a result, interest in vaccine production has increased again in Turkey. As a result of technology transfer studies, five-mixed (DaBT-IPV-Hib) vaccines and four-combination (DaBT-IPV) vaccines that were produced in 2009 and 2011 respectively were purchased with 3-year special bidding. In 2010, packaging, injector filling and formulation technologies were introduced to our country in return for a 3-year purchase guarantee of the pneumonia vaccine (KPA 13-Conjugated Pneumococcus). The activities carried out in the facilities where these works are carried out are still continuing today. Patented vaccines of international companies such as Sanofi-Pasteur and Pfizer are supplied to our country from our local facilities.

In 2015, with a seven-year purchase guarantee, tetanus and diphtheria vaccines are planned to be produced gradually until antigen level. The filling of these vaccines has been started in 2018 in Turkey. The relevant company made a license application for domestically and nationally produced vaccine to the Pharmaceutical and Medical Devices Agency in 2019. As

a result of the application, it is expected that the antigen will be used in 2020. Thus, for the first time after many years, Turkey will begin to produce the vaccine from the first stage and use it.

The Presidency of Health Institutes of Turkey (TÜSEB), established under the Turkish Vaccine Institute, is responsible for coordinating the activities of the development of new vaccines and production of existing vaccines to meet the needs of our country. It will carry out activities to identify priority areas and projects to support in the light of scientific developments in this field and support entrepreneurship in order to commercialize vaccines that have been developed as a result of Research & Development (R&D). In addition, it will coordinate the training of expert personnel in the field of vaccines, the development of projects and the funding of projects in order to ensure the continuity of the work carried out to produce vaccines in our country and to reduce external dependence.

Today, in vaccine development studies, it is important to draw the national vaccine R&D map by taking into account the aforementioned needs, infrastructure and human resources, and to ensure unity in this area. Qualified human resources play the most critical role in this regard. Indeed, vaccination studies require a network of disciplines that is difficult to build up. In this sense, it is aimed to implement centralized activities, strengthen mechanisms to attract young researchers to the field and bring back those who are abroad to our country.

b. Please provide a general overview of health care services in places of detention, in particular prisons (under whose responsibility they operate/which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).

Penitentiary Institutions

All kinds of health procedures of convicts and detainees in penitentiary institutions are carried out within the scope of the provisions of Circular No. 172 on *Human Rights-Centered Health Access and Treatment of People Hosted in Penitentiary Institutions, Transfers for Treatment and Suspension of Sentences in accordance with International Standards*.

Primary health care services for convicts and detainees in penitentiary institutions are provided by family physicians in family medicine units or family physicians who provide on-site health services in order to ensure that convicts and detainees have access to quality health services in compliance with fundamental human rights, national and international norms. In prisons, the following operations and procedures are also carried out: the statistical follow-up of the health services, the examination and evaluation of the complaint petitions by prisoners and reporting them to the provincial organization for the execution of the necessary actions.

Regulation of the health conditions of penitentiary institutions is carried out by the physician. In order to protect the physical and mental health of all convicts and detainees and to diagnose their diseases, the first examination and treatment services are provided in the institution. Those requiring further examination, treatment and rehabilitation are referred to state hospitals, those requiring further healthcare services are referred to university hospitals. All examination and treatment results are recorded in the person's health file.

Apart from emergencies, convicts and detainees are taken to the institution infirmary within a reasonable time after written notification of their illness to the institution administration. Those who are deemed appropriate to be referred to a higher level health institution after the doctor examination in the infirmary of the institution are notified to the institution administration and referrals to the hospital are carried out as soon as possible by taking the necessary security measures. Emergency patients are referred to the State Hospital with the 112 emergency service ambulance under the supervision of the gendarmerie as soon as possible.

Family medicine services in penal institutions are carried out within the framework of the “Protocol on the Regulation of Health Services in Penitentiary Institutions” signed between the Ministry of Health and the Ministry of Justice on 30.04.2009.

Within the scope of the protocol signed between the Ministry of Justice and the Ministry of Health, family medicine units have been established in penitentiary institutions where the number of detainees and convicts is over 1000. Apart from this, on-site health services are provided for certain periods by family physicians in the places where family medicine units could not have been established, where people are not able to apply directly to their family physicians or select their family physicians freely, such as prisons, reformatories, care homes, and nurseries and orphanages for children in need.

Within the framework of Article 5 of the aforementioned Protocol, in provinces where family medicine practice has not been introduced, family physicians provide health services 5 full days a week in institutions where the number of convicts, detainees and personnel is over 1000. Health services are provided by family physicians for 5 half days a week in institutions where the number of convicts, detainees and personnel is between 500 and 1000, and 2 half days a week in institutions where the said number is less than 500.

No fee is demanded from convicts and detainees for the health services provided in penitentiary institutions. Medications prescribed by the family physician are supplied by the staff of the institution from pharmacies contracted with the Ministry of Justice and delivered to patients. Healthcare expenses provided by the units of the Directorate General of Public Hospitals are covered in accordance with the relevant provisions of the Bilateral Protocol. In institutions that do not have an independent family medicine unit, on-site health services are provided in accordance with the relevant legislation, according to the number of people specified in the requests.

The following are provided within the scope of protective/preventive health services in these institutions:

- Vaccinations,
- Health screenings,
- Drinking and potable water controls,
- Environmental health services,
- Health education services.

In addition to these, the following services are provided to detainees/convicts in penitentiary institutions:

- Examination, treatment and rehabilitation services,
- Protective/preventive health services,
- Follow-up of social and psychological counselling services.

Other operations carried out by the Ministry of Health in the penitentiary institutions are as follows:

- Collection of health service data provided in institutions,
- Management of extraordinary situations (hunger strikes, epidemics, etc.),
- Participating in activities to improve healthcare services provided in institutions in cooperation with stakeholder ministries and units,
- Assessment of requests and complaints regarding health services,
- Making contributions about healthcare services to the responsive statements prepared for documents such as notes, reports and questionnaires submitted by national and international institutions/organizations.

Primary health care services, including examination, examination, treatment and rehabilitation, preventive/preventive health services, social and psychological counselling services of convicts/prisoners in penal institutions are provided by 163 family medicine units under the Ministry of Health, 19 independent family medicine units under the Ministry of Justice and 242 family physicians who provide on-site service health services. In this context, in the first 9 months of 2020, 1.612.923 examinations, 165.077 referrals for further examination and treatment were carried out by family physicians as well as 158.815 oral and dental examinations.

In order to protect the physical and mental health of convicts, detainees and personnel in penitentiary institutions, and to carry out medical examinations and treatments on time, the number of healthcare personnel working in these institutions has been increased.

In 2019, a total of 861 personnel, including 8 prison physicians, 53 dentists, 3 dieticians, 797 health officers, worked in the health services of prisons. In 2020 this number reached 1144, 8 of whom are prison physicians, 140 dentists, 3 dieticians, 912 health officers and 81 nurses.

In 2019, 1101 psychologists and social workers were employed in the psycho-social support service in order to protect the mental health of convicts and detainees in penitentiary institutions and to carry out effective and efficient improvement activities This number reached 1131 in 2020.

As of November 2020, 304 requests and complaints have been submitted to the Ministry of Health regarding the health issues of convicts/detainees. These applications were evaluated and submitted to relevant internal stakeholders and Provincial Health Directorates for the execution of the necessary actions. Operational applications were referred to the Ministry of Justice and relevant stakeholders.

Proceedings for postponement of penalties due to illness:

According to Article 16(3) of the “Law No. 5275 on the Execution of Penalty and Security Measures”, the decision of adjournment is made by the Office of the Chief Public Prosecutor of the place where the execution takes place, upon the report issued by the Forensic Medicine Institution or by the health committees of the full-fledged hospitals determined by the Ministry of Justice and approved by the Forensic Medicine Institution. Article 16(6) of the same Law stipulates that the execution of the sentence of the convict who cannot sustain his life alone under the conditions of the penitentiary institution due to a serious illness or disability he is exposed to and who is considered not to pose a serious and concrete danger in terms of societal security may be postponed until he is recovered according to the procedure specified in Article 16(3).

Postponement procedures due to illness are concluded in case of a request for a suspension of execution made by the convict or detainee, his representative or his guardian, or the procedure is initiated ex officio by the prison directorate. Furthermore, although the procedures of the Forensic Medicine Institute are completed and the postponement is not deemed appropriate, if the disease progresses or changes in the intervening time, the penitentiary institution reinitiates the proceedings ex officio.

Rehabilitation Centres and Care Services at Home for the Disabled

Care services are provided to disabled individuals in need of care in official or private care and rehabilitation centers affiliated with the Ministry of Family, Labour and Social Services. In these centers, the responsible manager, health personnel, professional personnel, teachers, caregiver personnel, cleaning personnel and security personnel work. The health and treatment needs of disabled individuals are met by the health personnel working in the institution or, if this is not possible, by referring them to the nearest health institution. Health expenses of persons with disabilities are covered free of charge in accordance with the provisions of the seventh clause of Article 60 (c) of the Social Insurance and General Health Insurance Law No. 5510.

Some disadvantages of collective life can occur in care and rehabilitation centers, which are large-scale institutions that provide continuous care services to disabled individuals who cannot be cared for by their families. The most important of these negativities is the difficulty in participating in social life due to the coexistence of many disabled individuals. For this reason, with the conception that enabling disabled individuals to live in small groups with their other neighbours in an apartment or a detached house will facilitate the participation of disabled individuals in social life, those who are considered appropriate among the disabled individuals who are being cared for in care and rehabilitation centers are provided with care services in houses that are called “Hope House” which are considered as supplementary units of care and rehabilitation centers. The first Hope House was put into service in *İzmir* in 2008. According to the data of the General Directorate of Services for the Disabled and the Elderly, care services are provided to disabled individuals in home environment in 152 Hope Houses throughout our country.

c. Please provide information on the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. Please provide statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion, the unemployed (especially long-term unemployed). Provide also information on proactive measures adopted to ensure that persons in need of mental health care are not neglected. Please also provide information from prison healthcare services on the proportion of inmates who are deemed as having mental health problems and who, according to healthcare professionals, do not belong in the prison system or would have possibly been spared of such a situation should suitable mental health services been available to them in the community or in specialised establishments.

Over the past decade, the Ministry of Health has taken important steps towards a comprehensive reform of mental health services in order to adopt a community-based model. In our country, efforts to transition to a community-based mental health model started in 2006 with the official approval of the National Mental Health Policy by the said Ministry. The general view that emerged at the first stage of the development process of the community-based service model was to prioritize individuals with serious mental illness.

The issues regarding the further development of the community-based service model are detailed in the National Mental Health Action Plan published in 2011. Accordingly, Community Mental Health Centres (TRSM) started to be opened to operate under inpatient health facilities of the Ministry of Health. Today there are 177 TRSMs in 79 provinces in our country. According to the data of the Directorate General of Public Hospitals in March 2020, the number of patients reached was 98.228 and the number of active patients was 68.480.

TRSMs are units where patients with severe mental illnesses and their families are informed, outpatient treatment and follow-up of the patient are ensured in the geographical region they are responsible for. They aim to increase the patient's ability to live in the community by using methods such as rehabilitation, psycho-education, occupational therapy, group or individual therapy. TRSMs work in collaboration with psychiatry clinics and follow up patients where they live with a mobilized team when necessary.

The services provided by Community Mental Health Centres are as follows:

- Providing patients and their relatives with information as to how the Centre operates,
- Providing individual consultancy services to patients,
- Following up whether the patients who attend the Centre regularly continue their treatment,
- Home visits by the mobile team within the framework of the patient's care plan
- Carrying out group therapy,
- Providing psycho-social skills training,
- Organizing occupational therapies such as painting, handcrafts, music according to the patient's condition,

- Providing psycho-education to patients and their families,
- Establishing contact with patients or their relatives who cannot attend the Centre and establishing the connection of the Centre with the patient,
- Working on informing society and against stigmatization.

Applications to Community Mental Health Centres are as follows:

- The Centre identifies the patients with severe mental illness in the region covered and communicates with the patient or their family via phone.
- The Centre works together with the Provincial Health Directorate Mental Health Branch and Community Health Centre (TSM) for the patient in the region.
- Informing about the Centre and its applications, the patient is invited to the Centre.
- Patients who are unable to come to the Centre are visited by the mobile team. Patients are invited to the Centre after their conditions are identified.
- In order to benefit from the Centre services, a request can be made by the patients or their relatives.

A total of 2,000 people have been trained so far in order to increase the professional capacity of the staff, including psychiatrists, psychologists, psychiatric nurses, social workers and occupational therapists working in the Centres.

Within the scope of community-based mental health services, in parallel with the works of the Ministry of Health, "Social Inclusion Project for People with Mental Disabilities" was signed in July 2018. The project is funded by the EU and will be implemented with the technical support of the World Health Organization. The main beneficiaries of the project are our Ministry and the Ministry of Family, Labour and Social Services. The project lasts 36 months and has a budget of € 2.970.000. The Project aims to contribute to the social inclusion activities of people with mental disabilities by providing community-based support services and to support the capacity building activities carried out by the Ministry of Family, Labour and Social Services and the Ministry of Health so as to provide quality service for the people with mental disabilities.

The aims of the Project are as follows:

- Supporting the creation, planning, implementation and regulation of policies for service development for people with mental disabilities with the best evidence-based methods;
- Strengthening and reinforcing the development of policies in the field of mental disability,
- Developing monitoring standards, increasing the powers of service providers and ensuring effective coordination,
- Providing support in the revision of the legislation of the Ministry of Family, Labour and Social Services and the Ministry of Health,

- Developing training modules that include an individual-centred approach to create a competent workforce that offers evidence-based treatment methods in the care of mentally disabled individuals.

d. Please also provide information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. Provide an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the “available, accessible, acceptable and sufficient quality” criteria (WHO’s 3AQ) are respected, subject always to the exigency of informed consent, which rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent-based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

The screening test results for 2017-2019 obtained by the Ministry of Health for people who use injecting drugs in addiction treatment centres are listed below.

	Hepatitis B		Hepatitis C		HIV		Total
	Number	%	Number	%	Number	%	
2017	53	2,24	1083	45,77	5	0,21	2366
2018	84	3,5	1186	49,2	11	0,5	2409
2019	115	4,5	999	39,2	30	1,2	2551

According to Turkey Drug Report 2020 data, direct drug-related deaths, which was 232 in 2013, increased by 114% to 497 in 2014, by 19% to 590 in 2015, by 56% to 920 in 2016, by 2.3% to 941 in 2017. In 2018, drug-related deaths started to decline and decreased to 657 with a rate of 30.2%. This trend continued in 2019 and drug-related deaths decreased by 47.9% to 342.

"Regulation on Addiction Counselling, Purification and Rehabilitation Centres" entered into force after being published in the Official Gazette No. 30710 dated March 10, 2019. With this Regulation the procedures and principles have been specified regarding the opening, operation, supervision, closure of centres where drug addicts and/or their relatives are provided with counselling and information services; centres where outpatient or inpatient pharmacological, psychosocial treatments and rehabilitation are provided; and the personnel to work in the centres.

All other preventive counselling services, including harm reduction, are provided both in the treatment units and in the Counselling Centres in the Healthy Life Centres under primary care.

All citizens who want to get support about addiction have the opportunity to call *ALO 191 Fight against Drugs Counselling and Support Line*, which serves under the General Directorate of Public Health of the Ministry of Health, 24 hours a day, 7 days a week.

In applications made to treatment services without applying to ALO 191 Counselling Line, treatment is planned as a result of the evaluation of the physician at the treatment centre. In this whole planned process, it is essential that the applicant is voluntary.

If the client wants to share his / her knowledge during the interview with ALO 191, consultancy and support services are provided without sharing the information about the subject he/she wants to receive support for with any institution. If they do not want to share the information, the counselling process is conducted anonymously in the form of questions and answers regarding the support request. The clients are also given guidance by informing them about the functioning of the institutions and organizations they can receive support for their needs. In referrals to the treatment centres, clients are informed that the service is provided on a voluntary basis in the treatment centres and asked whether or not they are willing to be treated. If the person does not want to be treated, the following information is provided for those who are eligible for the mandatory treatment process:

Compulsory treatment is a method that should be applied if the substance use is of a nature that will impair the mental health of the person, if it creates a life-threatening risk for themselves and others (suicide-homicide risk), and if the basis for a healthy/voluntary treatment option disappears under these conditions. Apart from this situation, a compulsory treatment attempt may put the addict in a more difficult situation. This can negatively affect the person and cause harm. Our primary goal should be to convince the person to seek treatment voluntarily.

Treatment centres are divided into two groups as those serving over 8 years of age (AMATEM, Outpatient Treatment Centres, Psychiatry Polyclinics), and those serving under 8 years of age (ÇEMATEM and Child Adolescent Psychiatry Polyclinics).

During the phone calls over ALO 191, the following consultancy and support services are provided:

- Guidance about treatment centres and their processes,
- Informing about treatment processes,
- Discussions on the craving - withdrawal process,
- Motivational interview,
- The process of persuasion to treatment,
- Support on how to approach relatives,
- Things to do in case of doubt,
- Referrals to 112 Emergency -155 Police Emergency lines in emergency situations,
- Information about the institutions that can provide support in the addiction process and the services they provide.

All clients who reach the ALO 191 line are directed to the 170 line where they are informed about whether they have a registration in the system. The purpose of routing to the 170 line is to find out whether the person has a registration record in the system even if he has

contribution debt. If the clients are registered, they can benefit from free treatment for addiction even if they have contribution debt. If the clients find out that they are not registered, they are directed to the nearest Provincial Directorates of Social Security Institution (SGK) where they can inform their drug addiction and register. If the clients state that they have never had an insurance entry and have not applied for General Health Insurance, then they can directly be referred to the SGK. As a result of SGK examination and if the physician deems it appropriate, hospitalization is free of charge. A small fee may be charged for post-hospitalization prescriptions and for the substitution treatment prescribed by the physician in outpatient examinations.

Whether a fee is charged for treatment in university hospitals varies according to the relevant hospital.

In addition, the Naltrexon implant form used in the treatment, which was not within the scope of reimbursement previously, has been included in the scope of reimbursement. Subcutaneous implants are applied in our treatment centres with a small surgical operation for patients in situations where the physician decides to apply this treatment.

e. Please provide information on measures taken to prevent exposure to air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment, nuclear sites, mines, as well as measures taken to address health problems of the populations affected. Please provide also information about measures taken to inform the public, including pupils and students, about general and local environmental problems.

Legislation Arrangements by Years

Year 2018

- The Law on the Amendment of the Environmental Law and Some Laws
- Circular on Preparation of Landfill Facilities Application Project (2018/15)
- Regulation Amending the Regulation on the Procedures and Principles for Determining the Tariffs for Wastewater Infrastructure and Domestic Solid Waste Disposal Facilities
- Regulation on Control of Organic Compound Emissions from Storage and Distribution of Gasoline and Naphtha
- Regulation on Fluorinated Greenhouse Gases
- Regulation on Persistent Organic Pollutants
- Sewage Discharge Regulations
- Revision of Wastewater Treatment / Deep Sea Discharge Facility Project Approval Circular

Year 2019

- Regulation on the Management of Bathing Water Quality
- Zero Waste Regulation
- Procedures and Principles Regarding the Pricing of Plastic Bags
- Waste Oil Management Regulation
- Regulation on Recycling Participation Share
- Sewage Discharge Regulations
- Circular on Restriction in Discharge Standards in Ergene River
- Circular on Preparation and Implementation of Marine Litter Provincial Action Plans
- Communiqué on the Characteristics of the Technical Personnel to Work in Wastewater Treatment Plants

Year 2020

- Communiqué on Amendment to Compost Communiqué
- Communiqué on the Amendment of the Mechanical Separation, Bio-drying and Biomethanization Plants and Fermented Product Management Communiqué
- Procedures and Principles Regarding the Pricing of Plastic Bags
- Regulation Amending the Regulation on Control of Packaging Wastes
- Procedures and Principles Regarding Deposit System Applications for Reusable / Reusable Packages
- Procedures and Principles Regarding the Implementation of the Regulation on Recycling Participation Share
- President's Decision Regarding the Determination of the Recycling Participation Amounts to be Collected from Certain Products to be Valid as of 01.01.2020
- Communiqué on the Amounts of Recycling Participation Shares to be Taken Pursuant to the Environment Law No. 2872 (2021/1)
- Procedures and Principles Regarding Accumulator Deposit System Applications
- Regulation Amending the Regulation on Management of Waste Oils
- Regulation on Environmental Management of Dredging Material
- Regulation on Environmental Management of Fish Farms Operating in the Seas
- Circular on Marine Waste Application
- Regulation on the Implementation of the Environmental Protection Protocol in Antarctica
- Regulation Amending the Regulation on Control of Industrial Air Pollution

- Regulation Amending the Regulation on the Control of Volatile Organic Compound Emissions Arising from the Storage and Distribution of Gasoline and Naphtha
- Circulars No. 2020/10 and 11 on exhaust gas emission measurements
- Communiqué on Certification of Real and Legal Persons Interfering with Equipment that Contain Fluorinated Greenhouse Gas or whose Operation is based on these Gases
- Regulation Amending the Regulation on Classification, Labelling and Packaging of Substances and Mixtures
- Amendment to Water Pollution Control Regulation Communiqué on Sampling and Analysis Methods

Water and Wastewater Management

It is extremely important to carry out planning studies in order to protect and use water resources in a sustainable way and leave clean and sufficient water resources to future generations. To this end, River Basin Management Plans have been prepared in 8 of the 25 river basins in our country and planning studies are continuing in 3 basins. River Basin Management Plans, which are aimed to be completed for all basins by 2023, will be updated every 6 years.

Basin Protection Action Plans were prepared in 25 river basins with an integrated basin management approach and started to be implemented as of 2014. During the preparation of the Basin Protection Action Plans, plans, programs and priorities of the measures to be implemented in the short, medium and long term within the framework of 15 action titles were made.

The Marine Litter Provincial Action Plan of 28 provinces with coasts was prepared as of the beginning of 2020 and was published on the websites of the Provincial Directorates of Environment and Urbanization. Within the scope of *Zero Waste Blue*, 65.250 tons of marine litter was collected from our seas and coasts in 2019 and 7.517 tons of marine litter in the first 9 months of 2020 and sent for disposal. The number of coastal facilities whose Emergency Response Plan approved was 216 while this number reached 364 in 2019.

In our country, as a result of the efforts to protect the environment within the scope of the Environmental Wastewater Infrastructure and the financial and technical support provided by the Ministry of Environment and Urbanization (MoEU), there has been a significant increase in the number of municipalities serving with the sewerage network and wastewater treatment plant. While the ratio of the population served by sewerage to the municipal population was 69% in 1994, this rate reached 90% in 2014. In 2018, it reached 91%. While 13% of the municipal population was provided with wastewater treatment services in 1994, this rate reached 68% at the end of 2014 and 79% in 2018.

According to the results of the inventory study conducted by the MoEU 104 of the 236 Organized Industrial Zones in operation have wastewater treatment facilities, 58 of them have connections to the municipal canal, and 22 of them are ongoing projects and construction works related to wastewater treatment facilities. There is no waste water treatment facility in the 74 Organized Industrial Zone.

Between 2004 and 2020, a total of 4.397 Waste Water Treatment Plants Projects was approved by the MoEU. The Wastewater Treatment Action Plan (AAEP), which covers the years 2008-2012, has been updated to include the period 2014-2023. It is envisaged to construct a total of 1.422 Wastewater Treatment Plants (1.326 new WWTPs and 96 WWTPs to be renewed) between 2017-2023 with the AAEP.

Within the scope of the *Regulation on the Use of Domestic and Urban Treatment Sludges in Soil*, 30.382 tons/year of treatment sludge generated in different wastewater treatment plants between 2016-2019 was allowed to be used on a 4.815,5 decares of land.

The Contaminated Sites Information System, which was established within the scope of the *Regulation on the Control of Soil Pollution and Point Source Contaminated Sites*, makes it possible to keep, update and sustain the inventory information for point source contaminated sites with a systematic structure and to provide rapid access to this information when necessary. 38,067 activity owners have logged into the system.

The agriculturally sourced nitrate pollution monitoring network, which was established to detect agricultural pollution and identify Nitrate Vulnerable Zones, has been expanded to fully represent the agricultural pollution in the country. Agricultural nitrate pollution monitoring studies are carried out in a total of 4,807 stations of which 2,493 surface water and 2,314 groundwater.

Waste Management

Waste Management is one of the most important environmental issues as it includes issues such as reducing wastes in the environment where they are generated, sorting them according to their characteristics, collecting and transporting them to temporary storage areas, recycling, disposal and ultimately control.

The amount of municipal waste collected in Turkey, according to data from 2018, about 32.2 million tons/year. According to TURKSTAT 2018 data, the amount of waste stored with the order has increased to 67.2%, and the amount recovered is 12.3%.

Generally, packaging waste constitutes 30% by weight and 50% by volume of the waste disposed. Since 2008, municipalities have been obliged to prepare a packaging waste management plan that specifies how, when and in what way the packaging waste will be collected. As of 2018, the number of municipalities whose Packaging Waste Management Plan was approved was 420. As of 2018, 731 Collection and Separation Facility and 1.128 Recycling Facility have obtained Temporary Activity Certificate / Environmental Permit and License Certificate from the MoEU.

According to the declarations made to the Waste Declaration System of the MoEU, 66.478 facilities declared that they produced 1.513.624 tons of hazardous waste in 2018. 1.286.363 tons of this waste were recovered, 200.767 tons were disposed of, 9.060 tons were exported and 17,434 tons are in stock. In addition, 70.130 tons of waste mineral oil and 13.170 tons of waste vegetable oil were produced in 2018.

In 2018, 27.269 tons of tires had completed their life, 23.365 tons of waste electrical and electronic equipment were collected.

According to the 2020 data of the MoEU, there are 513 delivery points that have received a permit for end-of-life vehicles and 117 temporary storage facilities that have received Temporary Activity Certificate and Environmental Permit and License Certificate from the Ministry. While the number of vehicles registered to be scrapped in the End-of-Life Vehicles Disposal Tracking System was 15,516 in 2016, it was 295,709 in 2019.

According to the statements made to the Waste Declaration System of the MoEU, it was declared that 15.068.633 tons of non-hazardous waste were produced in 2018. 9.749.190 tons of this waste was recycled, 3.211.222 tons were disposed of, 208.800 tons were exported, and 1.899.421 tons are in stock.

It has been declared to the MoEU's Hazardous Waste Declaration System (TABS) that 85,987 tons of medical waste were produced in 2017 and 89,454 tons in 2018. As of September 2020, a total of 64 medical waste sterilization facilities provides service. In addition, there are 3 incineration plants where medical wastes are disposed of.

While the number of waste reception facilities provided licensed by the Ministry of Environment and Urbanization was 18 in 2005, waste collection services are provided to ships through 163 waste reception facilities at 305 coastal facilities as of September 2020.

Alternative raw material usage approvals were granted for 67 waste codes in the cement sector, 5 in the brick sector, 1 in the glass sector, 2 in the concrete sector and 1 in the lime sector. In addition, as of the end of 2019, 8 different types of waste from 26 facilities were approved for use as by-products.

According to the results of the 2018 survey conducted by TURKSTAT, 812 million tons (811 million tons in 2016) of mine waste was generated in mining operations in 2018. Mineral wastes constituted 99.9% of the said amount. The amount of stripping material/waste was 795 million tons (802 million tons in 2016), and the total amount of hazardous waste was 11.177 thousand tons. As of 2019, 59 facilities have received a "Mine Waste Storage Facility" approval certificate from the MoEU.

Zero Waste Project was initiated on 29 September 2017 Zero Waste Presentation Meeting by the MoEU. In 2017, 2 institutions (Presidency and MoEU) switched to a zero-waste system followed by 13.000 organisation/institution service buildings in 2018, 27.000 in 2019 and 47.750 in 2020 as of October. Within this scope, approximately 10.000, 40.0000, 2.500.000 and 8.883.000 people were trained in 2017, 2018, 2019 and 2020 respectively.

The purpose of the *Regulation on Classification, Labelling and Packaging of Substances and Mixtures* (SEA Regulation), which is related to the Management of Chemicals, is to ensure the common hazard communication about chemicals and the safe use of chemicals, to reduce the costs required to eliminate the health problems and environmental pollution caused by the hazards of chemicals, to minimize accidents and to avoid technical barriers to trade. Manufacturers and importers of chemicals send the classification and labelling notifications of the chemicals they manufacture and import within the scope of the SEA Regulation to the Chemical Registration System (KKS) under the Integrated Environmental Information System. Until July 2020, they sent 46,279 notifications for approximately 13,069 chemicals to KKS.

Environmental Protection Expenditures

Environmental Protection Expenditures increased by 11.6% in 2018 compared to the previous year and amounted to 38.2 billion TL in total. 56.6% of environmental protection expenditures were made by financial and non-financial companies, 36% by non-profit organizations serving the government and households, and 7.1% by households.

47.5% of environmental protection expenditures are waste management services, 35.6% wastewater management services, 6.8% protection of biological diversity and landscape, 3.6% protection and quality improvement of soil, groundwater and surface waters, and 6.5% of environmental protection expenditures on other issues. In addition, its share in the gross domestic product was 1.1% in 2017, and it was 1% in 2018.

Clean-up costs caused by the pollution or threat of pollution, costs to be made for the transport of collected waste, damages resulting from the injury or death of third parties, damages to private property as a result of an incident that occurred in maritime jurisdiction consisting of Turkey's internal waters, territorial waters, continental shelf and exclusive economic zone are compensated within the scope of Coastal Facilities Marine Pollution Compulsory Liability Insurance. The number of policies issued in 2019 under the said insurance was 547 and the premium production was 7.207.584 TL.

With Environmental Pollution Financial Liability Insurance, compensation claims directed to the policyholder that he/she will have to pay legally within the framework of the environmental legislation are secured due to the sudden and unexpected pollution or threat of pollution in one, a few or all of the soil, groundwaters, inland waters, seas and air, depending on the scope of the contract. The number of policies issued in 2019 under the said insurance was 69 and the premium production was TL 25.666.

Education and Awareness Raising

Zero Waste Education Project

The cooperation protocol of the *Zero Waste Education Project in Schools* was signed by the MoEU, Ministry of National Education and TEMA Foundation on December 25, 2018, in Ankara. The project was initiated in schools affiliated with the Ministry of National Education to raise awareness of students on the protection of natural assets, the conscious use of consumable assets and the environment, environmentally friendly consumption habits and waste management.

Within the scope of the project, 471 schools and 88,116 students were reached in 20 provinces. Teachers become members of the Zero Waste Education Portal prepared by TEMA and have children do the activities. According to the information given by the teachers who are members of the portal, they filled out the questionnaire and stated that they have implemented the activities, a total of 107,812 children were reached through 1,565 teachers from 1,239 different schools in 78 provinces. According to the data of the Zero Waste Information System, zero waste management systems was established in 21,000 educational institutions, and 7 million students received zero waste training. Awareness efforts continue on the digital platform during the pandemic period.

Other Training Activities Conducted Under Zero Waste Project

In order for the Zero Waste Project to be implemented gradually in public institutions/organizations, municipal service buildings, schools, universities, shopping centres, hospitals, terminals and fun-relaxation facilities and to raise awareness by expanding it across Turkey, training and seminars for different target groups have been arranged as of 2018.

In 2019 and 2020, in order to increase the awareness, distance trainings were organized during the pandemic period with the representatives of the target groups covered by the Zero Waste Regulation, such as municipalities, universities, educational institutions, organized industrial zones, fuel stations and recreational facilities, public institutions.

Since the start of the project within the scope of Zero Waste in 2017, 10 million 900 thousand people have been trained by the Ministry, together with the Provincial Directorates of Environment and Urbanization and sector representatives.

Zero Waste Blue Movement

The "Zero Waste Blue" opening event was held in Istanbul on 10 June 2019 in order to systematically carry out practices for the reduction of marine litter, to ensure public recognition and to raise awareness in the society on this issue. With the launch of tourism season, a campaign for protecting the seas and cleaning the sea has been initiated throughout the country. Activities on raising public awareness on marine litter are carried out by the MoEU and relevant institutions/organizations within the scope of the Zero Waste Blue Movement. In this context, 30,145 people were trained. 760 leading organizations of Turkey have committed to work for the prevention of pollution of the sea. In addition, many non-governmental organizations supported the Zero Waste Blue Movement and supported the campaign with marine litter collection activities. In this context, 168.000 m³ marine litter (sea surface, shore, beach and sea bottom) was collected.

Measures taken by the Ministry of National Education to inform the public about general and local environmental problems

In the curriculum applied in primary and secondary schools and in the textbooks and teaching materials prepared accordingly, information on measures to be taken to protect the environment and prevent environmental pollution are included.

"Workshops on Prevention of Air Pollution in Cities and Raising Public Awareness" were organized with the General Directorate of Environmental Management of the Ministry of Environment and Urbanization, and 40 teacher trainers were trained in 30 cities. Necessary studies on the subject have been continuing and it is planned to spread the training of trainers throughout the country by including them in the training programs of the Ministry of Education. In addition, work on a protocol with the Ministry of Environment and Urbanization is continuing to provide children with "*Environmental Inspector*" training including the subjects of environmental management, climate change and air pollution.

f. In the context of the COVID-19 crisis, please evaluate the adequacy of measures taken to limit the spread of the virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.) as well as the measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel while ensuring that their working conditions are healthy and safe – an issue addressed under Article 3 above). Please indicate the measures taken or foreseen as a result of this evaluation.

Category	Date	Measure
Health	10.01.2020	Ministry of Health set up the Coronavirus Scientific Advisory Board.
Health	24.01.2020	Thermal cameras were installed at the airports.
Other	31.01.2020	Turkish government sent a plane to airlift 34 Turkish citizens, 7 Azerbaijanis, 7 Georgians and 1 Albanian from Wuhan.
Confinement	1.02.2020	All flights from China was stopped.
Confinement	23.02.2020	The border with Iran was closed.
Confinement	23.02.2020	All flights to/from Iran was stopped.
Confinement	29.02.2020	Termination of all flights to and from Italy, South Korea and Iraq.
Confinement	29.02.2020	The border with Iraq was closed.
Health	29.02.2020	Ministry of Health established field hospitals near the Iraq and Iran borders.
Health	11.03.2020	The first Covid-19 case was confirmed in Turkey.
Education	12.03.2020	All primary, secondary and university schools have been closed across the country.
Health	13.03.2020	Hospital and prison visits suspended.
Confinement	13.03.2020	The flight ban to passenger planes was extended to more countries.
Confinement	14.03.2020	Land borders with Iran and Georgia were closed.
Health	14.03.2020	SABİM (Ministry of Health Communication Centre) Hotline "Alo 184" was converted into coronavirus hotline.
Confinement	15.03.2020	10.330 citizens who returned from Umrah visit were quarantined in state dormitories in the provinces of Ankara (5.392) and in Konya (4.938)

Confinement	16.03.2020	Activities of entertainment centres were suspended (Theatres, cinemas, performance centres, concert halls, engagement/wedding-ceremony halls, restaurants/cafés with live performance/music, casinos, pubs, taverns, coffee houses, coffee shops, cafeterias, countryside gardens, water pipe lounges, water pipe cafés, internet cafés, all kinds of video game arcades, all kinds of indoor playgrounds for children (including shopping malls and restaurants), tea gardens, clubhouses, amusement parks, swimming pools, Turkish baths, saunas, thermal springs, massage parlours, SPAs and sports centres).
Confinement	16.03.2020	Prayers, particularly Friday prayers, performed in the congregation were suspended in mosques and masjids.
Confinement	16.03.2020	The activities of “Condolence Houses,” where citizens come together collectively suspended.
Health	17.03.2020	The first loss of life due to Covid-19 was confirmed.
Confinement	17.03.2020	2.807 Turkish citizens were evacuated from 9 different European countries and brought to Turkey (Turkey conducted the most comprehensive evacuation operation in the fight against Covid-19. There was no other country in Europe, where the virus spread rapidly and killed many people, which evacuated as many people as Turkey did).
Confinement	19.03.2020	A decision was taken to postpone all league games and competitions.
Health	20.03.2020	All foundation hospitals and private healthcare institutions meeting the requirements were declared pandemic hospitals.
Confinement	21.03.2020	Picnics and barbecues in forests, parks and public spaces were banned.
Confinement	22.03.2020	Citizens over the age of 65 and those with chronic illnesses were restricted to leave their homes.
Confinement	22.03.2020	It was announced that all restaurants and other similar enterprises could only offer takeaway and delivery services.
Health	23.03.2020	50.000 rapid screening tests arrived in Turkey from China.
Health	23.03.2020	It was decided to start manufacturing ventilators domestically.
Health	24.03.2020	Drugs from China against Covid-19 have been distributed to 40 cities via air ambulances.
Confinement	24.03.2020	It was decided that all markets would provide services between 09:00 and 21:00 and the number of customers that could be present in the markets at a given time would be limited.
Confinement	24.03.2020	It was decided that urban and intercity transport vehicles could only use 50% of their passenger capacity.
Confinement	27.03.2020	In public transportation vehicles, social distancing announced mandatory.
Confinement	27.03.2020	All international flights have been suspended for an indefinite period.
Confinement	27.03.2020	Inter-city travels became subject to local authorities' permission.
Confinement	27.03.2020	It was announced that picnic areas, forests, and parks would be closed on weekends. On weekdays, large gatherings will not be allowed in these locations.
Confinement	27.03.2020	During the enrolment and discharge of soldiers (who are under compulsory military service), 14-day quarantine rules were implemented as well.
Confinement	3.04.2020	The entry to and exit from 30 big cities (metropolitan municipalities) and Zonguldak, was banned for 15 days apart from specific exceptions.

Confinement	3.04.2020	A partial curfew was set restricting those younger than the age of 20 from leaving their homes unless absolutely necessary.
Health	3.04.2020	Wearing face masks in crowded areas including stores became mandatory.
Health	5.04.2020	It was announced that 5 face masks per week would be delivered to the houses of every citizen between the ages of 20-65.
Health	6.04.2020	President Erdoğan stated that the Turkish Government would build two new hospitals to accommodate some 2.000 or more patients at airports in Istanbul.
Confinement	10.04.2020	48 hours curfew was announced in 31 provinces for the weekend.
Confinement	13.04.2020	President Erdoğan announced that until further notice such curfews would be in force also during subsequent weekends.
Education	29.04.2020	Minister of National Education Ziya SELÇUK announced that the duration of the remote education was extended until 31 May.
Confinement	5.05.2020	The city entry-exit limitation terminated for 7 cities: Antalya, Aydın, Erzurum, Hatay, Malatya, Mersin and Muğla.
Confinement	5.05.2020	Even and odd license plate rules for limiting movement across the cities ended for commercial taxis in Istanbul, Ankara and İzmir.
Health	7.05.2020	The price ceiling for surgical masks was set as 1 TL.
Health	7.05.2020	Through a handbook published on 7 May, it was announced that barbers, hairdressers and beauty parlours started to accept customers with masks and pre-existing appointments and that nobody other than customers and employees could be present at the workplace.
Health	8.05.2020	The sale of medical masks started again.
Confinement	10.05.2020	People over the age of 65 were allowed to go out on social distancing between 11:00 and 15:00 on 10 May.
Confinement	11.05.2020	Shopping malls, barbershops, hairdressers, beauty parlours were opened with some restrictions.
Confinement	11.05.2020	All the main automotive factories in the country started to operate again.
Confinement	11.05.2020	Lifting of travel restrictions on 9 more cities, including Adana, Diyarbakır, Mardin, Trabzon, Ordu, Denizli, Kahramanmaraş, Şanlıurfa and Tekirdağ.
Confinement	13.05.2020	Children up to the age of 14 were allowed to go out on 13 May between 11:00 and 15:00 with social distancing in force.
Confinement	15.05.2020	People aged 15-20 were allowed to go out with social distancing between 11:00 and 15:00 on 15 May.
Confinement	16-19.05.20	4-day curfew (16-19 May) took place.
Confinement	17.05.2020	People over 65 were allowed to leave their homes, remaining within walking distance and wearing masks, on 17 May between 11:00 and 15:00.
Confinement	19.05.2020	The entry to and exit from 15 big cities was banned for 15 days.
Confinement	19.05.2020	60 thousand prisoners in open prisons who were sent for leave because of the epidemic were extended for 2 months at the end of May.
Confinement	20.05.2020	Children under 20 were allowed to go out on 20 May between 11:00 and 15:00, remaining within walking distance and wearing masks.
Confinement	22.05.2020	Children under 20 were allowed to go out on 22 May between 11:00 and 15:00, remaining within walking distance and wearing masks.
Confinement	23-26.05.20	4-day curfew (23-26 May) in the whole country took place.

Confinement	24.05.2020	People over 65 were allowed to leave their homes, remaining within walking distance and wearing masks, on 24 May between 14:00 and 20:00.
Confinement	28.05.2020	Intercity trains began operating on 28 May after a two-month gap. Trains made 16 trips daily, connecting the cities of Ankara, Istanbul, Konya and Eskişehir. The trains were operating at half-capacity, and passengers were being allowed on board only with government-issued permission to travel and a code certifying they were not being monitored for a suspected COVID-19 infection.
Confinement	29.05.2020	Mosques reopened for mass prayers on 29 May. Mosques were open for collective prayers only for noon, afternoon and Friday prayers. A ban for morning, evening and night prayers is still in place.
Confinement	29.05.2020	The curfew for youth applied only to those 18 and under. They were permitted to walk outside on Wednesdays and Fridays from 14:00 to 20:00
Confinement	29.05.2020	Individuals over 65 were permitted to walk outside on Sundays from 14:00 to 20:00.
Confinement	29.05.2020	On domestic flights and trains, a personal HES (Hayat Eve Sığar) code was made mandatory for all passengers. The HES code is checked 24 hours prior to the trip and passengers are notified regarding their status. Passengers who were not approved by the Ministry of Health to travel were not be permitted to travel. The HES code was valid only for a certain period and for at least 7 days beyond the trip.
Confinement	30-31.05.20	Lockdown in 15 provinces, including Istanbul on 30-31 May.
Confinement	1.06.2020	Civil servants returned to their normal job routine. Parks, gardens, picnic and recreational areas, hiking and fishing, as well as beaches were available to the public. Swimming pools, hot springs, Turkish baths, saunas and spas also resumed services within certain precautionary rules. Sports centres and facilities were open until midnight. Restaurants, cafes, patisseries, coffee shops, and similar venues were allowed to open daily until 10.00 p.m. local time. Certain restrictions remained on entertainment venues, which were also open on 1 June, including board games and hookah smoking. Live music activities for dancing and games were prohibited to prevent direct contact at public recreation and entertainment venues. Children under the age of 18 were allowed to travel in and between cities with their parents. Travel permits were no longer be required for intercity public transportation vehicles. One-way travel warrants continued to be needed for those over 65 years old, if they did not return from their provinces for at least 1 month. Day-cares, kindergartens reopened at low occupancy. Wedding venues were allowed to operate at 25% occupancy. The number of pandemic hospitals was gradually reduced, non-pandemic hospitals resumed operations and COVID-19 precautions in hospitals began to be relaxed.
Confinement	1.06.2020	Limited restrictions remained in place on the movements of those aged over 65 and under 18. Youths aged 19 and 20 were allowed outdoors.
Confinement	8.06.2020	Professional training centres and community education centres reopened.

Confinement	9.06.2020	People aged 65 and over were allowed to go out between 10 a.m. and 8 p.m. every day, with restrictions for young people under 18 completely lifted on the condition that they were accompanied by their parents.
Confinement	12.06.2020	Mass prayers in mosques began on the condition of maintaining appropriate distances. Friday mass prayers began to be held outside mosques.
Confinement	15.06.2020	Parks and picnic areas were opened. A handbook for students' parents and teachers was prepared to help guide school life after the pandemic. Universities resumed their standard academic calendar and in-person classes began. Public dormitories reopened to students. Wedding halls resumed their services starting.
Education	20.06.2020	The National High School Entrance Exam (LGS) took place.
Education	27.06.2020	The National University Entrance Exams (YKS) took place.
Confinement	1.07.2020	<ul style="list-style-type: none"> - Restrictions in the wedding halls, cinemas, theatres and performance centres were lifted. - New residents were allowed into nursing homes, transfers were allowed again. - Family counselling by the state was held in-person again. - Limitations of visitors in kindergartens were lifted, babysitting were allowed on the condition of good health on all parties. - Loan payments, tax returns resumed. - Health workers allowed to take time off again, transfers resumed. - Rehabilitation centres opened. - Citizens aged 65 and over were able to go out between 10.00 - 20.00 on weekdays. - The curfew restrictions on persons aged 18 and under were completely lifted, provided they were accompanied by their parents.
Confinement	12.08.2020	In accordance with the Circular of the Ministry of Interior, the implementation of curfews for citizens aged 65 and over and those with chronic diseases would be decided by the Governorships on a provincial basis.
Confinement	19.08.2020	In order to carry out the inspections of coronavirus measures in workplaces and all areas open to the public, teams were formed in provinces under the coordination of the Ministry of Interior and more comprehensive inspections were initiated.
Confinement	25.08.2020	<ul style="list-style-type: none"> - The organization of events such as circumcision ceremony, henna night, engagement were prohibited in 14 provinces. - In these provinces, dancing was not allowed in the wedding halls, and chairs were set up in a way to cover the dance floor. - In these provinces, citizens aged 65 and over who were not the first and second-degree relatives of the bride and groom and children under the age of 15 were prohibited from attending weddings and ceremonies. - Cafeteria service and all kinds of food and beverages were temporarily suspended in public institutions and organizations across the country.
Education	31.08.2020	Education started with the distance learning program on 31 August.

Confinement	3.09.2020	The duration of the measures taken at public and private care units for the elderly and disabled was extended for an indefinite period. It was decided to continue with the methods followed in the intervention of health problems that might arise due to the Covid-19 pandemic and the measures taken at public and private care units for elderly and disabled people.
Confinement	8.09.2020	In accordance with the Circular of the Ministry of Interior on Covid-19 Measures dated 08.09.2020: - Citizens were obliged to wear masks, without exception, in all areas (except for homes). - It was forbidden to take standing passengers in public transportation vehicles where social distance could not be provided. - No music broadcast was allowed after 24:00 in all restaurants and entertainment venues.
Education	21.09.2020	First graders and pre-schoolers returned to school, though with one-day limited in-class lessons.
Education	12.10.2020	All students in the 2nd, 3rd, 4th, 8th and 12th grades restarted face-to-face education on 12 October. Grades 1, 2, 3 and 4 along with middle school students in grade 8 were to receive in-person education two days a week with a total of 12 hours of lessons. Preparatory secondary classes and grade 12 students were to receive two days of face-to-face education with a total of 16 hours of lessons.
The following measures are still in place as of 01.02.2021.		
Confinement	20.11.2020	Shopping centres, markets, barbers, hairdressers and beauty parlours are only able to serve between 10:00 and 20:00.
Confinement	20.11.2020	Eating and drinking places such as restaurants, patisseries, cafes, cafeterias can only be open between 10:00 and 20:00 to provide take away or take away service. The restaurants or online food order companies are only able to provide package service after 20:00 by phone or online order. (Eating and drinking places in the resting facilities are exempted from restrictions)
Confinement	20.11.2020	Until 31.12.2020, the activities of cinema halls are stopped. Until a new decision was taken, coffee houses, country gardens, internet cafes/halls, electronic game halls, billiard halls, clubs and tea gardens and carpet pitches are closed. Hookah lounges remain closed. <i>This restriction was extended until further notice.</i>
Confinement	20.11.2020	In all cities, citizens aged 65 and over are be able to go out between 10:00 and 13:00 during the day, and citizens under 20 between 13:00 and 16:00 during the day.
Confinement	20.11.2020	Until a new decision is made, as of November 20, a curfew will be imposed on weekends, except from 10:00 to 20:00. Production, manufacturing and supply chains are exempt from this restriction.
Education	20.11.2020	As of November 20, all formal, private, formal and non-formal education activities will continue with distance education until 31 December. <i>This restriction was extended until further notice.</i>
Confinement	30.11.2020	Until a new decision is taken, a curfew is applied throughout the country, starting at 21:00 on Fridays, covering all Saturday and Sunday and ending at 05:00 on Mondays. The first application started on December 4th.

Confinement	30.11.2020	Until a new decision is taken, a curfew is applied between 21:00 and 05:00 on weekdays (Monday, Tuesday, Wednesday, Thursday and Friday) throughout the country. The first application started on December 1.
Confinement	30.11.2020	Intercity travels are allowed only in compulsory situations during the period and days (to be applied on weekdays and weekends) where curfew is imposed. Intercity travels of people who do not carry the specified excuses are only possible by using public transportation (plane, bus, train, ship, etc.).
Confinement	14.12.2020	Curfew started at 21:00 on Thursday, December 31, cover all of Friday, January 1, Saturday, January 3, Sunday, and ended at 05.00 on Monday, January 4, 2021. (<i>Special restriction for the New Year holiday.</i>)
Confinement	14.12.2020	Until March 1, 2021, activities including the general assembly in non-governmental organizations, public professional organizations and higher organizations, unions and cooperatives are postponed. Activities including the general assembly to be held by the unions are also included in this scope.
Health	23.12.2020	The value-added tax (VAT) rate to be applied for the Covid-19 vaccine was determined as 1%.

g. If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

An Overview of the Measures taken in response to Covid-19

The table below contains the measures taken by categories (Confinement, Health and Education) since the emergence of Covid-19.

Measures taken in specific areas to limit the spread of virus in the population

Primary Health Care Facilities

Coronavirus disease (COVID-19) due to a new subtype reported from various countries poses a public health threat to the whole world. Since the disease continues to spread in our country and there are applications to all healthcare facilities, our Ministry takes various protection and control measures in order to prevent the spread of the disease from health facilities.

Documents such as the COVID-19 (SARS-CoV2 Infection) Guide, algorithms and recommendations for protective equipment have been created, updated continuously and made available on the official website. Additional regulations were needed regarding the triage practice for people applying to primary health care facilities. Therefore “Management Scheme of Persons Applying to Primary Health Care Institutions” was developed.

Outpatients who apply to primary health care facilities (Family Health Centres, District Health Directorates, Community Health Centres and affiliated units, E2 - E3 Integrated District Public Hospitals, Migrant Health Centres, Workplace Health Units, Institutional Medicine Units, Polyclinics within the scope of the *Regulation on Private Health Institutions with Outpatient Diagnosis and Treatment* etc.) are triaged before entering the healthcare facility, and those who are found at risk as a result of COVID-19 questioning are taken to the COVID-19 examination room/area established in the primary care facility. Other applicants are taken to the relevant area to be evaluated in terms of their complaint/application. In order

to maintain the social distance, the number of people to be taken into the primary health care institution is determined according to the number and type of rooms served and the size of the waiting room, and a specified number of people are allowed to be together in the waiting area.

Personal protective materials are distributed in order to provide appropriate protection in accordance with the practices specified in the "Protective equipment recommended to be used according to the health institution, personnel and activity type for COVID-19 disease" table published by the Ministry of Health. All areas of the health facilities are frequently ventilated, cleaned and disinfected with the agents specified by the Ministry of Health.

The materials on the subject are published on the official website "<https://covid19.saglik.gov.tr>".

Penitentiary Institutions

In line with the recommendations of the Coronavirus Scientific Advisory Board dated 30.03.2020, necessary measures have also been taken in the penitentiary institutions in line with the instructions of the Ministry of Health in order to reduce the rate of spread of the virus and prevent its transmission to these institutions.

In this context, 39,417 personnel employed in penitentiary institutions who are in contact with convicted prisoners (excluding those who are pregnant and on breastfeeding leave, who are over 60 years of age except for administrative officers and those with chronic illnesses) have been kept under observation in penal institutions, where this is not possible, in the dormitories affiliated to the Ministry of National Education, Personnel Training Centres, Ministry and Public Guesthouses. Their arrivals in and departures from penitentiary institutions have been ensured in social isolation and necessary hygiene conditions. Personnel working in the penitentiary institution are subjected to PCR test before entering the institution and are admitted into the institution according to the test result.

Measures Taken by the Social Security Organisation (SGK)

In order to reduce the rate of spread of the virus, some measures have been taken for the clients of the Social Security Organisation (SGK). Within the scope of the supply of non-prescription drugs in chronic diseases, the duration of the medical reports (health board report and/or specialist physician report) registered in the MEDULA System (electronic prescription approval system) that have been terminated as of January 1, 2020, or to be terminated after this date has been extended.

In the procurement of orthosis-prosthetic medical devices and medical consumables, the duration of the reports has been extended to prevent the SGK clients from going to hospitals. Furthermore, medical supplies have been provided without a prescription so that they do not go to the medical markets and hearing-aid centres.

In order to prevent a contamination risk that may occur due to the Covid-19 pandemic, the obligation to apply Biometric Authentication System (BKDS) has been lifted in all private health service providers as of 11.03.2020 until a date to be notified by the SGK in the future.

Measures taken at Temporary Accommodation Centres

Activities carried out in Temporary Accommodation Centres by the Directorate General of Migration Management of the Ministry of Interior on the effects of the COVID-19 outbreak and the pandemic are as follows:

- Temporary accommodation centre deputy managers were informed to take measures regarding Covid-19.
- Disinfection works are carried out regularly in temporary accommodation centres. In addition, information brochures were distributed to the people staying in shelters.
- It is mandatory for the personnel on duty to wear masks and gloves.
- During the isolation periods, common areas are closed to use. In the markets, it is not allowed to have more than a certain number of people at the same time.
- In addition to the measures taken by the General Directorate of Migration Management, the decisions taken by the Provincial Governorships where the centres are located are also applied in this context.
- Each temporary accommodation centre makes its own plan against the epidemic, and the necessary coordination is provided with Provincial Health Directors in this context.
- A pandemic plan study regarding temporary accommodation centres has been carried out.
- Personal protective equipment support has been requested from WFP in order to minimize the risk of the personnel who might be in contact with people suffering from the Covid-19, including healthcare personnel working in temporary accommodation centres. In this context, the following materials provided by WFP were distributed to temporary accommodation centres on 28 September 2020.

PERSONAL PROTECTIVE EQUIPMENT							
	Temporary Accommodation Centres						
<i>Equipment</i>	<i>Adana Sarıçam</i>	<i>Kilis Elbeyli</i>	<i>Kahramanmaraş Centre</i>	<i>Osmaniye Cevdetiye</i>	<i>Hatay Yayladağı</i>	<i>Hatay Altınözü</i>	Total
Thermometer	10	5	10	10	5	5	45
Glove	20000	10000	27500	12500	10000	10000	90000
Protective Goggle or Face Shield	220	100	175	250	200	100	1045
Protective Apron	350	250	350	200	200	200	1550

Surface Disinfectant (L)	1500	3000	2000	1500	2000	2000	12000
Hand Disinfectant (L)	400	300	300	270	250	250	1770
N-95 Mask	250	250	0	350	200	200	1250
Surgical Mask (Box of 50)	450	400	500	300	250	250	2150
ULV Disinfectant Machine (for Vehicle)	1	1	1	1	1	1	6
Disinfection Machine	2	1	2	1	1	1	8

- UNHCR provided 1,161 protective goggles, 16,254 protective overalls, 16,254 N-95 and higher quality masks, 32,508 surgical masks, 650 litres of surface disinfectant, 1,350 litres of hand disinfectant, 76,000 gloves for the use of personnel in case of quarantine.

Equipment provided for Employees Under Temporary Protection

Within the scope of Covid-19 measures, with the project carried out in cooperation with the International Organization for Migration (IOM) under the coordination of the General Directorate of International Labour Force of the Ministry of Family, Labour and Social Services, the following equipment was provided for 1,533 employees in 46 workplaces where foreigners under temporary protection are employed:

- 49,750 protective masks
- 36,450 gloves
- 1.433 protective glasses
- 1.216 litres of disinfectant

Measures taken by the Ministry of National Education in the Covid-19 process

- Workplace health and safety units in the central and provincial units of the Ministry of National Education carry out studies during the Covid-19 pandemic process. Within the scope of "*Hygiene Conditions in School*" issued by the Ministry and in line with the informational documents of the Ministry of Health, training, supervision and guidance activities on personal hygiene practices and infectious diseases was initiated and have been carried out by the specialists of the provincial directorates of national education workplace health and safety unit.

- In the central and provincial organization of our Ministry, schools and institutions; informative activities have been carried out with the necessary warnings to protect the health of students, teachers and employees. In order to raise awareness on hygiene issues in schools, information guides have been prepared for students and parents, administrators and teachers.
- The "*My School is Clean*" certification process has been maintained by evaluating the compliance of our schools/institutions with the "*Improving Hygiene Conditions in Educational Institutions, Infection Prevention and Control Guide*".

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 11

RIGHT TO PROTECTION OF HEALTH

Article 11 – The right to protection of health

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

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

Paragraph 1 - Remove as far as possible the causes of ill-health

Scope of the provisions as interpreted by the ECSR

Article 11 guarantees the highest possible standard of health and the right to access health services. According to this article, health is not only the absence of an illness, but a state of complete physical, mental and social well-being, in accordance with the definition of health in the Constitution of the World Health Organization (WHO), adopted by all States Parties. Health systems must respond appropriately to preventable health risks - risks that can be controlled by human action. These risks include those arising from environmental threats. Such a health system should be accessible to all, without discrimination. The cost of healthcare, or at least some of that cost, must be borne by the society as a whole. There should be no unnecessary delays in providing treatment. Access to treatment should be based on transparent criteria. Health personnel and facilities should be sufficient. Hospitalization conditions should be satisfactory and in dignity.

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Measures to ensure the highest possible standard of health

1. Information about infant mortality and the measures taken.

While the mortality rate under the age of 5 was 40 per thousand live births in 2002, it decreased to 11.1 per thousand in 2019 (independent of gestational week and birth weight) in Turkey. Also, infant mortality rate, which was 31.5 per thousand in 2002, decreased to 9.0 per thousand in 2019 (independent of gestational week and birth weight).

Maternal mortality rates are one of the most important public health indicators showing the development of countries' economy, culture and health system. It is one of the United Nations Millennium Development Goals that countries reduce maternal mortality rate by 75%. According to the data of the World Health Organization, our country, which has managed to reduce the maternal mortality rate by 83.5%, is among the 16 countries that have achieved this goal.

Up until 2005, maternal mortality rate could only be calculated through research in Turkey. The first reliable data for our country were obtained through the 2005 National Maternal Mortality Study (NMMS) conducted by the Hacettepe Population Institute. According to this NMMS 2005 maternal mortality rate was reported as 28.5 in 100.000.

Since 2007, with circulars (Number 27 and 57) all maternal deaths in the country have been reported one by one by the Ministry of Health and these have been evaluated in scientific commissions according to the 3 delay models of the World Health Organization. By 2013, a maternal death reporting system has been established. Since 2015, in cooperation with TURKSTAT, it has been ensured that maternal mortality data are collected, reported, classified, that delays are examined and the measures taken are monitored. In 2016, the maternal mortality rate was calculated as 14.7 per 100,000 live births in our country and 13.1 in 2019. Maternal mortality rates in our country were below 16 per hundred thousand live births in 2011 and afterwards.

Years	Maternal Death Rate (in 100.000)
2016	14.7
2017	14.5
2018	13.6
2019	13.1

Ministry of Health is carrying on different studies to further lower the maternal death rate. First of all, the ministry continues its efforts to reduce diseases and deaths by updating the health system so that everyone benefits from reproductive health services in a way that minimizes inter-regional and rural-urban differences, and by making services equal, accessible and qualified, and so that anyone can access it without any discrimination. The aim

of reproductive health services is that couples can have children whenever they want and as many as they want without any discrimination, violence and pressure, and couples who cannot have children can be treated by understanding why they can't have children.

Information and counselling services play a very important role in providing reproductive health services. In the delivery of health services in our country, special attention is paid to reproductive rights. In order to ensure standardization in the services offered throughout the country, health personnel who provide services in reproductive health issues in health institutions are included in in-service training programs. These trainings are carried out with a humanist approach and interactive training methods. The quality of reproductive health services and the satisfaction of the applicants increases with the awareness-raising studies carried out to the healthcare personnel on these issues. Reproductive health services provided by the Ministry are carried out within the scope of guidelines prepared by scientific committees and in accordance with WHO rules and standards. Contraceptive methods are offered free of charge in relevant health institutions. In addition, information on the prevention of maternal and infant deaths and access to reproductive health services are also provided in public trainings held to raise public awareness on these issues. Moreover, health care personnel are given "Pre-Marriage Counseling" training and information is given to those who apply before marriage to health institutions by this trained personnel.

A very successful program that has been established in our country is called the "Guest Mother Program". In some regions of our country, pregnant women whose labour has approached or started sometimes cannot reach health institutions and organizations in time due to unfavourable climate, transportation conditions or social reasons (those with social security premium debt), and deliveries may take place under adverse conditions. The program was initiated to prevent these adversities, to reduce preventable mother and infant deaths, and to prevent congenital disorders that would impair the future quality of life of the baby.

With this application, it is ensured that pregnant women residing in settlements with unfavourable weather and transportation conditions are identified, monitored, transported to safer settlement centers when their possible birth dates approach, and their births are carried out in hospitals, and the mother and baby are taken back to their homes after the health condition of the mother and baby has become suitable. With this program, maternal deaths that may occur within the scope of the second delay model are prevented.

Regardless of social security institution premium debt, when applying to the hospital for pregnancy, childbirth and puerperal service, no fee is demanded from the pregnant or puerperant women within the scope of "State of Maternity". Special studies are carried out for seasonal agricultural workers to access reproductive health services. "Conditional Health Assistance" is implemented by the Ministry of Family, Labor and Social Services in order to create a social safety network targeting full access to primary health care services for the children of families and expectant mothers of the poorest and most dependent segments of the population. In this context, payments are made directly to women in order to strengthen the position of women in the family and society. All women between the ages of 15 and 49 living in our country are provided with female follow-ups, pregnancy follow-ups and puerperal

follow-ups and pregnant and puerperant women also receive free iron and vitamin D supplements.

All health services provided to citizens in our country are also provided to refugees, immigrants and asylum seekers without discrimination, and the continuity of the service is ensured. In addition, Syrian Health Personnel working in Migrant Health Centers in our country were included in an in-service training program on "Reproductive Health Methods Consultancy" within the scope of the agreement signed in cooperation with the Ministry of Health and UNFPA. After this training, volunteers can take the "Reproductive Health Clinical Practice (Intrauterine Device Application)" training as well.

Access to health care

2. Information for the waiting periods, the rules applicable to the management of waiting lists and waiting times as well as statistical data on the actual average waiting times for inpatient/outpatient care as well as for primary care, specialist care and surgeries.

In Turkey, a modern health system was created with the Health Transformation Program. In every city in Turkey, state hospitals, city hospitals, private hospitals, research hospitals, university hospitals and hospitals with special expertise provide a very high level of health service. Patients can easily reach every hospital in Turkey and can benefit from extremely high-quality health services.

Health services in Turkey consist of a mixture of public and private health services. Private health care often offers shorter waiting lists. In applications made to private hospitals with the status of emergency patients, private hospitals are obliged to carry out all treatment processes without demanding any fee from the patient. Regardless of the type of social security patient has, only different fees are paid in private hospitals, and patients can get their treatments without paying extra fees.

The most important positive feature that distinguishes Turkish health services from other countries' health services is the newly developed appointment system. People can make easily an appointment with the hospitals they want to go to, over the phone or through applications on smart devices. Appointment procedures can be adjusted according to the day and time desired by the patients. Thus, waiting, long queues and time losses in hospitals are prevented.

Another positive development in the Turkish health system is the increase in the capacity of hospitals and the increase in the number of beds. Thanks to the newly built hospital campuses, patients sleep in their own rooms and all facilities such as bathrooms and toilets are fully available in the hospital room.

The rules applicable to the management of waiting lists for transplantation is regulated by the National Organ and Tissue Transplant Coordination System Directive (it entered into force with the approval of the Authority dated 28.05.2008 and numbered 19735).

Centralized Hospital Appointment System (CHAS)

The Ministry of Health had a strategic objective to consolidate appointments for second and third-tier hospitals. This initiative aimed to ensure better planning for hospitals, effective use of resources and higher service quality for citizens.

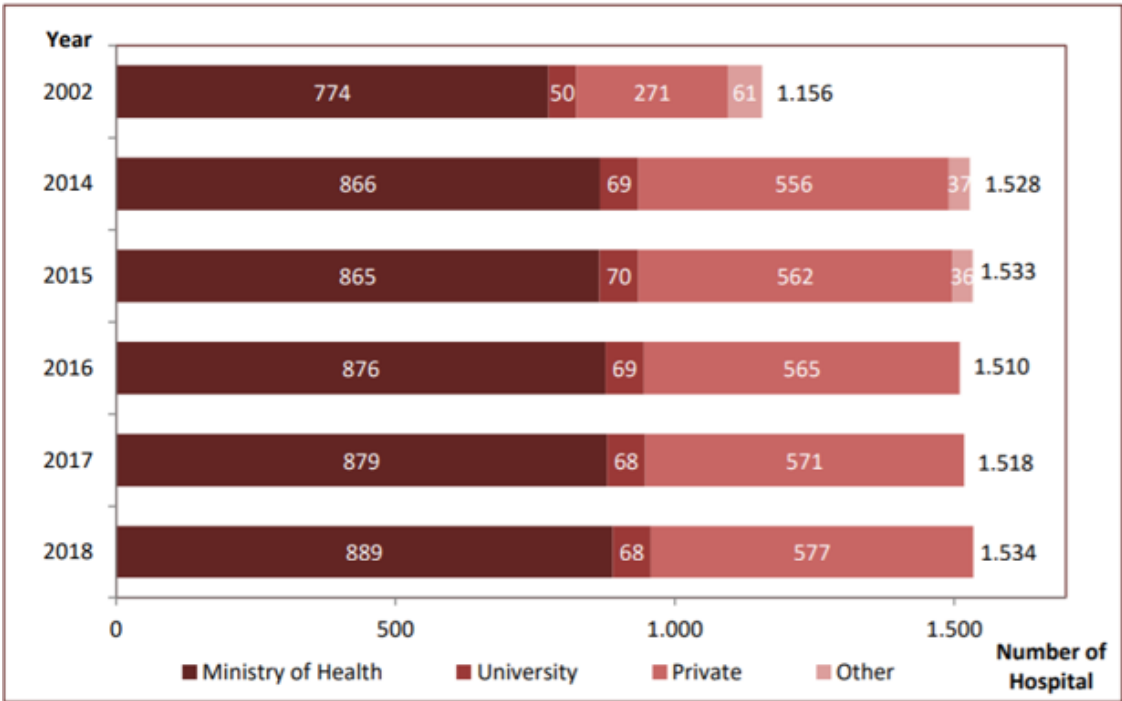
A unified call center number (182) is at the heart of the system, enhancing better resource planning for hospitals and increasing patient satisfaction, dramatically decreasing queues. Resource planning and allocation are measurable in the most trivial detail, making it possible to ensure the quality and effectiveness of healthcare services.

Moreover, CHAS data is crucial to develop healthcare policies at large. Centralized Hospital Appointment System aims to decrease time loss for physicians and patients, increase service quality rational utilization of resources. The system, now in use throughout second and third-tier hospitals of the ministry regardless of the geographical region, urban or rural areas. Centralized Hospital Appointment System matches physician services and patient demands, regulating hospital procedures. The system aims to regulate all procedures and consolidate second and third-tier hospital appointments from a single outlet. The result is better resource planning for hospitals at the ministry level and higher quality services for citizens.

Appointment services, once unharmonious and sporadic before CHAS, are now managed from a single operational center.

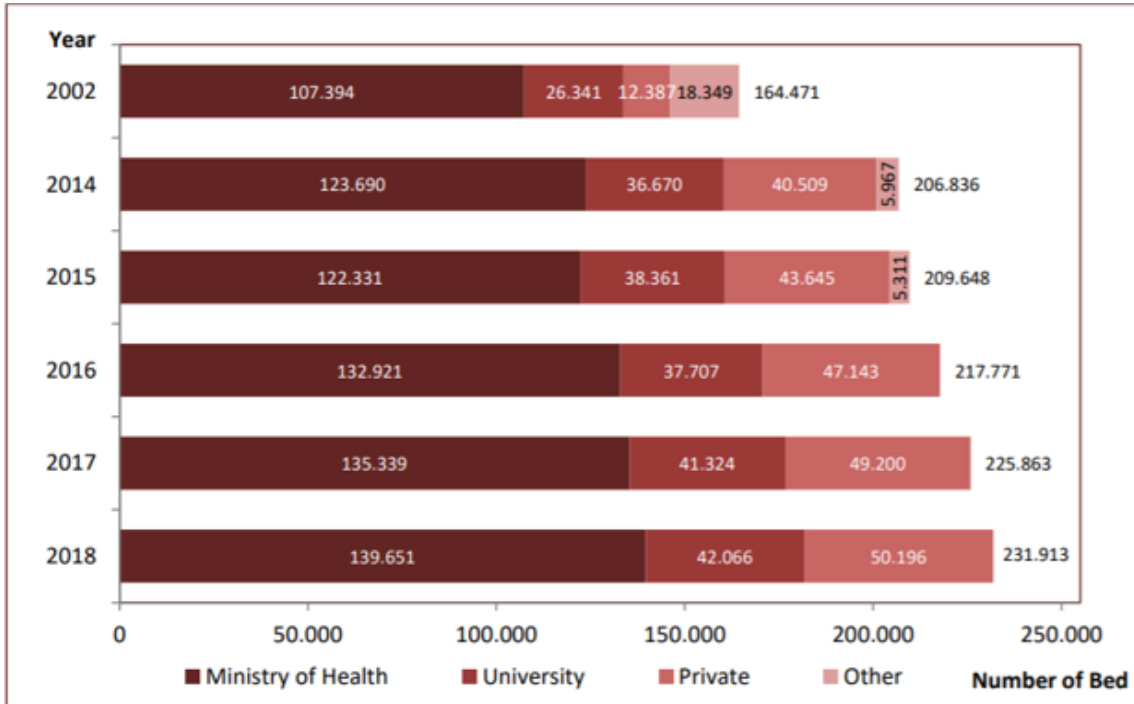
Some statistical information are given below.

The Number of Hospitals by Years and Sectors



Source: General Directorate of Health Services

Number of Hospital Beds by Years and Sectors



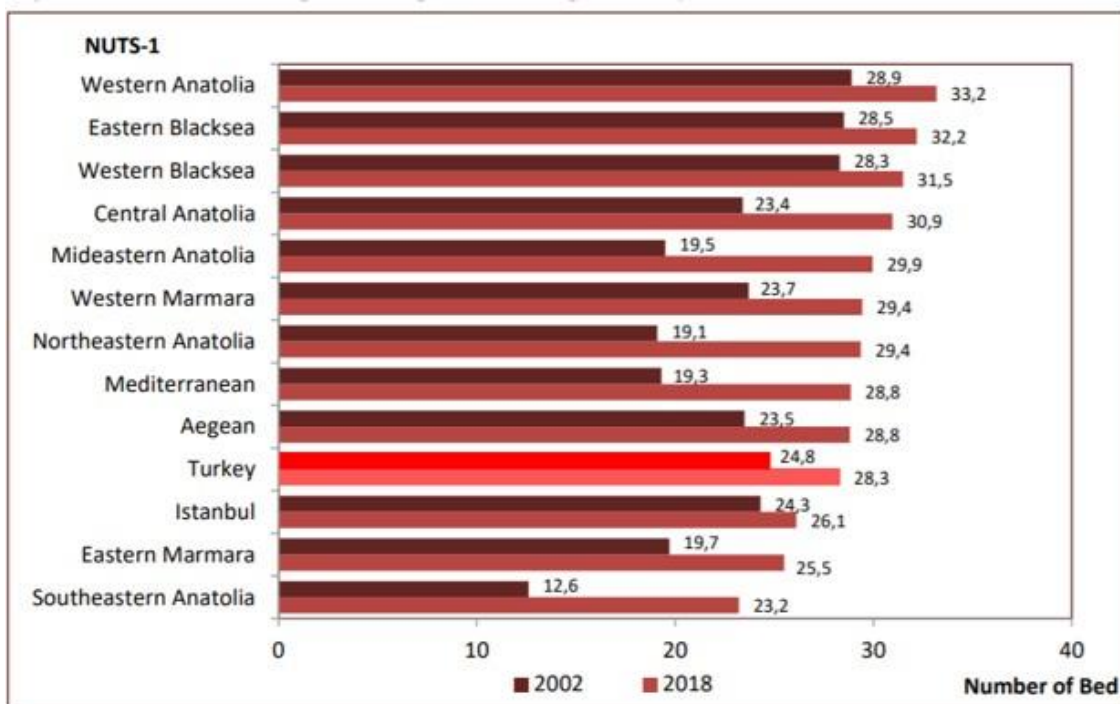
Source: General Directorate of Health Services

Number of Hospitals and Beds by Branches, 2018

Branches	Hospital	Bed
General Hospital	1.423	212.883
Obstetric and Child Hospital	25	4.826
Ophthalmology Hospital	25	316
Physical Treatment and Rehabilitation Center	19	2.904
Chest Diseases Hospital	12	3.569
Psychiatry Hospital	11	3.887
Child Diseases Hospital	4	1339
Cardiovascular Diseases Hospital	4	599
Bone Diseases Hospital	3	436
Occupational Diseases Hospital	2	246
Oncology Hospital	2	712
Orthopedics and Traumatology Hospital	1	33
Leprosy Hospital	1	34
Hospital for Children with Leukemia	1	75
Spastic Children's Hospital and Rehab Center	1	54
Total	1.534	231.913

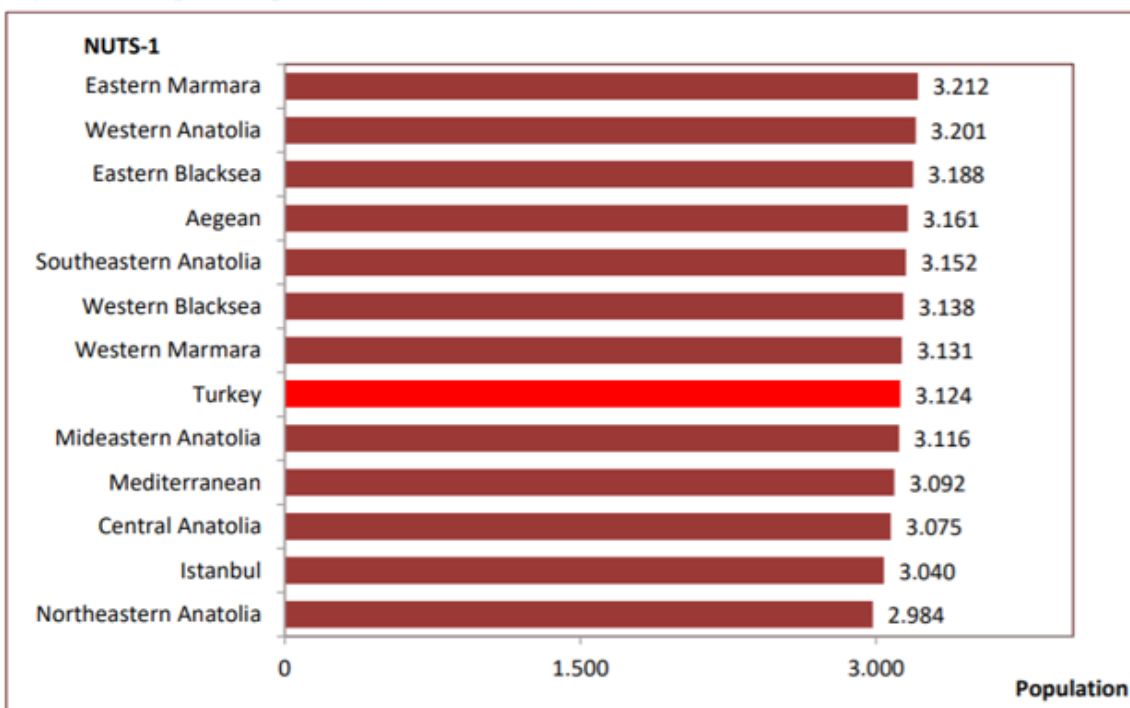
Source: General Directorate of Health Services

Number of Hospital Beds per 10.000 Population by NUTS-1, All Sectors, 2002-2018



Source: General Directorate of Health Services

Population per Family Medicine Unit by NUTS-1, 2018



Source: General Directorate of Public Health

Primary Health Care Facilities by Years, Ministry of Health

	2002	2014	2015	2016	2017	2018
Health Center	5.055	-	-	-	-	-
Family Medicine Unit	-	21.384	21.696	24.428	25.198	26.252
Family Health Center	-	6.829	6.902	7.636	7.774	7.979
Community Health Center*	-	970	970	970	972	776
Health House	2.899	5.572	5.544	5.419	5.320	5.259
Child, Adolescent, Women and Reproductive Health Unit (CEKUS)**	298	182	182	181	177	172
Tuberculosis Control Dispensary	277	179	181	180	177	173
Cancer Early Diagnosis, Screening and Training Centers (KETEM)	84	132	156	159	166	175
112 Emergency Care Station	481	2.186	2.323	2.400	2.618	2.735
Number of Public Health Laboratories	-	83	83	83	83	83

Source: General Directorate of Public Health, General Directorate of Emergency Health Services

* In districts with a population of 30,000 or more, 423 District Health Directorates, which provide the same services, included the number of Community Health Centers.

** The name of Mother-Child Health and Family Planning Center was changed to Child, Adolescent, Women and Reproductive Health Unit with the regulation published on 25 May 2018.

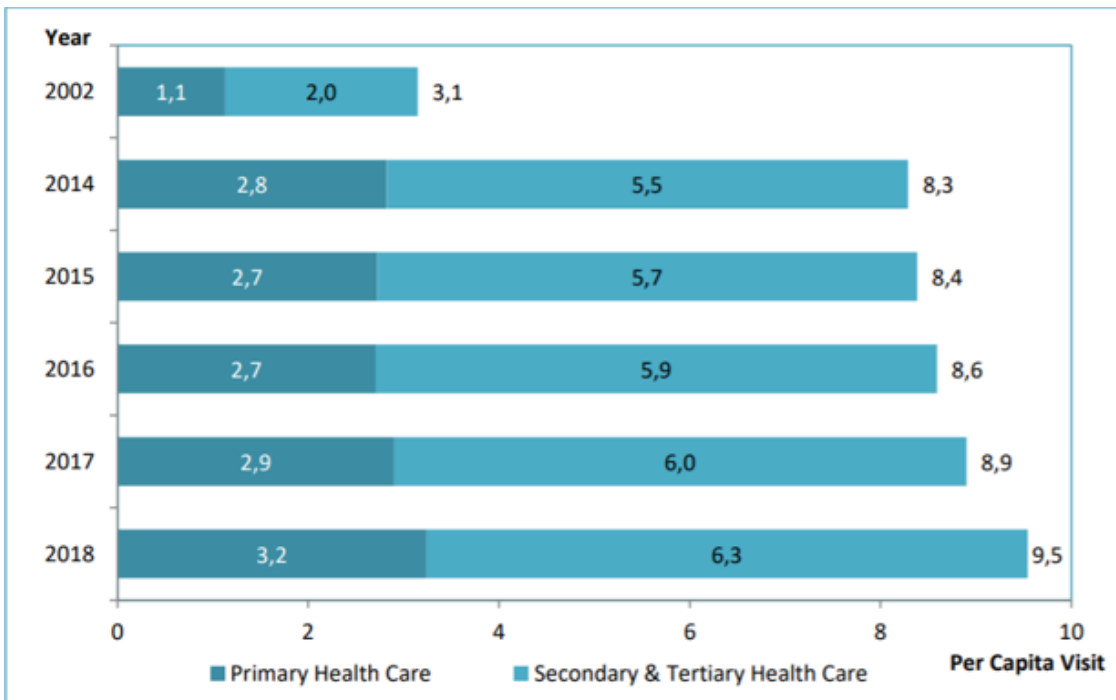
Total Number of Visits to a Physician by Years and Type of Health Care Facilities, All Sectors

	2002	2014	2015	2016	2017	2018
Health Center	69.103.517	-	-	-	-	-
Family Medicine	-	214.120.750	208.538.951	205.549.931	228.098.527	258.436.607
Tuberculosis Control Dispensary	2.012.458	1.643.937	1.495.558	1.374.153	1.391.817	1.332.580
CEKUS Unit*	2.980.481	660.056	548.433	525.011	646.856	366.095
Other Examinations Made by CHCs*	-	2.234.348	3.457.520	8.080.631	4.496.425	4.821.348
Private Outpatient Clinics	731.132	546.514	523.694	461.013	501.993	539.593
Primary Health Care Facilities Total	74.827.588	219.205.605	214.564.156	215.990.739	235.135.618	265.496.223
Specialty Medical Centers	9.824.802	28.208.781	26.953.360	22.069.610	18.912.829	19.055.722
Hospitals	124.313.659	396.577.644	418.581.931	447.648.830	464.876.362	497.963.259
Ministry of Health	109.793.128	292.100.331	306.825.524	340.080.539	353.703.814	380.623.055
University	8.823.361	32.143.930	34.539.363	36.420.413	38.963.933	42.665.139
Private	5.697.170	72.333.383	77.217.044	71.147.878	72.208.615	74.675.065
Secondary and Tertiary Health Care Total	134.138.461	424.786.425	445.535.291	469.718.440	483.789.191	517.018.981
Total	208.966.049	643.992.030	660.099.447	685.709.179	718.924.809	782.515.204

Source: General Directorate of Public Health, General Directorate of Health Services

* Consultancy service visits were not included in the number of visits to the physician.

Total Number of Per Capita Visits to a Physician in Health Care Facilities by Years, All Sectors



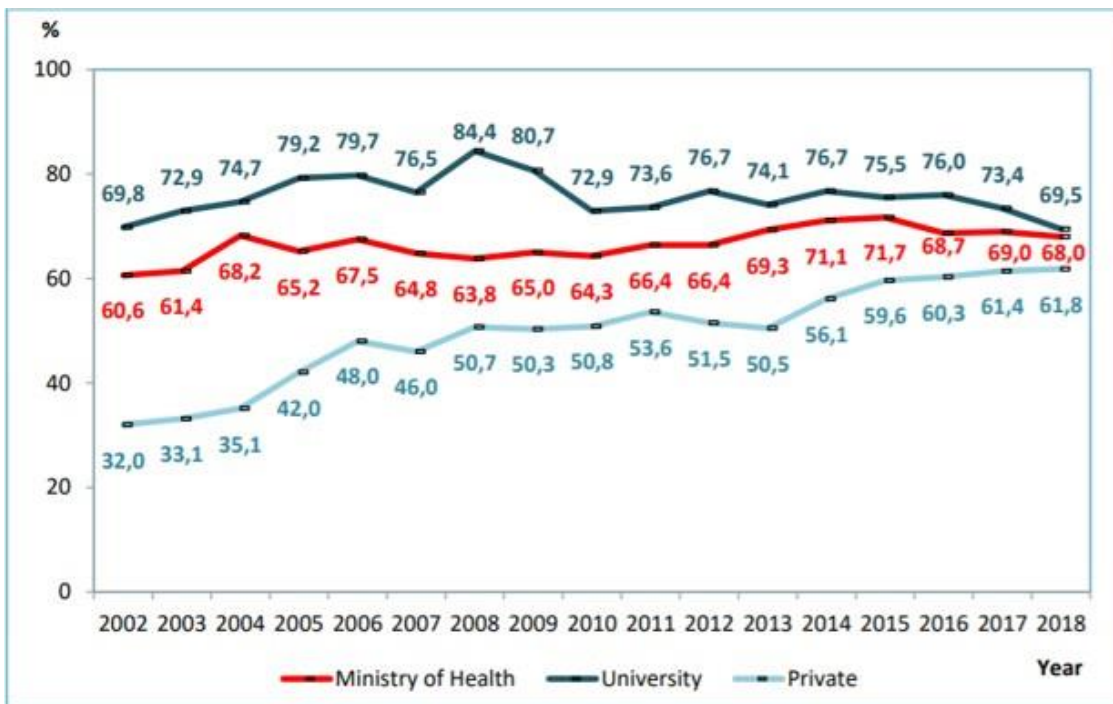
Source: General Directorate of Public Health, General Directorate of Health Services

Number of Inpatients by Years and Sectors

	2002	2014	2015	2016	2017	2018
Ministry of Health	4.169.779	7.396.239	7.404.570	7.561.989	7.606.159	7.675.972
University	781.990	1.737.627	1.891.094	1.842.001	1.982.410	1.955.983
Private	556.494	3.900.407	4.237.453	4.048.696	4.120.734	4.019.422
Total	5.508.263	13.034.273	13.533.117	13.452.686	13.709.303	13.651.377

Source: General Directorate of Health Services

Bed Occupancy Rate by Years and Sectors (%)



Source: General Directorate of Health Services

3. Information on reforms in the private health sector and their impact.

According to the Strategic Plan of the Ministry of Health (2013-2017); emergency and intensive care treatments are provided free of charge in all private hospitals as well as in the public. It is ensured that no additional fees are charged for burns, cancer, newborn, organ transplants, congenital anomalies, dialysis and cardiovascular surgery procedures in private hospitals.

With these dispositions, the impoverishment of the individual due to health expenses is prevented. In addition, health access has also been expanded.

As mentioned above, in Turkey, a modern health system was created with the Health Transformation Program. In every city in Turkey, state hospitals, city hospitals, private hospitals, research hospitals, university hospitals and hospitals with special expertise provide a very high level of health service. Patients can easily reach every hospital in Turkey and can benefit from extremely high-quality health services.

Health services in Turkey consist of a mixture of public and private health services. Private health care often offers shorter waiting lists. In applications made to private hospitals with the status of emergency patients, private hospitals are obliged to carry out all treatment processes without demanding any fee from the patient. Regardless of the type of social security patient has, only different fees are paid in private hospitals, and patients can get their treatments without paying extra fees.

4. Information on the lack of early and suitable diagnosis hinders many children with disabilities or developmental delays from early access to appropriate services and on the independent body to monitor mental health institutions.

The General Directorate of Disabled and Elderly Services of the Ministry of Family, Labour and Social Services, in cooperation with the Ministry of Health, carried out a series of studies to improve the process and increase the quality of the disabled health board report, which is a passport for the disabled to benefit from various rights and services. The fact that some diseases and syndromes are not included in the table of disability rates in childhood disability assessments, the lack of a standard approach in determining whether infants and children are severely disabled, and the failure to consider the special needs of infants and children led to the initiation of regulation change studies.

Two separate regulations have been prepared, taking into account the different needs of children and adults. The Regulation on Special Needs Assessment for Children (ÇÖZGER) and the Regulation on Disability Assessment for Adults (ESKR) entered into force after being published in the Official Gazette dated 20.02.2019 and numbered 30692.

For the ÇÖZGER regulation, special care was afforded that expressions such as “disabled” or “handicapped” were not used in the name of the regulation, in infant and child evaluations and in any of the evaluation systems. In the regulation, “special need” is defined as “the need for health, education and rehabilitation, device, orthosis, prosthesis, environmental regulations and other social and economic rights and services different from individuals without physical or developmental function limitations in order for the child to participate equally in social life”. With this approach, it is aimed not to emphasize the child's disability, not to label the child, not to be stigmatized as disabled or disabled, and to highlight the needs of the child. With the aforementioned regulation, it was ensured that children were grouped according to their "special needs" levels rather than the disability rates expressed in a number. The follow-up of children by their physicians or a pediatrician during the process of receiving special needs reports was provided by this regulation, and the area of the special needs assessment was expanded by determining 23 subfield disease diagnosis and evaluation criteria, unlike adults.

As a separate issue, the Developmental Disabilities at Risk for Children in Turkey Family-Based National Development Project for the Promotion of Early Intervention System is carried out. (ATUEMS) Within the scope of the project, it is envisaged to establish a family-based early intervention system in order to ensure that children with disabilities can access quality inclusive services at an early age. This system aims to ensure that children's rights are implemented at an early age.

In addition, the Family-Based National Early Intervention Program Development Workshop was held on the same subject. The workshop was held in cooperation with our Ministry and the United Nations Children's Fund (UNICEF), it is aimed to develop a “National Family-Based Early Intervention Program” in Turkey where the risks are determined in terms of infant and their development is followed and the families are supported through being trained.

With the Family-Based National Early Intervention Program, identifying risks from the newborn period (0-3 years old), minimizing the loss of skills and ability with early intervention, by facilitating access to early diagnosis, early intervention, early special education, early health and rehabilitation services and therefore an improvement that spreads to the whole life of the disabled individual and his family is aimed.

In Turkey dispositions for the monitoring of Care Center is regulated by Circular No. 2013/02 on Private Care Centers. According to this;

- Circular the protection of fundamental rights and freedoms of persons with disabilities has been taken under protection by the Constitution of the Republic of Turkey, international conventions and national legislation. Constitution fo the Republic of Turkey (Article 17, Article 61), Convention on Human Rights-(Article 3), Convention on the Rights of Persons with Disabilities (Article 15, Article 16, Article 17), Law No.2828 about Social Services (Article 4, Additional paragraph of Article 4), Law No. 5378 on the Disabled (Article 4).
- It is stipulated to establish a commission under the chairmanship of the Deputy Governor for the inspection of the Private Care Centers.

5. Information on dental care services and treatments (such as who is entitled to free dental treatment, the costs for the main treatments and the proportion of out-of-pocket paid by the patients).

With Article 60 entitled “Those who are deemed to be holders of general health insurance” of the Social Insurances and General Health Insurance Law No. 5510, the persons within the scope of general health insurance; if dental services such as oral and maxillofacial surgery, periodontology (gum diseases and surgery), restorative dental treatment, endodontics (root canal treatment), prosthetic dental treatment (removable and fixed dental prostheses), pedodontics in the field of adult and pediatric dentistry, especially preventive dentistry services (pediatric dentistry) and orthodontics are realized at oral and dental health centres affiliated to the Ministry of Health, oral and dental health hospitals affiliated to the Ministry of Health, dental services in the 3rd step health institutions of the Ministry of Health and dental faculties of state and foundation universities are covered by the SSI if it is done in official health institutions and organizations having contract/protocol.

Also; in case dental treatments of 40% and above disabled patients, orthodontic dental treatments under the age of 18 are performed in private dental clinics and in health institutions and organizations with/without SGK contract/protocol within the framework of the rules such as disability report, physician referral document or health board report, the expenses are covered over the prices in the Annex-2 / E-list of the Health Implementation Communiqué (SUT).

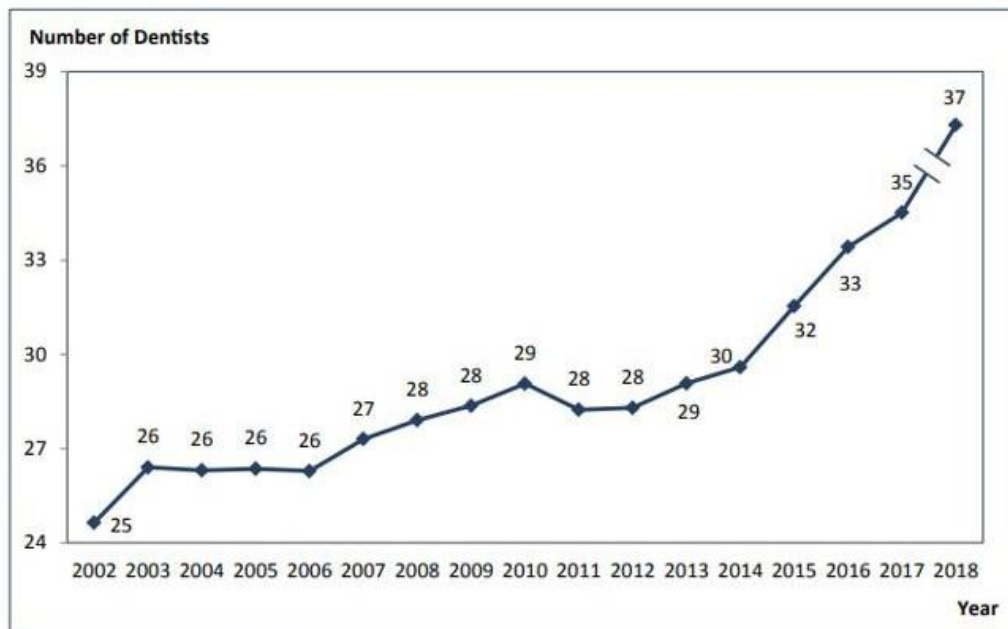
The braces and orthodontic materials used in orthodontic treatment, both in the official health service providers contracted with the SSI and in the private health service providers referred with the health board report and the official health service providers that do not have a contract with the SSI are covered by the patient.

Participation share; means the amount to be paid by the general health insurance holder or their dependents in order to benefit from health services, and it is determined by our Institution in accordance with Article 68 of Law No. 5510.

Within the scope of dental treatments, a contribution fee of 10% is collected from the Institution for mobile and fixed prostheses, that is, for retirees and their dependents and 20% for other persons.

The renewal period for removable and fixed prostheses is 4 years. However, a 4-year period is not sought for the replacement of the prosthesis in cases of oral and jaw trauma caused by a traffic accident, in patients who have lost part or all of their jaw due to malignant and benign neoplastic changes, or in cases of excessive weight loss due to cancer. In the rehabilitation of missing teeth, the costs of intra-bone implants that constitute the infrastructure of implant-supported prostheses, which are an alternative to classical prosthetic treatment, are paid in some medical indications and in the number of implants specified in the legislation.

Number of Total Dentists per 100.000 Population by Years, All Sectors 2002-2018

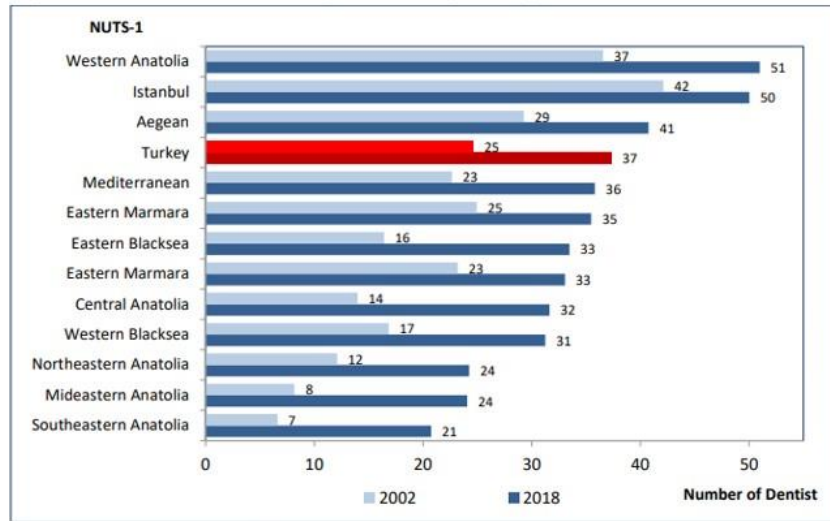


Source: General Directorate of Health Services

Note: Unlike the previous years, the number of dentists includes dental residents for the year of 2018.

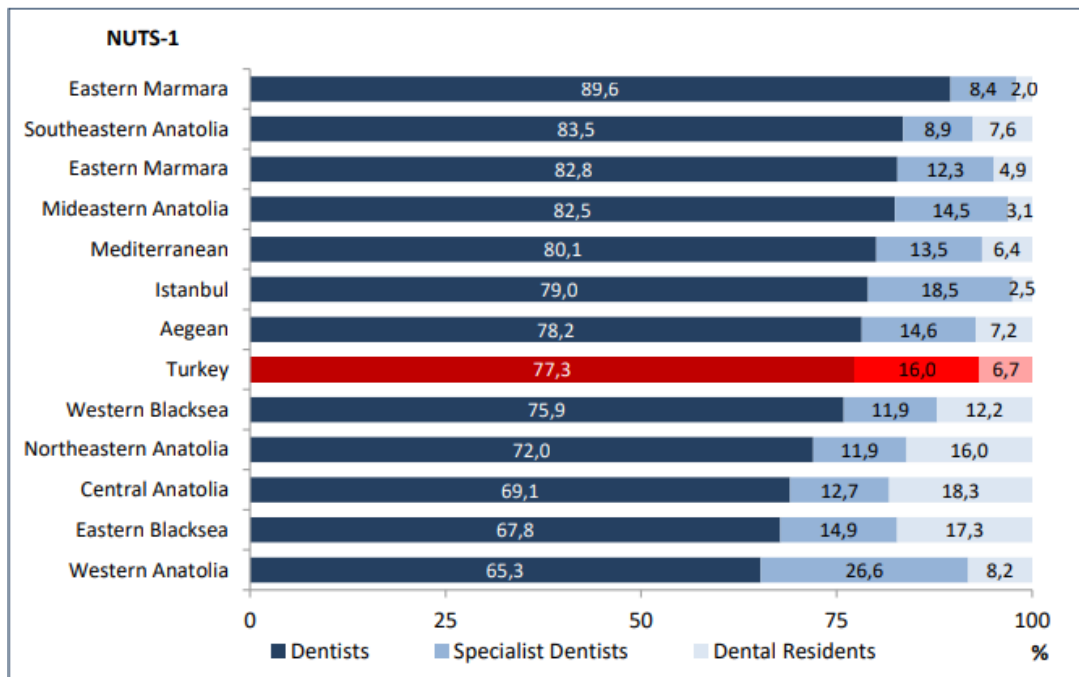
Number of dentists per 100.000 population not including dental residents is 35 for 2018.

Number of Total Dentists per 100.000 Population by NUTS-1, All Sectors, 2002-2018



Source: General Directorate of Health Services
 Note: Data for 2002 does not include dental residents.

Distribution of Dentists, Special Dentists and Dental Residents by NUTS-1, All Sectors, (%),2018



Source: General Directorate of Health Services

B- LEGISLATION CHANGES AND APPLICATIONS

- Two separate regulations were prepared, taking into account the different needs of children and adults. The Regulation on Special Needs Assessment for Children

(ÇÖZGER) and the Regulation on Disability Assessment for Adults (ESKR) entered into force after being published in the Official Gazette dated 20.02.2019 and No. 30692.

- ÇÖZGER Regulation has been prepared with an approach focused on “needs”, not on “barrier rate”. With ÇÖZGER, it is stated which services children need, and children and their families are facilitated to access rights and services.
- With the ÇÖZGER Regulation, the use of the term “disabled” and/or terminology that could lead to stigmatization of children was avoided.
- Special Needs Report for Children and Adolescents (ÇÖZGER) is designed to provide early diagnosis, intervention and early support services especially for 0-3 years old.
- For the first time, a special reporting system has been created for children. In this system, evaluations are made with childhood diseases.
- With the Regulation on Disability Assessment for Adults (ESKR), the definition of “disability” is not only considered as loss of function but also regulated to ensure that individuals who are negatively affected by social prejudices or regulations (for example, achondroplasia patients) enjoy equal rights.

National Action Plan for Individuals with Autism Spectrum Disorder (2016/2019)

- On December 3, 2016, the “National Action Plan for Individuals with Autism Spectrum Disorder (2016/2019)” was published in the Official Gazette and entered into force. It is the first Action Plan prepared for the disabled and individuals with autism in our country.
- There are 6 priority areas and 26 measures in the Action Plan.
 1. Awareness Studies and Cooperation between Institutions
 2. Establishment of Early Diagnosis, Treatment and Intervention Chain
 3. Improving Family Services
 4. Educational Evaluation, Special Education, Support Education and Development of Rehabilitation Services
 5. Employment Processes and Working Life
 6. Social Work, Social Aid and Participation in Social Life.
- Within the scope of the Action Plan, monitoring and evaluation meetings of the action plan, meetings of the central and provincial organizations of the Ministry, promotion in local media, campaign studies, autism awareness trainings for 4362 people in 12 provinces, awareness activities and short film competitions were organized in 81 provinces.
- In addition, a training module for personnel was developed and training was provided to personnel in kindergartens and daycare centres.

- “Autism Spectrum Disorder Literature Book”, Family Information Guide, Training Program for Care Staff, Trainers and Families Interacting with Individuals with Autism Spectrum Disorders” was prepared and distributed.
- Within the scope of the Action Plan for Combating Addiction, people over the age of 18 who received substance addiction treatment were provided to benefit from health services regardless of the number of premium payment days or premium debt. (The first paragraph of the article entitled “Conditions for benefiting from health services” of the Social Insurance and General Health Insurance Law No.5510 on 15.8.2017)

Paragraph 3 - 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 workplace, other than occupational accidents covered by Article 3.

1. Information on national vaccination programs and measures taken to prevent epidemics was insufficient and information is requested.

Turkey's National Expanded Program on Immunization (EPI) and the Work Conducted Under the Program

Effective and continuous vaccination practices in Turkey began with the mandatory smallpox vaccination in accordance with the Public Health Law issued in 1930. Vaccination studies have turned into widespread systematic vaccination practices starting from 1963 with the socialization of health services. In the 1970s, vaccination services were provided widely, systematically, seasonally and through campaigns. In 1980, the World Health Organization's call for "Expanded Vaccine Practice" targeting the year 1990 was adopted and activities including the basic components of the immunization program were initiated. In Turkey, the “Expanded Immunization Program” was launched in 1981 in order to achieve high rates of immunization through vaccines with preserved efficacy to reduce morbidity and mortality of diseases in community groups susceptible to vaccine-preventable diseases.

Purpose and Targets of EPI

EPI includes vaccination services to reach vulnerable age groups before they catch the infection and to ensure that they are immunized by reducing the morbidity and mortality of pertussis, diphtheria, tetanus, measles, rubella, mumps, tuberculosis, polio, chickenpox, Hepatitis A, Hepatitis-B and invasive diseases due to *Streptococcus Pneumoniae* and *Haemophilus Influenzae Type B* in order to control these diseases and even eliminate them completely.

EPI targets for 2020 are specified as follows:

- Ensuring the continuity of the vaccination rate of 95% and above for each antigen throughout the country,
- Ensuring that 90% of 13-24 month old babies are fully vaccinated,
- Identifying and vaccinating unvaccinated or under-vaccinated children under 5 years of age (0-59 months),
- Reaching 95% vaccination rate for each antigen in school-age child vaccinations,
- Applying the appropriate dose of tetanus diphtheria vaccine to all identified pregnant women,
- Maintaining the poliomyelitis-free state of the country,
- Maintaining the elimination of Maternal and Neonatal Tetanus,
- Eliminating measles and rubella diseases, controlling Congenital Rubella Syndrome, Controlling diphtheria, whooping cough, Hepatitis-B, Hepatitis A, chickenpox, tuberculosis, mumps and invasive diseases related to Haemophilus Influenzae Type B and Streptococcus Pneumoniae,
- Maintaining vaccine safety,
- Strengthening the registration notification system,
- Ensuring the participation of the society.

Disease Control Programs Conducted Under EPI

In line with the epidemiological situation of preventable diseases through vaccination in Turkey, scientific developments and the WHO's global objectives, with the advice of the Immunization Advisory Board (NITAG), the following eradication, elimination and control programs for diseases have been developed under EPI.

- **Polio Eradication Program:** In Turkey, Polio Eradication Program was launched in 1989. Since 1998, no polio cases have been reported in Turkey. Within the scope of the program, in addition to passive surveillance based on data acquisition by aggregation, case-based active integrated surveillance is carried out.
- **Elimination Program of Maternal and Neonatal Tetanus (MNT):** It was initiated in 1994. In 2009, the World Health Organization approved and certified that maternal and neonatal tetanus was eliminated in Turkey. Within the scope of the program, in addition to passive surveillance based on data acquisition by aggregation, case-based active integrated surveillance has been carried out since 2004.
- **Measles and Rubella Elimination Program and Prevention of Congenital Rubella Syndrome:** Measles Elimination Program has been carried out since 2002. Since 2006, with the addition of rubella-containing vaccine to the calendar, the Program for Elimination of Rubella and Prevention of Congenital Rubella Syndrome has also been integrated into this program. Within the scope of the program, in addition to passive

surveillance based on data acquisition by aggregation, case-based active integrated surveillance is carried out.

- **Diphtheria Control Program:** Vaccination against diphtheria disease started individually as of 1937 in Turkey, while implementation of a systematic vaccination program took place in the mid-1960s. The most recent reported case of diphtheria in Turkey was in 2011. Within the scope of the program, in addition to passive surveillance based on data acquisition by aggregation, case-based surveillance is carried out.
- **Pertussis Control Program:** Vaccination against pertussis disease started individually as of 1937 in Turkey, while implementation of a systematic vaccination program took place in the mid-1960s. The most recent reported case of diphtheria in Turkey was in 2011. Within the scope of the program, in addition to passive surveillance based on data acquisition by aggregation, case-based surveillance is carried out.
- **Hepatitis B Control Program:** It was started in 1998 with the addition of the Hepatitis B vaccine to the vaccination schedule. In parallel with the targets of the WHO's 2016-2021 global health sector strategy, the 2018-2023 Turkey Viral Hepatitis Prevention and Control Program was created in 2018. Within the scope of the program, in addition to passive surveillance based on data acquisition by aggregation.
- **Hepatitis A Control Program:** It was launched in 2012 with the addition of the Hepatitis A vaccine to the vaccination schedule. In parallel with the targets of the WHO's 2016-2021 global health sector strategy, 2018-2023 Turkey Viral Hepatitis Prevention and Control Program was created in 2018. Within the scope of the program, in addition to passive surveillance based on data acquisition by aggregation.
- **Mumps Control Program:** It was started in 2006 with the addition of mumps-containing vaccine to the vaccination schedule. Within the scope of the program, in addition to passive surveillance based on data acquisition by aggregation.
- **Chickenpox Control Program:** It was initiated in 2013 with the addition of the varicella vaccine to the vaccination schedule. Within the scope of the program, in addition to passive surveillance based on data acquisition by aggregation.
- **Tuberculosis Control Program:** It is known that the first institution founded in 1918 related to tuberculosis control in Turkey.
- **Program for the Control of Invasive Diseases Related to Streptococcus Pneumoniae and Haemophilus Influenzae Type B:** In 2016, surveillance was initiated for invasive pneumococcal diseases, invasive Haemophilus Influenzae diseases, and pneumonia accompanied by meningitis, sepsis and bacteremia. Hib vaccine was added to the calendar in 2006. KPA-7 vaccination has been implemented since 2008. In 2011, 13-component KPA vaccination was initiated.
- **Adverse Events Following Immunisation (AEFI) Monitoring System:** Within the scope of the AEFI Monitoring System established in 2003, defined notifiable adverse

effects, serious cases, which are thought to be related to vaccination by healthcare personnel or the society, and situations that cause serious anxiety or negative propaganda in the society that show clustering have been monitored.

Supporting Vaccination Activities conducted in Turkey within the scope of Vaccine-Preventable Diseases

- The beginning of the systematic and widespread vaccination in Turkey dates back to Immunization Campaign in 1985. In the campaign, unvaccinated or under-vaccinated children aged 0-60 months were specified as the target population and 3 rounds of vaccination were conducted.
- Bacillus Calmette-Guérin (BCG) vaccination campaigns started in the 1950s and continued until the mid-1970s.
- The oral polio vaccine, which was introduced in 1963 in Turkey, was applied during the "National Immunization Days" that were held 6 times across the country between the years 1995-2000. The vaccine was applied in 2 rounds, one month apart each time. After the last case was seen in 1998, mop-up applications were continued in the risky areas and provinces located in these regions until 2003. Risk assessment is carried out in line with indicators such as vaccination coverage, acute flaccid paralysis (AFP) surveillance indicators, immigrant population density, and neighbouring regions with high incidence and/or high risk of incidents and mop-up applications are carried out in the necessary regions.
- Within the scope of the Maternal and Neonatal Elimination Program, supporting vaccination activities were carried out in 18 priority provinces (and in risky regions in 42 provinces deemed necessary as a result of risk assessment) in 3 rounds for the completion of primary Td vaccination of women of fertility age between 15-49 in the elimination process between 2006 and 2007.
- An additional dose of measles vaccine was applied to approximately 18.2 million children aged 9 months to 14 years during the Measles Vaccination Days between 2003 and 2005.
- Following the inclusion of the rubella vaccine in the National Childhood Vaccination Calendar, supporting vaccination activities have also been carried out for all children and adolescents susceptible to rubella, especially women of fertility age. Rubella catch-up study was carried out for all children attending primary and secondary education in the 2006-2009 period. In this study, 71% (8,375,227 children) of the 1991-1999 cohort were vaccinated. In 2009, in another supporting vaccination activity conducted in provinces where family medicine was implemented as a pilot, 35.5% (1,037,255 women) of women in the 18-35 age group with the highest fertility rate were applied rubella-containing vaccine.
- Hepatitis B catch-up vaccination was carried out for primary and secondary school students between 2005-2006 and 2008-2009 school years. In theory, it is accepted that

most of the people born in 1991 and after having completed Hepatitis B primary vaccination.

- In addition to the routine immunisation program, periodic intensive acceleration studies are carried out when necessary.

Vaccination for Adults in Turkey

Vaccination for adults carried out in Turkey can be grouped as follows:

1. Tetanus-diphtheria vaccination for adults
2. Tetanus-diphtheria vaccination for fertile age / pregnant women
3. Vaccination due to occupational risks
 - Vaccinations for healthcare workers
 - Vaccinations for personnel who work at the Removal Centres serving irregular migrants and/or for all personnel who are at risk in direct contact with irregular migrants
 - Vaccination of sewer workers
 - Vaccination for people in occupational groups at risk from Hepatitis B infection
 - Vaccination for individuals working in medical waste management
 - Vaccination of the Ministry of National Defence personnel
4. Vaccination during the military service period
5. Contact vaccination
6. Vaccination due to underlying disease and other risks
7. Vaccination at the age of 65 and over
8. Travel health / Vaccination of Hajj and Umrah visitors

Vaccination for People under Temporary Protection

Our country is at the risk of importation due to the epidemiological characteristics of the country immigrants, refugees, asylum seekers come from, their vaccination status, their collective life in our country, their difficulties in benefiting from health services, along with the development of international travel.

Due to the internal turmoil that arose in Syria in 2011, border movements started and increased gradually until 2016. At the border crossings and in the first camp people were hosted, vaccines containing one dose of diphtheria, vaccine containing one dose of measles and Oral Polio Vaccine (OPV) were given to the 0-15 age group, regardless of their previous vaccination status. In accordance with the national childhood vaccination schedule of children, 15-49 age group women were vaccinated in accordance with the tetanus vaccination schedule.

In 2017, 3 rounds of vaccination campaigns were conducted for Syrian children under the age of 5 under temporary protection. Vaccinations were carried out in health institutions and door

to door by mobile teams. Mop-up studies were carried out in 20 provinces where Syrian people under temporary protection are concentrated. After checking whether children have vaccination card/vaccination records, children who were not vaccinated were given Measles, Mumps and Rubella (MMR), five-shot combination and Hepatitis B vaccines at first contact followed by BCG, Conjugate Pneumococcal Vaccine (CPV), Hepatitis A vaccines. In other provinces, a study was carried out to complete the missing vaccinations of all foreign children under the age of 5. 407,928 children under the age of 5 were reached in the campaign. The continuity of vaccination of children has been ensured through routine vaccination services.

Childhood Vaccination Schedule-2020

	At Birth	End of 1st Month	End of 2nd Month	End of 4th Month	End of 6th Month	End of 12th Month	End of 18th Month	End of 24th Month	48th Month ¹	Age of 13 years
Hepatitis B										
BCG										
DaBT-IPV-Hib										
CPV										
MMR										
OPV										
DaBT-IPV										
Td										
Hepatitis A										
Varicella										

¹It will apply to all children who have reached their 48th month, starting with those born on 1 July 2016. The second dose of MMR and the DaBT-IPV vaccine for children who were born before 1 July 2016 and still have not started primary education will be given in the first grade of primary education through school vaccinations during the 2020-2021, 2021-2022 and 2022-2023 school years.

In order to prevent and control zoonotic and vectorial diseases such as brucellosis, anthrax, Crimean Congo Hemorrhagic Fever (CCHF), rabies, malaria, leishmaniasis that pose a threat to public health in our country, diseases are detected, recorded, monitored, notified, evaluated, diagnosed early and treated within the scope of Communicable Diseases Surveillance and Control Principles Regulation, through the Communicable Disease Surveillance and Early Warning System (IZCI). Also, awareness activities are carried out for healthcare professionals and the public.

Inter-sectoral cooperation is of great importance in carrying out fighting, protection and control activities against zoonotic diseases. Therefore, in cooperation with all relevant bodies, particularly the Ministry of Agriculture and Forestry, the *"Turkey Zoonotic Diseases Action Plan (2019-2023)"* was prepared, launched on 17 June 2019, under the leadership of the

Turkey Zoonotic Diseases National Committee. The Action Plan was shared with relevant institutions and organizations.

The aim of the action plan is to improve the quality of life of society by reducing the prevalence of zoonotic diseases in Turkey with a holistic approach by means of combining the power of the sectors within the framework of "One Health Approach".

In the Action Plan, targets, strategies and activities for the control of zoonotic diseases covering the period 2019-2023 have been determined by defining general objective and strategies in order to achieve the final objective.

The Action Plan has four general objectives for the control and prevention of zoonotic diseases:

- Raising awareness of the society about zoonotic diseases and their prevention,
- Making risk analysis regarding zoonotic diseases and to predict threats,
- Developing and ensuring the effectiveness of zoonotic diseases diagnostic laboratories across the country, keeping the treatment of diseases up to date,
- Monitoring, evaluation, coordination and planning.

In order to achieve these objectives, activities and responsible institutions have been determined and activities have started to be carried out.

Under the action plan, current status reports have been prepared for anthrax, tularaemia, brucellosis, Crimean Congo Haemorrhagic Fever, cystic echinococcosis, glanders, other zoonotic infections (West Nile Virus Infection, Zika Virus Disease, Cutaneous Leishmaniasis, Dengue Virus Infection, etc.). The current status report for glanders and anthrax was published in the Turkish Journal of Hygiene and Experimental Biology (<http://turkhijyen.org>).

In order to prevent human rabies cases, pre and post-contact prophylaxis applications and reporting practices had been carried out by the Circular No. 2014/30 and its annex Rabies Field Guide issued by the Ministry of Health until the Circular and its annex were revised in line with new scientific developments. Combatting Rabies and Prophylaxis Practices Circular No. 2019/04 and its annex Rabies Prophylaxis Guide was issued. The mentioned guide was printed and sent to the provinces.

Domestic malaria transmission has ended in our country whilst malaria cases originating from abroad are still detected. The risk of malaria still continues in our country due to irregular migrants, the location of our country in the subtropical region where malaria can spread, and the increase in average air temperatures due to climate change. Therefore, our activities continue within the framework of the Malaria Elimination Program. Active and passive surveillance activities are conducted to ensure that malaria cases are diagnosed early and to prevent the relapse of the disease transmission in our country, and the treatment and control of patients diagnosed with malaria are ensured. The detailed epidemiological examination is performed for each malaria case detected. In malaria treatment and case management, a "Malaria Case Management Guide" was prepared and published for all healthcare

professionals, especially clinicians. Malaria treatment drugs are provided by the General Directorate of Public Health of the Ministry of Health.

Surveillance and screening activities are carried out for early detection of cases of oriental sore in order to control the cases and prevent the spread of the disease in our country. Screening activities are carried out for people especially coming from countries such as Syria etc. where the disease is endemic. Consequently, a decrease in the number of cases has been observed in recent years. Including the cases detected in foreign nationals, all cases are treated and followed up. Medications are provided by the General Directorate of Public Health of the Ministry of Health.

Education and awareness activities, field studies are conducted under researches and studies such as TUBITAK Project titled “Parasitological, Molecular and Geographical Epidemiological Approach in Cutaneous Leishmaniasis Control in Turkey” conducted by the Ministry of Health in cooperation with Ege University.

Case follow-up and surveillance studies on Crimean-Congo Haemorrhagic Fever (CCHF) are carried out with a web-based program. Healthcare professionals are trained about CCHF. Awareness-raising activities are carried out for the public, primarily for teachers, mukhtars (elected neighbourhood representatives) and religious officials. Within the scope of CCHF control studies, vector combat studies are carried out in farm animals, which will be carried out by the Ministry of Agriculture and Forestry from 2020.

Developments in the world and in our country are followed about viral zoonotic and vectorial diseases such as West Nile Virus Infection, Zika Virus Disease, Dengue Virus Infection, Chikungunya Fever, Yellow Fever, Midge Fever, Ebola Virus Disease etc. that are new and gaining importance in our country. Possible or definite cases are followed up and samples taken from the cases are sent to the reference laboratory. Filiation activities are carried out on the notified cases and integrated vector combat is planned and executed when necessary. Dengue Virus Infection, Zika Virus Disease and Congenital Zika Virus Disease are included in the Notifiable Infectious Diseases List. Case Management Guidelines on new and regenerating diseases such as Ebola Virus Disease, West Nile Virus Infection, Zika Virus Disease have been prepared and updated by making risk assessments when necessary.

Educational materials (brochures, posters, etc.) on zoonotic and vectorial diseases are prepared and sent to provinces to be used in in-service training. Training activities are carried out for the control of zoonotic and vectorial diseases in provinces.

In our country, within the framework of the Integrated Vector Combat, vector combat activities are carried out against mosquitoes and sand flies that have disease transmission potential.

2. With reference to the Road Safety Action Plan (2011-2020), information on the steps taken in this area.

Traffic Safety

Below are the measures taken by the Ministry of Interior to increase traffic safety and minimize accidents:

The economic cost of traffic accidents in 2019 alone to our country is calculated as 55.5 billion TL. Various governments have exerted efforts to reduce traffic accidents from past to present and many measures have been implemented, which have highlighted positive results at different scales.

Strategic Approach

The Highway Traffic Safety Strategy and Action Plan, which was prepared in 2011 aiming to reduce the life losses in traffic accidents by 50% as a priority target, has been the first step in a new approach towards the solution of this problem in our country. *The Traffic Safety Implementation Policy Document* published in 2017 was an up-to-date road map describing new concrete steps, new measures and strategies to be taken within this Plan. This document sets forth to schedule the measures to be taken in the short, medium and long term and highlights the steps to reduce today's accidents and accurately establish future's driver and pedestrian behaviour. Within this context, a strategy has been developed based on four pillars which can be summarized as **supervision, social awareness, capacity building** and **education**.

Under the **supervision**, it has been aimed not only to impose penalties and increase the number of supervisions, but also to change the mentality of supervision. It was planned to reduce penalties imposed based on the license plate and face-to-face inspections have been increased instead. Especially during the supervision of long-distance drivers, it is intended to get the driver off the vehicle, and thus, to eliminate the distraction. In addition, we planned our inspections accordingly by analyzing the days and times where accidents were densely observed. The number of traffic crew and staff have been doubled between 18.00-20.00 on Friday, Saturday, Monday and other days, where accidents occurred intensely and therefore, the visibility of our teams increased. When the number of supervisions in 2011 is accepted as 100, 2016 supervision figure has been 132. This figure has been 220 as of the end of 2019.

Besides, the Ministry of Interior put an end to trap radar/repeated radar applications in line with the policy of raising awareness within the supervision. Instead of this, the Ministry switched to the average speed detection system, considered to be a speed corridor between HGS (Fast-Pass System)/OGS (Auto-Pass System) and toll booths on the 2,155 km motorway network, thus demonstrating an efficient approach that aims to reduce the average speed across the highway, rather than instant braking. Between 2018-2019, a 20.3% decrease in the number of accidents and a 12% decrease in the number of fatal accidents on the highways were achieved, where this system was implemented.

Increasing visibility and awareness was the new priority in inspections, accordingly new methods were developed for this. Application of Mock-up/Model Traffic Team Vehicles can be given as an example for this innovative approach. As a matter of fact, this application met the expectations. In comparison with 2018, an 11.5% decrease was achieved in the number of accidents in areas within a 3 km radius of their locations and a 17.5% decrease in the number of fatal accidents; as well as a 26.44 % decrease in the number of casualties in such accidents in 2019. Now, 753 Mock-up/Model Traffic Team vehicles are on duty on a 24/7 working basis in our country.

In addition to current supervision methods, the Ministry also benefited from aircraft technology. The practice of *aerial traffic control* started via drones and helicopters. Between 5 October 2018, when the practice started, and 6 January 2020, 12,052 violations have been detected through 1,771 hours of flights by helicopters, while 107,094 violations were detected through 18,283 hours of flights by drones.

Besides, we have focused on pinpoint supervisions. The places where accidents often occur in our country have been identified and named “accident black points” and special supervisions have been carried out on these points. In addition, with the measures taken during *Eid al-Fitr* and *Eid al-Adha*, a significant reduction in accidents have been achieved during the Eids. The average daily loss of life in traffic accidents during the last ten years has decreased by 51.5% on Eid al-Fitr days and 34% on Eid al-Adha days, during which traffic density has increased by 61% compared to normal holiday times.

The Ministry also carried out sectoral controls. In particular, supervisions on intercity bus and supervisions of the school service vehicles were intensively maintained. Between 2018 - 2019, controls of intercity passenger transport increased by 21.2% whilst the overall supervision figure increased by 23% over the same period.

Social awareness is another pillar of the new term traffic strategy. No lasting success in public administration can be achieved without the support and contribution of society. From this point of view, the Ministry produced awareness-raising campaigns to change current driver and pedestrian behaviour. In particular, *Eid al-Fitr* and *Eid al-Adha* have been considered as effective bases for these campaigns and, in practice, the benefits of these campaigns can be seen in the figures mentioned above. The Ministry has carried out many campaigns such as “Red Whistle”, “Let Your Belt Sound”, “We are all together on this road” and intended especially for children to actively be involved in these campaigns and enable them to get motivated. Social awareness activities have not been reserved for the Eid holidays and extended over the year through activities such as videos, poster design competitions and other campaigns.

In addition to changing the traffic behaviour of today's drivers and pedestrians in order to prevent today's accidents, the Ministry continue to work with a view to providing future's drivers and pedestrians with the right behaviour in order to prevent future accidents from today. For this purpose, a trivet of the new term strategy has been determined as **training**. In this context, the Ministry has further developed the ongoing training programs and launched new training projects. For instance, 3,050 drivers who had the most faulty accidents in the last 5 years were retrained. The Ministry has also renewed *children's traffic training parks* and increased their numbers. Turkey currently has a total of 90 children's traffic training parks in 42 provinces. In 2019, 148.585 children received trainings in these parks. Likewise, a total of 13.5 million people have enjoyed traffic trainings including 7.2 million children within the scope of the *Traffic Detectives Child Training Project*; 16.150 students in 27 provinces in 2 *Mobile Traffic Training Trucks*; 490 thousand citizens in public areas and through many other projects.

All these strategies, studies and innovations require a significant **human and technical capacity**. 5,800 police officers have been directly appointed to traffic units after graduating

from police training schools in 2018-2019. While 1 traffic team was previously deployed per every 20 kilometres on intercity roads, this distance has decreased to 16 kilometres following these recruitments. Taking the calculation in terms of the population into consideration, while a traffic team previously was responsible for 23,000 people, this number decreased to 17,000. Besides, 600 new motorcycles were bought for the traffic units, thereby significantly increasing the response capacity of the teams.

Traffic With Pedestrian Priority

Two other important steps taken can be added to all these strategic approaches. The first one is to enshrine the violations such as spinning, which is called by the public as weaving through traffic, drift, abarth exhaust (modified noisy exhaust) within in the scope of crime and increase their penalties through the regulation. The number of transactions carried out by the inspection units within this scope in 2019 was 3,758 for drift crime; 17,727 for abarth exhaust.

The second important step is the transition to the *Traffic with Pedestrian Priority* approach. In October 2018, the Ministry announced this new approach adopted by virtue of the amendment in Article 74 of the *Law on Highway Traffic* with a campaign with a slogan of "*Priority for Pedestrian, Priority for Life*". It has been achieved a 22% reduction in pedestrian deaths during the first year of implementation with a drop from 495 to 385 in the number of pedestrian deaths.

Achieved Results

2011-2020 Highway Traffic Safety Strategic Plan has now been completed and reached its targets one year earlier than envisaged.

Considering the loss of life caused by traffic accidents per 100 thousand people, which is an international standard, the world average is 18, whilst it is 5 in the EU, 11.4 in the USA, 4.85 in France, and 3.96 in Germany.

In our country, while this figure was 9.6 in 2015, it dropped to 6.5 by the end of 2019.

According to the data of the World Health Organization, while these figures decreased from 18.8 to 18.2 between 2000-2016 around the world, it seems clear that the fact that the decrease of this figure from 9.6 to 6.5 in Turkey in the last 4 years highlights a development above the world average. In Turkey, the total number of loss of life in traffic accidents in 2015 was 7,530 which decreased to 6,675 in 2018 and to 5,473 as of the end of 2019.

In particular, the 22.4% decrease in the number of fatal accidents between 2018-2019 and the 25.1% decrease in the loss of life at the accident scene is an unprecedented rapid decrease in the world.

With the aim of facilitating the comparison, When the number of vehicles in 2011 is accepted as 100, this number increased from 131.1 to 143.9, and that of drivers has increased from 123.8 to 134 between the end of 2016 and 2019, while the number of fatal accidents has decreased from 93.3 to 67.8, and that of loss of life from 91.1 to 65.8.

New Targets in Traffic Safety

2011-2020 Strategic Plan of Highway Traffic Safety has been finalized and its targets have been achieved as of 2019. *2021-2030 Strategic Plan* of which details are given below was entered into force as of February 2021. Building safer roads, creating safer signing and signalisation systems, safer vehicles, safer and functional speed limits that will not cause people to make mistakes, ensuring the impeccability of post-accident response equipment and methods are among the goals of this new period.

Highway Traffic Safety Strategy Document (2021-2030) and Highway Traffic Safety Action Plan (2021-2023)

In the circular issued in the Official Gazette on February 3, 2021, with the signature of President Erdogan, it was stated that traffic accidents are the leading cause of negative effects on human life on a global scale.

Within the scope of the *2011-2020 Highway Traffic Safety Strategy and Action Plan* put into effect in 2012, within the framework of the target of reducing the deaths caused by traffic accidents by 50 percent, very important developments have been achieved in a way to cover all elements of road traffic in the following areas: the road infrastructure, increasing the safety features of the vehicles, strengthening the institutional structure, increasing the number of qualified and educated personnel, post-accident intervention, especially improving the facilities and capacity of health services, and providing modern tools and equipment to the service of the public.

The ultimate goal to be achieved with the *Highway Traffic Safety Strategy Document (2021-2030)* is a Turkey where no casualties and serious injuries occur due to traffic accidents by means of establishing effective communication mechanisms, ensuring the use of responsibilities, duties and authorities based on cooperation and coordination, and through the goals determined by improving the understanding of 'sharing responsibility in traffic safety. In this framework, it is envisaged to reduce the loss of life as a result of traffic accidents by 50 percent until 2030, and to establish a traffic system where there is no loss of life by 2050.

Road Traffic Safety Strategy Coordination Board

The Circular covers the implementation of the "2024-2027" and "2028-2030 Highway Traffic Safety Action Plans" to be prepared within the framework of the Traffic Safety Action Plan (2021-2023) in order to realize the UN's goal to halve the number of deaths in traffic and zero fatalities by 2050.

The "Highway Traffic Safety Strategy Coordination Board" was established in order to direct the activities for the establishment of road traffic safety so that the tasks within the scope of the Strategy Document and action plans can be carried out without interruption as well as to coordinate the work regarding the necessary administrative and legal regulations in this regard, make recommendations, inform the public about the developments made, follow up the activities with planned targets regarding the strategy documents and action plans implemented, provide the necessary coordination among the institutions and organizations that have responsibility for the execution of action plans.

In addition, the "Highway Traffic Safety Strategy Monitoring and Execution Board" has been established in order to ensure that the strategic goals, targets and performance indicators specified in the Highway Traffic Safety Strategy Document (2021-2030) and the Highway Traffic Safety Action Plans are fulfilled by the relevant institutions and organizations, follow up the work and activities in a healthy way, and make practical decisions urgently when necessary.

"Expert groups" may be established under the Highway Traffic Safety Strategy Monitoring and Execution Board in order to monitor the execution of the tasks included in the strategy document and action plans and to ensure coordination and cooperation.

The preparations for the action plan that will cover the years 2024-2027 will be completed by the end of 2023, and the preparations for the action plan that will cover the years 2028-2030 will be completed by the end of 2027 under the coordination of the Coordination Board.

Directorate General of Highways Strategic Plan 2019-2023

The Directorate General of Highways (DGoH) of the Ministry of Transport and Infrastructure implemented the strategic plans for the 2007-2011 and 2012-2016 periods in order to use the resources in line with the strategic goals and objectives. The 100-Day Performance Program, which was put into practice during the transition to the Presidential Government System while the 2017-2021 strategic plan was in effect, included the action for the public administrations to prepare their strategic plans for the period 2019-2023 period. In this context, the 2019-2023 Strategic Plan of the DGoH has been prepared. According to the Plan, the mission of the Directorate is "to plan, design, build, maintain and operate the road network in line with other transportation systems in order to meet the safe, comfortable and uninterrupted transportation needs of road users", and its vision is "safe, timely, environmentally friendly comfortable roads". In order to achieve the vision determined within the plan period, "5 Strategic Goals" with priority and "23 Targets" based on measurable indicators were determined to achieve these goals. Strategic Goals are listed as follows:

- Building and developing safe and comfortable highways to meet the increasing demand for freight and passenger transportation.
- Ensuring the protection, improvement and management of the highway network
- Increasing the traffic safety of the highways network
- Increasing institutional capacity
- Working towards reducing environmental impacts caused by highways, increasing energy efficiency and protecting historical and cultural assets.

Strategic Targets related to road safety and accident prevention are as follows:

- Road physical and geometric standards will be improved and developed.
- The research engineering services needed to build safe, durable and sustainable highways with modern methods, materials and technologies will be maintained in a way that will provide the expected quality.

- The standards of road maintenance, repair and motorway major repair services will be raised to ensure comfortable and safe transportation in all seasons.
- Strengthening of bridges requiring seismic repair will be prioritised and carried out.
- The Superstructure Management System will be improved.
- Necessary measures will be taken to ensure that appropriate materials and modern equipment are used in combating snow and ice, disaster, maintenance and repair works on the highway network.
- Intelligent Transportation Systems (ITS) applications will be expanded on highways.
- Measures will be taken to increase traffic safety on the state road and provincial road network and their continuity and improvement will be ensured.
- Measures will be taken to increase traffic safety on the motorway network.
- Physical improvements will be made in highway inspection stations and Weight and Dimension Control Systems will be installed.
- Landscaping works will be carried out on the roads to be designed for existing and new projects during the implementation phase by carrying out erosion control operations on highways.

Projects and activities carried out by the Directorate General of Highways

Status of Road Network

As of 01.01.2021, the DGoH is responsible for a road network of a total of 68.654 km of roads, including 3.523 km (5.2%) motorways, 31.004 km (45.1%) state roads and 34.127 km (49.7%) provincial roads. 38.104 km of this road network is surface coating and 27.853 km is bituminous hot mixture coating. 41% of our total road network (28.195 km) is dual carriageways.

Dual Carriageways

While only 6 provinces were connected to each other with our existing 6.101 km long dual carriageway network before 2003, this network has reached 28.195 km in total after 22.094 km roads have been built since 2003. 77 provinces are now connected to each other with dual carriageways.

The dual carriageway projects that started to be built in 2003 within the scope of the Emergency Action Plan aim at increasing traffic safety, contributing to the economy by saving vehicle operating costs and remedying existing capacity deficiencies, increasing travel comfort by increasing the physical and geometric standards of the roads and shortening the travel time.

Stopping and visibility distances have been increased with the improvements made in low-radius horizontal and vertical geometries that cause accidents in the road geometric structure. With the improvements made in the junction geometries, the uncertain areas in the junction area were eliminated, and accident severity decreased by increasing the lateral visibility.

According to the Turkey Statistical Institute data, the number of motor vehicles in our country was 8.903.843 in 2003 and reached a total of 24.144.857 by the end of 2020; therefore, the number of vehicles has increased by approximately 171% in the last 18 years. (13.099.041 of 24.144.857 vehicles, i.e. 54.2%, are automobiles). Despite this increase in the number of vehicles, when the defect rates in fatal and injury accidents in 2019 are analyzed, it is seen that the human factor (driver, pedestrian and passenger) defect rate is 97.66%, vehicle factor defect rate is 2.05%, while the road-related defect rate is 0.30%. As can be seen from the said statistical information, although the road defects in traffic accidents are at low levels the following works are continuing in order to minimize the road defects in traffic accidents on our roads:

Within the scope of Road Geometry Improvement; Motorway Construction, Dual Carriageway Construction, Junction Arrangement, Climbing Lane Construction, Lane Expansion or Narrowing, Banquet Expansion, Shelter Pocket Construction, Art Structure Construction Works.

Within the scope of Traffic Safety Equipment Improvement; Highway Guardrail Construction, Signalization, Horizontal and Vertical Marking Application, Lighting, Underpass-Overpass Construction, Improvement of Accident Black Spots.

North-South Axes

All North Anatolian cities and Black Sea ports with industrial centers and southern ports have been combined with 18 vertical corridors in the North-South direction.

Physical and geometric improvement of 10.658 km of the North-South highway corridors, which are 12.146 km in total, have been completed. Works are continuing at 805 km and it is planned to put 683 km out to contract.

East-West Corridors

In our country where the transportation corridors are established in the East-West direction, the D-100 and D-300 axes are of great importance in terms of increasing their competitiveness against other countries in freight and passenger transportation between Europe-Asia and the Middle East.

7.747 km of the 8.524 km East-West Highway Corridors have been completed and opened to traffic and works are continuing on 257 km. Preparations for putting the remaining 520 km of the road out to contract are ongoing.

Development and Improvement of the Motorway Network

Our motorway network, which was 1.714 km before 2003, has reached 3.060 km with the 1.346 km built in the last 17 years. 2.282 km of this network (1.714 km before 2003, 568 km between the years 2003-2016) were built with the National Budget and 778 km with the Build-Operate-Transfer (BOT) financing model. 573 km highway construction continues within the scope of the BOT model.

The motorway network (3.060 km) constitutes 4.4% of our total road network (68.254 km) and 11% of the dual carriageway network (27.123 km).

- a) Motorways Constructed with National Budget (2.282 Km)
- İzmir-Aydın Motorway (including İzmir Ring Road) (184 km)
 - İzmir-Çeşme Motorway (90 km)
 - Bursa Ring Road (80 km)
 - Edirne-Kınalı Motorway (184 km)
 - Kınalı-Sakarya Motorway (345 km)
 - 15 July Bridge (6 km)
 - Sakarya-Kazancı-Gümüşova-Gerede Motorway (123 km)
 - Ankara-Gerede Motorway (including Ankara Ring Road) (230 km)
 - Ereğli-Niğde-Kemerhisar-Eminlik-Pozantı Motorway (147 km)
 - Pozantı-Tarsus-Mersin Motorway (162 km)
 - Tarsus-Adana-Gaziantep Motorway (320 km)
 - Toprakkale-İskenderun Motorway (108 km)
 - Gaziantep Ring Road (41 km)
 - Gaziantep-Şanlıurfa Motorway (146 km)
- b) Motorways Constructed with Build-Operate-Transfer (BOT) Model (1.241,3 Km)
- Istanbul-Bursa-Izmir Motorway (Including Osmangazi Bridge) (426 km)
 - Northern Marmara Motorway (Odayeri - Kurtköy Section) (including Yavuz Sultan Selim Bridge) (148 km) (The entire 148 km long motorway was opened to traffic.)
 - Northern Marmara Motorway (Kınalı-Odayeri Section) (71.1 km) (A total of 71.1 km of the 80.2 km motorway was opened to traffic.)
 - Northern Marmara Motorway (Kurtköy-Akyazı Section) (170.2 km) (The entire section has been opened to traffic.)
 - Menemen-Aliğa-Çandarlı Motorway (96 km) (The entire motorway is open to traffic.)
 - Ankara-Niğde Motorway (330 km) (The entire motorway is open to traffic.)
- c) Motorways in Progress with BOT Model (273.1 Km)
- Northern Marmara Motorway (Kınalı-Odayeri Section) (9.1 km) (It is aimed to be completed in 2021.)
 - Kınalı-Tekirdağ-Çanakkale-Balıkesir Motorway (101 km)
 - (Malkara-Çanakkale (including 1915 Çanakkale Bridge) Section) (It is aimed to complete the 101 km section in 2022.)
 - Aydın-Sea Motorway (163 km)

d) Planned Motorways for 2021-2023 with BOT Model (728 Km)

- Northern Marmara Motorway (KMO) Section 8 between Başakşehir and Nakkaş (45 km)

Mersin (Çeşmeli) -Erdemli-Silifke-Taşucu- Motorway (Çeşmeli-Kızıkalesi Section Project) (52 km)

- Kınalı-Tekirdağ-Çanakkale-Balıkesir Motorway (between Kınalı-Malkara) (127 km)
- Ankara-Kırıkkale-Delice Motorway (120 km)
- Ankara-Sivrihisar Motorway (166 km)
- Antalya-Alanya Motorway (187 km)
- Dörtyol-Hassa Motorway (31 km)

Road Construction and Renovation Works on State and Provincial Roads

On the State and Provincial roads, the dual carriageway network, which was 4.387 km before 2003, reached a total of 24.121 km with 19.734 km built between 2003 and 2019, 321 km of which was built in 2019.

In 2019, the repair and renovation of 592 km single platform roads were completed. In the last 17 years, the physical and geometric standards of a total of 13.519 km single platform roads have been raised.

Before 2003, an average of 7.000 km of asphalt works and repairs were carried out annually, while an annual average of 14.311 km of work was carried out between 2003 and 2019. In 2019, 881 km of bituminous hot mixture (BHM) coating construction and repair and 9.917 km of surface coating construction and repair were completed.

Until 2023, 31.478 km of our road network is aimed to be BHM Coated.

Tunnel Construction Works on State and Provincial Roads

284 tunnels with a length of 408.2 km were built between 2003 and 2019 on the State and Provincial Roads, and as of today, 353 tunnels with a total length of 434.8 km are in service. In 2019, 26 tunnels with a length of 43 km were built. There are 390 tunnels with a total length of 514.75 km in our road network. Tunnel Maintenance and Operation Activities have been carried out to ensure the safety of life and property and safe traffic flow, to ensure timely tunnel maintenance, repair and operation services and to raise the physical standards of tunnels.

Superstructure Improvement and Major Repair Work

In order to ensure safe and comfortable transportation, the superstructure (cracks, settlements, wheel marks, etc.) damaged under heavy traffic on motorways is repaired and/or renewed so that it does not endanger traffic safety and cause loss of life and property.

Smart Transportation Systems (STS)

Works are carried out to establish Smart Transportation Systems (STS) components such as Signalization Systems, Variable Message Signs, Variable Traffic Signs, Cameras, and Meteorological Information Stations on the highway network within the responsibility area of various Highways Regional Directorates.

Within the scope of smart transportation studies, it is aimed to reduce the vehicle queue and the time losses that will occur in traffic by optimizing the signalized junction management by switching from the fixed-time signalling management style to the traffic warning management style. For this purpose, 125 junctions were transformed into signalling systems with traffic warning within the scope of the "Establishment of Signalization System with Traffic Warning" tender held on 16.03.2018. Works have been continuing within the scope of the Establishment of Signalization System with Traffic Warning, which was put out to contract on 20.08.2019.

In our road network, 2.929 intersections (193 of which were in 2019) have been turned into signalized controlled junctions so far. On 16.10.2019, the tender for *Installation of Visual, Sound and Automation Systems in the Main Smart Transportation Systems Centre and the Design and Installation of the Control Room in the Center* was made and the works started.

2 of the Smart Transportation Systems Centre (STSC) Buildings have been completed and 1 building is still under construction.

Within the scope of expanding the fiber optic communication infrastructure, works to establish 1.385 km-long fiber optic cable communication infrastructure have been started in various segments of the network under the responsibility of regional directorates of highways of İzmir, Konya, Ankara, Antalya and Bursa.

Improved Accident Black Spots

In recent years, the increase in the demand for travel on our highways, the rapid change in technology, especially the increase in the power and speed of motor vehicles, have also caused an increase in the number of traffic accidents that have brought about the concept of black spots. An accident black spot is a segment or point where, for a certain reason, a certain type of accident is concentrated and exceeds a certain critical value. On the road sections where black spots occur, the necessary physical corrections are made to prevent accidents and to reduce the risk of accidents.

Improvement works have been completed in a total of 1,614 accident black spots and areas with high accident potential in our road network, 101 of which were in 2019.

Vertical Marking, Horizontal Marking and Guardrail Construction / Renovation Works

Within the scope of the *Horizontal Marking Works*, 7.615 tons of white, 635 tons of yellow solvent-based road marking paint, 7.275 tons of water-based road marking paint, 61 tons of thinner, 4.820 tons of glass beads were purchased and distributed to Regional Directorates. Horizontal markings made with thermoplastic line paint on the road network are renewed every 2 years, and horizontal markings made with cold road line paint are renewed every year.

Within the scope of *Vertical Marking Works*, in general, the part of the vertical traffic signboards on the entire country that is damaged due to theft, shooting, bending, scratching with a hard object, distortion and other reasons is approximately 10% annually, and the part affected by environmental conditions in a way that loses its characteristics is also about 10%, which means 20% of the existing traffic signs need to be renewed every year.

Within the scope of the *Guardrail Works*, trial applications of motorcycle protective guardrail systems for motorcycle users in the road network were started in 2018; in 2019, 7.5 km of motorcycle protective guardrail system was built. The tender for the procurement of consultancy services for determining the procedures and principles of guardrail applications was held in 2019. In 2019, 32,346,197 m² of horizontal marking, 143,414 m² of vertical marking, 2,828 km of guardrail works were carried out.

An average of 8.289.615 m² horizontal marking, 91.922 m² vertical marking, 245 km guardrails were made in our road network before 2003, while in the last 17 years, 372.911.229 m² horizontal marking, 2.367.177 m² vertical marking, 30.302 km of guardrail construction/renewal work was carried out.

Rumble strips are raised or corrugated structures on the roadway or shoulder that warn drivers with the audible or vibrating warning that they leave the lane they are navigating or are approaching unusual or unexpected traffic and road conditions. Rumble strip applications, which are widely used in the world, have been initiated especially in order to reduce single-vehicle run-off type accidents.

Development and Improvement of the Highways Control Station System

Transportation Safety Control Units were established in the Regional Directorates on 26.01.2016. Vehicle weights should be controlled in order to minimize the damage caused by overloaded vehicles to road and bridge superstructures, to provide economical service during the planned life of the road and to ensure a safe traffic flow. The duty of carrying out weight checks of the vehicles and drawing up a crime or penalty report regarding the violations is carried out at the Highways Inspection Stations.

99 Highway Control Stations in 40 provinces have been taken over by the DGoH, and new stations are planned to be built in required segments.

3. Information on measures taken to prevent domestic accidents and accidents occurred in schools and during leisure activities outside of work time.

Measures taken to prevent accidents in schools

In the curriculum applied in primary and secondary schools and in the textbooks and teaching materials prepared accordingly, information on accidents that may be encountered at school, at home, in the game environment and in daily life, and preventive measures to be taken to prevent these accidents and security measures are included.

The measures taken to prevent accidents in schools and institutions are given below:

- Providing coordination among employees against accidents in schools and institutions.

- Organising informative meetings for school administrators about the importance of accidents, the work and procedures to be done in case of accidents.
- Ensuring that employees are informed in the "Occupational Health and Safety Training of Employees" against accidents that may occur in schools and institutions.
- Ensuring that students are informed and educated by teachers about dangers and risks.
- Ensuring that students are informed by teachers against electrical hazards and risks.
- Ensuring that anti-slip tapes have adhered to the stairs against the danger of slipping down the stairs.
- Ensuring that necessary warnings and precautions are taken against poisoning during cleaning.
- Ensuring that cleaners wear non-slip shoes while working.
- Ensuring that signs that read "Danger of Slipping", with a slippery surface mark on them are placed during cleaning.
- Preventing accidents that may arise by ensuring that the cabinets are fixed to prevent the classroom cabinets from falling over.

Healthy environment

4. Under the heading of a healthy environment, information about the air pollution levels and the measures taken in this regard, the studies carried out, the adopted legislation and plans.

Work within the scope of *Convention on Long-Range Transboundary Air Pollution* and *UNECE Protocol on Long-Term Financing of the Co-operative Programme for Monitoring and Evaluation of the Long-range Transmissions of Air Pollutants in Europe (EMEP)* is carried out by the Ministry of Environment and Urbanization (MoEU). A national air pollutant emission inventory is prepared annually and reported through the European Environment Agency Information and Observation Network (EIONET) and UN-EEA Secretariat. The United Nations Convention on Long-Range Transboundary Air Pollution entered into force on 13 November 1979, and Turkey became a party to the Convention on April 18, 1983. The above-mentioned Protocol to which our country became a party on 20 December 1985, basically aims to collect air pollutants emission inventory of all parties, carry out modelling of the inventory data for the EMEP region and verify the model results with air quality measurements at long-range stations.

According to National Air Emission Inventory data, when the status of the emissions between 1990-2018 is analysed it is observed that there has been a serious decrease in combustion-related pollutants in the last year. This situation was caused by the reduction in fuel consumption in power plants and the updated emission factors due to changing technologies. Compared to 1990, the highest increase was in NOX emissions the most (200%), followed by SO2 (46%), NH3 (23%) and NMVOC (21%) emissions. There was a decrease in PM10 (16%) and CO (22%) emissions. Regarding 2020 national emissions, SO2 emissions were caused by power generation plants (70.4%) and domestic heating (9%). NOX emissions

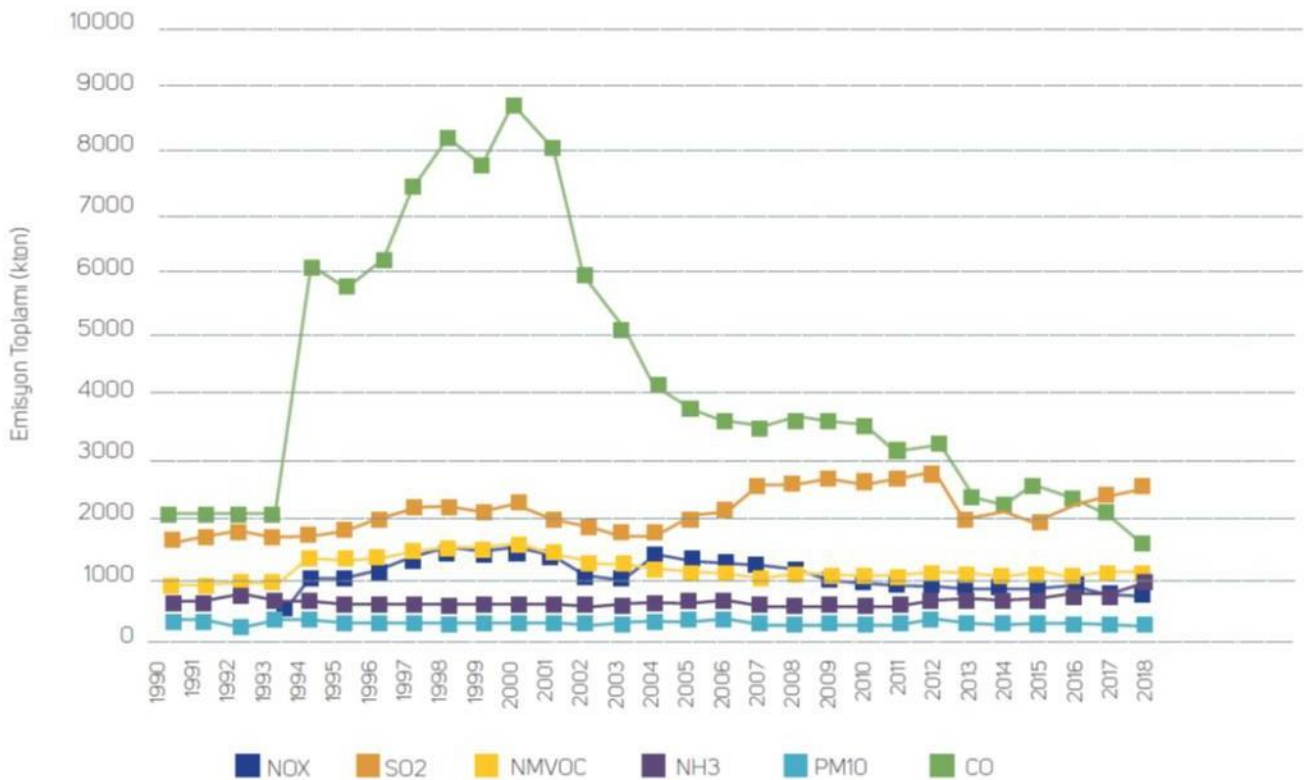
originated from power generation plants at a rate of 45.7%. 21.7% of NMVOC emissions originated from the livestock sector. The main source of NH3 emissions is fertilizer management.

Air quality measurement stations have been established in 81 provinces in order to monitor air quality throughout our country by the MoEU. The number of stations included in the National Air Quality Monitoring Network, which started with 35 stations in 2005, reached 355 in total as of July 2020. According to the results of measurements made by the air quality measurement stations across Turkey between 2015 and 2019, 16% improvement was achieved in PM10 parameter and 37% improvement in SO2 parameter.

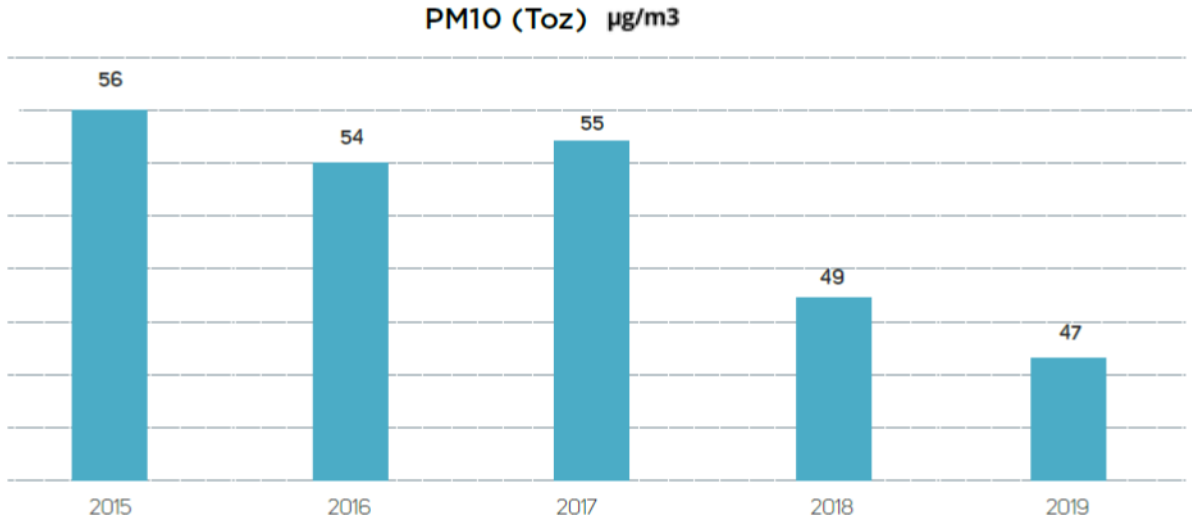
Within the scope of the harmonization process with the EU Legislation, air quality limit values have been decreased gradually since 2008, and the EU limit values for particulate matter and sulphur dioxide parameters have been fully complied with as of 2019. In addition, 8 Regional Clean Air Centres (THM) have been established across the country in order to carry out air quality monitoring activities effectively.

National Air Emission Inventory for 1990-2018

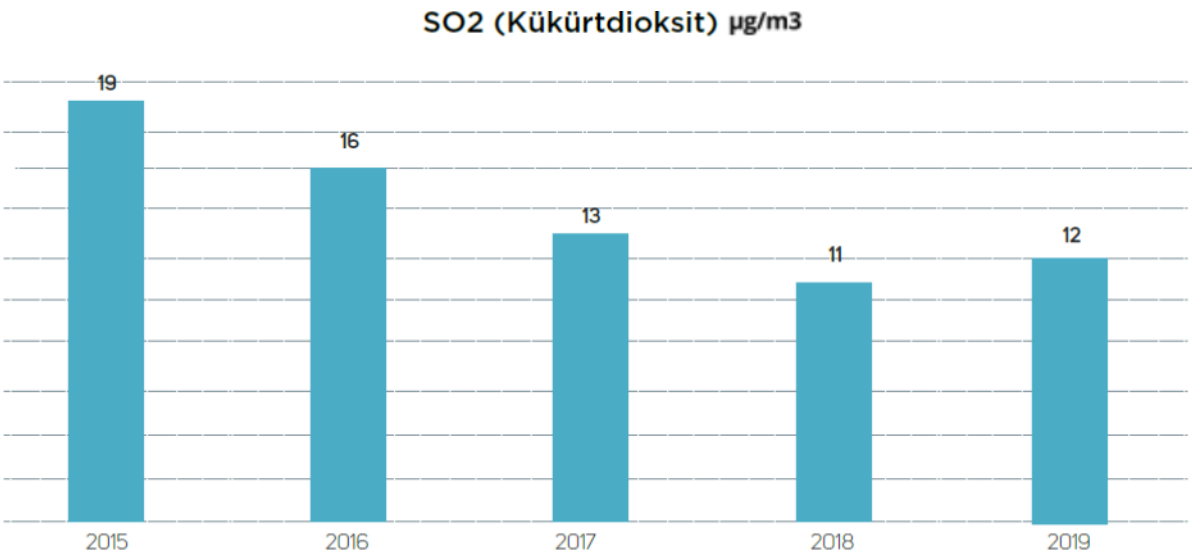
Emission Totals for SO2, NOX, NMVOC, NH3, CO and PM10 for 1990-2018 (Ministry of Environment and Urbanization, 2020)



Change Rates for PM10 by Years (Ministry of Environment and Urbanization, 2020)



Change Rates for Sulphur Dioxide by Years (Ministry of Environment and Urbanization, 2020)



Continuous Emission Measurement Systems

In order to monitor industrial-induced air pollution, Continuous Emission Measurement Systems (CEMS) have been established in the facilities within the scope of *Continuous Emission Measurement Systems (SEÖS) Communiqué* published in the Official Gazette No. 28082 dated 12 October 2011, and Continuous Emission Measurement Systems (CEMS) Online Monitoring Circular No. 2014/12 dated 24 April 2014. As of the end of 2019, monitoring systems have been installed in 714 chimneys of 308 facilities, and measurement data are monitored online by the MoEU. In addition, 15 laboratories that can carry out the calibration studies of Continuous Emission Measurement Systems within the scope of monitoring emissions originating from the stacks of industrial facilities have been authorized by the MoEU. Within the scope of the Standardization, Integration and Modernization of

Measurement Systems (SIM PHASE II) Project all the chimneys of CEMS in our country are being monitored more effectively, which will contribute positively to human and environmental health.

Exhaust Gas Emission Control

Due to the increases in recent years, the number of motor vehicles in our country has exceeded 23 million. *Exhaust Gas Emission Control Regulation* has been published in order to protect living creatures and the environment from the effects of air pollution caused by exhaust gases caused by motor vehicles in traffic, to reduce exhaust gas pollutants, to control them by making measurements, and to determine the procedures and principles for implementation. *Exhaust Gas Emission Measurement Tracking System* has been put into practice as of 01/01/2018 by the MoEU in order to ensure the monitoring of exhaust gas emission measurements and that the measurements are performed more effectively.

5. Information on the measures taken, work carried out, legislation and plans adopted regarding water quality.

Pursuant to Veterinary Services, Plant Health, Food and Feed Law No. 5996 the procedures and principles regarding the production, import, export and control of dietary foods for special medical purposes and the production, proper packaging, sale, import and export of spring waters, drinking water, natural mineral waters and medicinal waters are determined by the Ministry of Health. The compliance of drinking-potable water to technical and hygienic conditions, ensuring quality standards, monitoring and auditing of quality standards are carried out by the Ministry of Health.

In accordance with the Public Health Law No. 1593 and the Decree-Law No. 663 on the Organization and Duties of the Ministry of Health and its Affiliates, inspection and monitoring of drinking-potable water, packaged water, thermal spring waters, swimming pools and swimming waters are carried out by the Department of Environmental Health of the Ministry of Health. In this context, in accordance with the relevant legislation, samples are taken in the field and sent to the laboratory, and the analysis results from the laboratory are followed up. All this process is monitored and evaluated electronically in the Environmental Health Information Management System.

Work done by the General Directorate of Water Management (SYGM) of the Ministry of Agriculture and Forestry (MoAF)

- Project of Determination of Water Quality Objectives and Sensitive Areas by the basins in Turkey
- Determination of Absorption Capacity in Still Waters and Improvement of Water Quality Project
- Inventory Study of Priority Wetlands Project
- Practices on Determination and Evaluation of Quantity and Quality Characteristics of Groundwaters: Gediz Basin Case Study
- Developing Turkey's Groundwater Management Capacity Project

- The Project for the Determination and Evaluation of the Quantity and Quality Characteristics of Groundwaters in Burdur and Western Mediterranean Basins
- Determination and Assessment of the Quantity and Quality Characteristics of Groundwater in Yeşilirmak Basin
- Project on Control of Hazardous Material Pollution
- Detection of Hazardous Substances in Turkey's Coastal and Transitional Waters and Ecological Coastal Dynamics Project
- Determination of Water Pollution Caused by the Use of Plant Protection Products and Determination of Environmental Quality Standards on the basis of Substance or Substance Group
- Project on the Applicability of Daily Maximum Total Load Approach for the Protection of Our Country's Water Resources
- Implementation Project of Daily Maximum Total Load Approach in Gediz Basin
- Endocrine Disrupting Chemicals and Treatment Technologies Research Project
- Development of a Methodology for Setting Environmental Targets for Surface, Coastal and Transitional Waters: Büyük Menderes Basin Pilot Study Project
- Determination of Alarm Levels and Limits for Cyanobacteria in Surface Waters and Coastal Waters Used for Swimming and Recreation, Development of Intervention and Control Methods
- Microplastics in Surface Waters, Their Effects and Control Methods Project

Within the scope of the projects, measures regarding the protection and improvement of water quality have been combined and are shared with the implementing institutions and organizations.

Adopted Legislation

- Regulation on the Determination of Sensitive Water Masses and Areas Affecting These Masses and Improvement of Water Quality (It entered into force upon publication in the Official Gazette No. 29927 dated 23.12.2016)
- The Communiqué on the Protection of Stagnant Surface Inland Waters against Eutrophication (It entered into force upon publication in the Official Gazette No. 28925 dated 26.02.2014)
- Regulation on the Protection and Improvement of Waters inhabited by Trout and Carp Fish (It entered into force upon publication in the Official Gazette No. 28880 dated 12.01.2014)
- Regulation on the Protection of Groundwater Against Pollution and Deterioration (It entered into force upon publication in the Official Gazette No. 28257 dated 07.04.2012)

- Regulation Amending the Regulation on the Protection of Groundwater Against Pollution and Deterioration (It entered into force upon publication in the Official Gazette No. 29363 dated 22.05.2015)
- The Regulation on Surface Water Quality (It entered into force upon publication in the Official Gazette No. 28483 dated 30.11.2012)
- The Communiqué on Determining Environmental Targets for Surface Water Masses (It entered into force upon publication in the Official Gazette 31192 dated 21.07.2020)

Action Plans

Uluabat Lake Sub-Basin Water Quality Action Plan: Uluabat Lake Sub-Basin Water Quality Action Plan was prepared for Uluabat Lake not to lose its ecological importance and to improve the water quality. It was published in the annex of the Ministry Circular No. 2016/3 dated 14.06.2016 and entered into force. The developments regarding the actions included in the Action Plan are followed up through reports submitted by institutions and organizations responsible for the action to the MoAF in 6-month periods.

Ilgın (Çavuşçu) Lake Sub-Basin Water Quality Action Plan: It was prepared in order to control and eliminate the water quality problems that occur in Ilgın (Çavuşçu) Lake. The Action Plan was notified to all relevant and responsible institutions and organizations by the MoAF in the attachment of an official letter on 03.04.2015. The developments regarding the actions included in the Action Plan are followed up through reports submitted by institutions and organizations responsible for the action to the MoAF in 6-month periods.

Mogan - Lake Eymir Basin Action Plan: The duties and responsibilities of various institutions and organizations are determined in the Action Plan prepared for the purpose of determining and implementing the necessary measures for controlling and eliminating the water quality problems arising in Mogan and Eymir Lakes, In addition, a cooperation protocol was signed on 30.09.2014 with the participation of the Ministry of Agriculture and Forestry, Ministry of Environment and Urbanization, Ankara Metropolitan Municipality and Gölbaşı Municipality in order to clean the bottom mud of Mogan Lake, improve the streams that feed the lake and carry out lake landscaping works. The developments regarding the actions included in the Action Plan are followed up through reports submitted by institutions and organizations responsible for the action to the MoAF in 6-month periods.

Boğazköy Dam Lake Sub-Basin Water Quality Action Plan: It has been prepared in order to take measures to improve the water quality and restore the quality of irrigation water in the Boğazköy dam basin, which was built to irrigate the Yenişehir Plain, located within the boundaries of Bursa Province. The Action Plan was notified to all relevant and responsible institutions and organizations by the MoAF on 19.09.2014. The developments regarding the actions included in the Action Plan are followed up through reports submitted by institutions and organizations responsible for the action to the MoAF in 6-month periods.

Water Quality Action Plan for Nilüfer Stream Sub-Basin: It was prepared in order to eliminate the water quality problems arising in Nilüfer Stream, one of the important water resources of Bursa, and entered into force upon publication in the annex of the Ministry Circular No.2016/3 and dated 14.06.2016. The developments regarding the actions included in the

Action Plan are followed up through reports submitted by institutions and organizations responsible for the action to the MoAF in 6-month periods.

Nizip Stream and Sacir Stream Water Quality Improvement Action Plan: In order to eliminate the water quality problems in the Sacir Stream and Nizip Stream located within the borders of Gaziantep Province, the "Action Plan for the Improvement of the Sacir Stream and Nizip Stream Water Quality" was prepared under the coordination of the MoAF and entered into force upon publication in the annex of the Ministry Circular No.2015/2 dated 20.10.2015. The developments regarding the actions included in the Action Plan are followed up through reports submitted by institutions and organizations responsible for the action to the MoAF in 6-month periods.

Burdur Lake Sub-Basin Action Plan: It aims to preserve the water quality and quantity of Burdur Lake, which is one of the 135 internationally important wetlands and 14 Ramsar areas in our country, in a holistic and sustainable way, by considering protection-use balance. It entered into force upon publication in the annex of the Ministry Circular No. 2015/4 dated 13.11.2015. The developments regarding the actions included in the Action Plan are followed up through reports submitted by institutions and organizations responsible for the action to the MoAF in 6-month periods.

Feasibility Report for Reducing Evaporation and Investigation of the Possibilities of Generating Electrical Energy by Solar Power Plant on Lake Burdur

*Within the framework of Burdur Lake Sub-Basin Action Plan, "Pilot Scale Study of Reducing Evaporation in Burdur Lake" was carried out. As a result of the study, it was concluded that solar panels are the best method that can be applied to reduce evaporation. In this context, the above-mentioned Feasibility Report was prepared in order to make the necessary research on whether the solar panel method can be applied on Burdur Lake.

*With the feasibility report prepared, it was calculated that if a solar power plant was installed in 1400 ha of the lake surface area, an average of 5.2 million m³ / year would be reduced from the total evaporation amount of 105 million m³ / year; 2453 Gwh / year energy production could be achieved, through which approximately 3 billion TL of annual income could be obtained.

Lakes and Wetlands Action Plan: Action Plan was prepared in order to identify critical lakes and wetlands that are exposed to natural and/or human-induced ecological and hydrological adverse effects, take the necessary compensatory measures to preserve their current situation and bring them to a better ecological status by determining the impacts on the determined lakes and wetlands, eliminate the deficiencies in the inventory, water quality and water budget studies regarding our natural lakes, detect the water quality and to determine the necessary measures. It entered into force after being published in the annex of the Ministry Circular No.2017/1 dated 02.02.2017. Within the scope of the Circular, action steps, responsible institutions and action schedules were determined for 302 lakes and wetlands. The developments regarding the actions in the Plan are followed up through reports submitted by the institutions and organizations responsible for the action to the MoAF.

Işıklı Lake Water Quality Action Plan: Işıklı Lake, located in the Büyük Menderes Basin and within the borders of the Çivril district of Denizli, is heavily affected by pressure factors such as urban and industrial wastewater discharges, irregular solid waste storage areas on the hydrological border of the lake, excessive vegetation increase, wrong fishing of the Lake, grazing problem and reed cutting, hydromorphological pressures and agricultural activities. In this context, Işıklı Lake Water Quality Action Plan was prepared in order to prevent pollution, improve water quality and ensure that the determined measures are carried out in cooperation with all relevant institutions and organizations. The developments regarding the actions included in the Action Plan are followed up through reports submitted by institutions and organizations responsible for the action to the MoAF in 6-month periods.

Gölbaşı, Azaplı and İnekli Lakes Water Quality Action Plan: Gölbaşı, Azaplı and İnekli Lakes, located in the Gölbaşı district of Adıyaman province, have been under the threat of pollution in recent years due to intense livestock activities, agricultural activities and pollutants from residential areas. In order to protect the lake against all kinds of impacts that may disrupt the ecological structure and to improve the water quality, “Gölbaşı, Azaplı and İnekli Lakes Water Quality Action Plan” was prepared in 2019. Actions to be taken within the scope of improving water quality are determined as domestic wastewater treatment, solid waste management, prevention of agricultural pollution, combating afforestation and erosion, monitoring and control of water quality. The developments regarding the actions included in the Action Plan are followed up through reports submitted by institutions and organizations responsible for the action to the MoAF in 6-month periods.

6. Information about the action taken on food safety and on the measures taken to prevent drinking water pollution and food poisoning, on the work carried out and about the adopted legislation and plans.

Food Safety

Food safety activities are carried out by the Directorate General of Food and Control of the Ministry of Agriculture and Forestry (MoAF) in accordance with the *Veterinary Services, Plant Health, Food and Feed Law No. 5996* and the provisions of the relevant legislation.

The said Directorate General is authorized to carry out activities within the scope of animal health, phytosanitary, food and feed official controls, to carry out official controls, to assign duties and responsibilities to related parties, and to coordinate.

In accordance with the purpose of Law No. 5996, official controls are intended to prevent, eliminate the risks to humans and animals that may occur directly or through the environment or reduce them to acceptable levels, to protect consumer interests and prevent unfair competition including the labelling of food and feed and other forms of information for consumers.

Food establishments are subject to registration or approval procedures. Enterprises subject to approval are obliged to obtain approval from the Ministry before starting operations. Enterprises subjected to the registration process are obliged to register their business records related to their activities with the Ministry. Registration and approval procedures and

principles are determined by the *Regulation on Registration and Approval Procedures of Food Businesses*.

The MoAF prepares annual and multi-annual national control plans and implements monitoring programs for additives, residues, contaminated or unwanted substances in specified livestock and animal products and other products, and prepares an annual report on controls at the end of each year.

The Ministry prepares and issues the Food Codex that determines the minimum technical and hygiene criteria for food and food contact substances and materials, and principles and analysis methods for plant protection product and veterinary drug residues, additives, contaminants, sampling, packaging, labelling, transportation, storage. Control of food and food contact substances and materials are made according to the Food Codex.

Protection of Consumer Interests

Without prejudice to the provisions of special legislation on food, the shape, appearance, packaging, packaging material used, the way it is designed and displayed, labelling, promotion, advertisement and presentation, including information provided by any kind of written or visual media cannot be misleading to the consumer. Imitation and adulteration cannot be made in food and feed. The inspections are carried out by the MoAF.

Official controls are carried out at appropriate frequency on a risk basis, without prior notice, except in cases where prior notification is required, in accordance with impartiality, transparency and professional confidentiality principles. These controls include applications such as monitoring, surveillance, verification, examination, inspection, sampling and analysis.

The Ministry conducts official controls in accordance with written procedures. These procedures contain the necessary information and instructions for the inspector. During the inspection, the official control report and form are prepared.

Data and evaluations regarding the official controls of the Ministry are specified in the Annual Report prepared annually.

Risk-based official controls to ensure food and feed safety are carried out regularly at an appropriate frequency within the framework of the *Regulation on Official Controls of Food and Feed* and the legislation prepared in accordance with the EU legislation. In official controls, the risks that may be caused by animals, the food or feed itself, the food or feed enterprise, the use of food or feed or any process, substance and material or activity, which may affect food or feed safety, animal health or animal welfare, are taken into consideration.

In addition to risk-based official controls of food businesses, the Ministry prepares and implements an Annual Food Sampling Plan, in which samples to be taken from food are specified. In the preparation of the Annual Food Sampling Plan, the risk level of the product, the results obtained in the past years, new developments, innovations in the production technology, the changes in the legislation, the notices and complaints and the notifications received from the EU (RASFF) are evaluated.

The Food Sampling Plan is implemented annually in two separate sections as the Ministry and the Provincial Plan. The Ministry's Food Sampling Plan is implemented in product groups that

may pose a risk to human health, especially appealing to the sensitive consumer group, and products where imitation/adulteration is very intense, most of which include sales and mass consumption locations. The Provincial Food Sampling Plan is implemented in a way to cover only the production areas. The number of production sites in the province, production capacity, product variety and the number of consumers addressed by production are taken into account.

Official controls are carried out at appropriate frequency on a risk basis, without prior notice, except in cases where prior notification is required, in accordance with impartiality, transparency and professional confidentiality principles. These controls include applications such as monitoring, surveillance, verification, examination, inspection, sampling and analysis. The controls are carried out by the personnel authorized by the Ministry, namely control officers. Profession members who are responsible for specific official controls in the production, processing and distribution phases are determined by Law No. 5996.

Food Control Laboratories, which carry out food safety, hygiene and quality analyses in food and food contact materials and analyses on feed and feed raw materials, are established and authorized according to the Regulation on the Establishment and Duties of Control Laboratories. Department of Food Control and Laboratories under the *Directorate General of Food and Control* is responsible for the activities of Food Control Laboratories. Public and private food control laboratories are inspected at least once in 2 years according to the regulation.

39 Provincial Control Laboratories, Food and Feed Control Central Research Institute, National Food Reference Laboratory (UGRL), as well as private food laboratories are also operating in food analysis.

Name and contact lists of the Ministry's Food Control Laboratory Directorates and Special Food Control Laboratories are published on the Ministry's website (<http://www.tarim.gov.tr/Konular/Gida-Ve-Yem-Hizmetleri/Laboratories>).

The National Residue Monitoring Plan (UKİP) is prepared by the Directorate General of Food and Control within the scope of Regulation *on Measures to be taken for Monitoring Certain Substances and their Residues in Livestock and Animal Products* (Official Gazette No. 28145 dated 17/12/2011), which was prepared in parallel with the *Council Directive 96/23 / EC* and the *Commission Decision on Determining Sampling Levels and Frequency of Specific Animal Products No 1997/747 / EC*. Certain controls are carried out on livestock, body fluids, tissues, drinking water and feed in order to detect veterinary drug residues, contaminants and substances prohibited for use in animals with food value. UKİP started to be implemented primarily in poultry, aquaculture (fish), milk and honey, and eggs were included in the program in 2010 and cattle in 2012 as a pilot application.

Drinking Water

The purpose of the *Regulation on Water Intended for Human Consumption* published in the Official Gazette No. 25730 dated 17/2/2005 is to regulate the principles and procedures regarding the compliance of the water intended for human consumption with the technical and hygienic conditions and the quality standards of the water, the production, packaging,

labelling, sale and inspection of the spring and drinking water. This Regulation is implemented by the Ministry of Health. "Potable water" and "clean water" are defined in the *Food Hygiene Regulation* prepared by the MoAF and published in the Official Gazette No. 28145 dated 17/12/2011. The way to use potable water or clean water in the product is stated in the Food Hygiene Regulation and additional legislation issued for the product, if there is any.

The inspection and monitoring studies of drinking-potable water, packaged water, spa water, swimming pools and swimming waters are carried out by the Department of Environmental Health of the Ministry of Health in accordance with the Public Health Law No. 1593 and the Decree-Law No. 663 on the Organization and Duties of the Ministry of Health and its Affiliates. In this context, in accordance with the relevant legislation, samples are taken in the field and sent to the laboratory, and the analysis results from the laboratory are followed. All this process is monitored and evaluated electronically in the Environmental Health Information Management System (ÇSBYS).

Monitoring and control of drinking water are carried out in accordance with the *Regulation on Water Intended for Human Consumption* that was harmonized in line with the EU drinking water directive (98/83/EC).

Local administrations are responsible for the clean and safe delivery of drinking water to consumers. The Ministry of Health monitors whether the drinking water used for consumption is clean, healthy and safe through regular monitoring studies in cooperation with local administrations.

It is necessary to carry out regular analysis and disinfection of drinking water provided by local administrations through networks. Uninterrupted chlorination of water is important in terms of protecting public health.

Provincial health directorates carry out the authorization of packaged water. All packaged water for which production permit is issued is inspected by the Ministry of Health. Water production facilities are inspected at least 4 times a year by provincial health directorates and once by the Ministry in accordance with the relevant legislation. The market inspections of the water filled and offered to the market in permitted facilities are also carried out by provincial health directorates. In inspections, the label information, packaging and caps of the water are examined, water quality is checked by making microbiological and chemical analyses of the products.

The Regulation on the Quality of Surface Water from which Drinking Water is Obtained or Planned to be Obtained was revised and issued in the Official Gazette No. 30823 dated 06/07/2019 with the title of *Regulation on the Quality and Treatment of Water from which Drinking Water is Obtained*. The purpose of the regulation is to determine the principles regarding the water that is obtained or planned to be obtained, the quality criteria and the treatment classes that should be determined in order for the water to be used as drinking and potable water, and the issues regarding the determination of the treatment efficiency.

In order to regulate the design principles and norms of the drinking water treatment plants to be built for the treatment of water obtained from surface and underground water sources, the

Communiqué on Technical Procedures for Drinking Water Treatment Plants was published in the Official Gazette No.31061 dated 07/03/2020. *Circular No. 2020/1 on Project Approval for Drinking Water Treatment Plants* was published on 07/05/2020.

Projects carried out in the field of drinking water:

- With the *Project of Evaluation of Drinking Water Resources and Treatment Facilities in Turkey* carried out between the years 2015-2017, the drinking water sector was evaluated in terms of institutional and legal perspectives, the status of the existing treatment plants was detected by visiting all surface drinking water resources and drinking water treatment plants in Turkey.
- The *Project for Control of Water returning from Irrigation and Research of Improvement for its Reuse in the GAP Region* was carried out in order to investigate the quality of irrigation water and the pollutants it contains and to improve the quality of the drainage water returning from irrigation and reuse it in irrigation.
- The *Project of Assessment of Reuse Alternatives of Used Water* was completed in 2019 in order to examine and evaluate alternatives for reuse of water used in homes, industry, tourism, energy production and agriculture.

Tobacco, alcohol and drugs

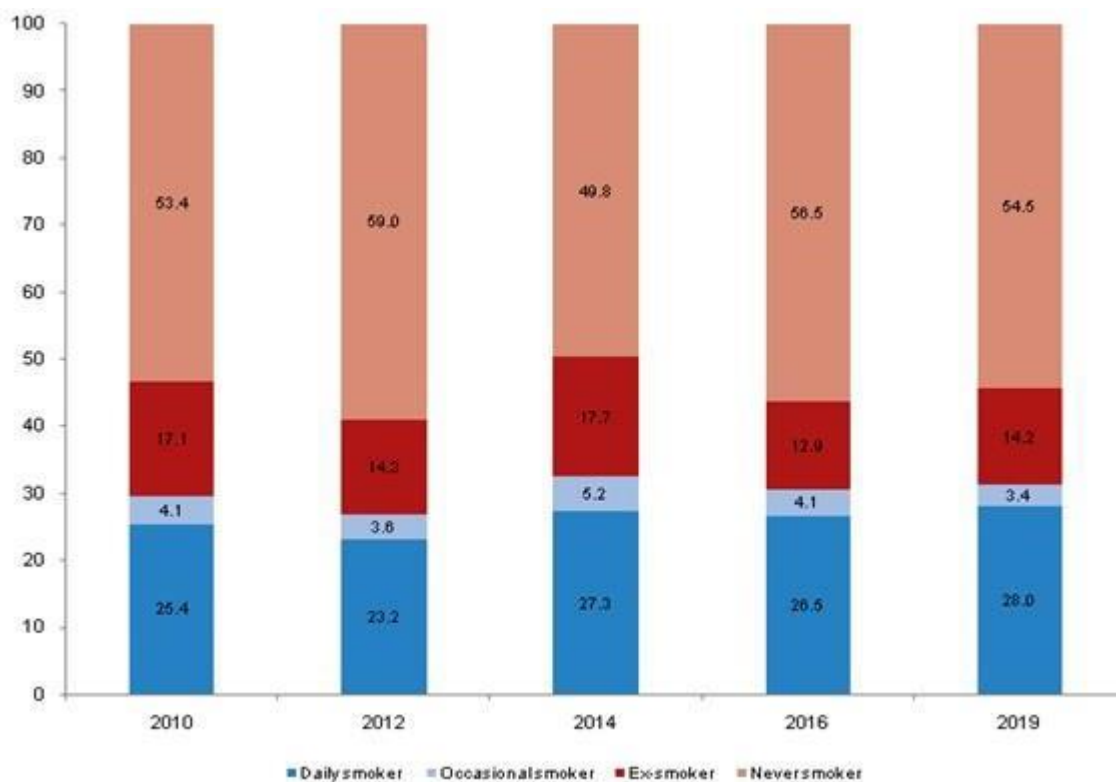
7. Under the tobacco, alcohol and drugs subtitle, information on tobacco, alcohol and drug consumption trends

Statistics

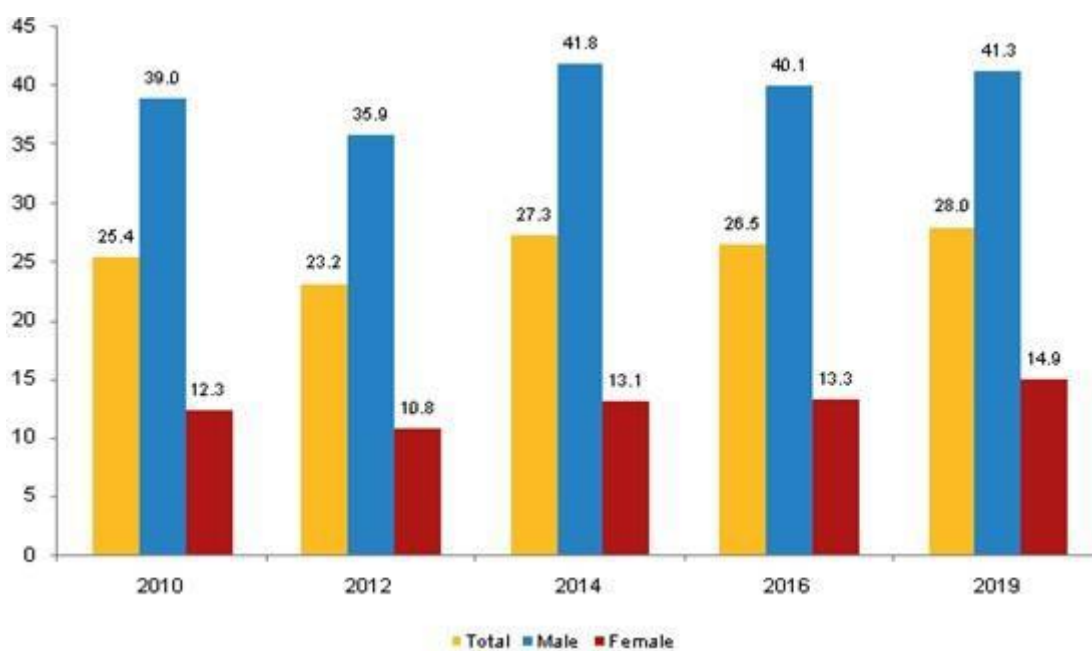
Tobacco Consumption

According to Turkey Health Survey, 2019 conducted by the Turkish Statistical Institute (TURKSTAT), the percentage of daily smokers was 26.5% in 2016 and increased to 28.0% in 2019. This percentage was 41.3% for male and 14.9% for female in 2019. The percentage of non-smokers (ex and never smoker) was 69.4% in 2016 and decreased to 68.7% in 2019. As examined by age group, the highest percentage of smokers were in 35-44 age group with 42.8%.

The distribution of individuals' tobacco consumption status (%), 2010-2019



The distribution of daily smokers by sex (%), 2010-2019



The table showing the percentage of individuals smoking tobacco products by sex and age for 2010-2019 is given below:

Bireylerin tütün mamulü kullanma durumunun cinsiyet ve yaş grubuna göre dağılımı, 2010-2019
The percentage of individuals' status of smoking tobacco products by sex and age group, 2010-2019

	[15+ yaş - age]														
	2010			2012			2014			2016			2019		
	Toplam Total	Erkek Male	Kadın Female	Toplam Total	Erkek Male	Kadın Female	Toplam Total	Erkek Male	Kadın Female	Toplam Total	Erkek Male	Kadın Female	Toplam Total	Erkek Male	Kadın Female
Her gün kullanan Daily smoker	25,4	39,0	12,3	23,2	35,9	10,8	27,3	41,8	13,1	26,5	40,1	13,3	28,0	41,3	14,9
15-24	16,4	27,1	6,1	14,3	24,1	4,6	18,5	31,4	5,7	18,1	28,2	7,8	19,6	31,0	7,9
25-34	32,7	48,2	17,0	30,5	45,9	14,9	35,1	51,2	18,8	33,2	49,6	16,6	34,4	51,3	17,6
35-44	34,5	49,2	19,5	30,9	44,4	17,3	34,9	49,9	19,7	35,2	50,6	19,6	38,6	52,9	24,1
45-54	28,8	43,7	13,8	27,7	42,0	13,4	32,7	48,7	16,5	31,6	45,3	17,7	31,8	45,1	18,4
55-64	20,4	32,7	8,8	17,4	27,9	7,4	24,0	38,2	10,2	22,8	35,0	10,9	25,1	37,8	12,8
65-74	11,2	20,6	4,2	10,1	17,8	3,8	12,1	22,4	3,4	13,5	24,2	4,4	12,5	19,9	6,1
75+	7,3	15,1	0,9	5,6	12,6	0,8	5,0	8,9	2,4	4,8	10,7	1,0	7,1	13,2	3,1
Ara sıra kullanan Occasional smoker	4,1	4,5	3,7	3,6	4,3	2,9	5,2	5,6	4,8	4,1	4,0	4,1	3,4	3,5	3,2
15-24	3,4	4,3	2,6	2,9	4,3	1,5	4,9	6,1	3,7	3,3	3,6	3,0	3,2	3,6	2,9
25-34	5,6	5,6	5,6	4,8	4,6	4,9	6,7	6,9	6,5	5,6	5,1	6,1	3,8	3,9	3,6
35-44	4,6	4,4	4,8	4,6	4,9	4,4	6,6	6,4	6,8	5,4	5,0	5,9	4,2	3,9	4,6
45-54	4,9	4,8	5,0	3,6	4,1	3,1	4,6	4,4	4,8	4,1	4,1	4,1	3,4	3,6	3,2
55-64	2,6	4,3	0,9	2,3	4,1	0,5	3,4	3,6	3,3	2,4	2,5	2,3	3,0	3,2	2,8
65-74	1,5	2,4	0,8	1,7	2,7	0,9	3,6	5,2	2,2	1,6	1,9	1,3	1,6	1,6	1,5
75+	1,2	1,7	0,9	1,9	2,9	1,2	2,0	2,9	1,4	2,3	2,8	2,0	2,2	2,9	1,7
Daha önce kullanan Ex-smoker	17,1	23,0	11,5	14,3	19,8	8,9	17,7	23,8	11,8	12,9	19,3	6,7	14,2	21,3	7,2
15-24	9,4	11,7	7,2	5,7	6,5	5,0	8,8	10,2	7,5	2,7	3,4	2,1	3,1	4,2	2,0
25-34	13,2	12,6	13,7	11,5	11,7	11,2	12,7	12,6	12,8	8,0	9,3	6,6	8,7	10,5	7,0
35-44	17,4	21,1	13,7	14,0	18,2	9,8	16,8	20,6	13,0	12,4	16,6	8,2	11,4	15,9	6,9
45-54	20,7	29,1	12,4	18,5	26,3	10,6	21,9	29,6	14,1	16,7	24,5	8,7	17,8	26,2	9,4
55-64	27,7	43,1	13,0	23,8	38,0	10,1	28,8	43,4	14,5	24,1	39,5	9,0	25,3	39,7	11,3
65-74	25,5	47,4	9,3	24,4	44,9	7,4	29,7	51,8	10,9	26,0	47,4	7,7	30,2	53,6	9,7
75+	29,3	55,3	7,7	20,4	42,2	5,7	28,4	58,7	8,4	22,0	47,3	5,4	25,2	53,7	6,1
Hiç kullanmayan Never smoker	53,4	33,5	72,6	59,0	40,0	77,3	49,8	28,7	70,3	56,5	36,6	75,9	54,5	33,8	74,7
15-24	70,8	56,9	84,2	77,1	65,1	88,9	67,7	52,3	83,2	75,9	64,9	87,0	74,1	61,2	87,3
25-34	48,6	33,6	63,7	53,3	37,8	69,0	45,5	29,3	61,8	53,3	36,0	70,7	53,1	34,3	71,8
35-44	43,5	25,2	62,0	50,5	32,5	68,5	41,7	23,1	60,4	47,0	27,8	66,3	45,8	27,4	64,3
45-54	45,6	22,5	68,8	50,2	27,6	72,9	40,8	17,2	64,6	47,7	26,1	69,5	47,0	25,1	69,0
55-64	49,3	19,9	77,3	56,5	30,0	82,0	43,8	14,8	72,1	50,7	22,9	77,8	46,5	19,3	73,1
65-74	61,8	29,6	85,6	63,8	34,5	88,0	54,6	20,5	83,5	58,9	26,5	86,6	55,7	24,8	82,7
75+	62,2	27,9	90,5	72,1	42,3	92,3	64,6	29,5	87,8	70,9	39,2	91,6	65,5	30,1	89,1

Türkiye Sağlık Araştırması
Turkey Health Interview Survey

Alcohol Consumption

According to data from the Turkey Health Survey, 2019, alcohol consumption percentage was 6.6 %for women, 23.3 %for men, and 14.9% in total in the last 12 months. According to data, the percentage of those who never used alcohol throughout their life is 74.4%. The table showing the percentage of individuals consuming alcoholic drinks by sex and age for 2010-2019 is given below:

Bireylerin alkol kullanma durumunun cinsiyet ve yaş grubuna göre dağılımı, 2010-2019
The percentage of individuals' status of consuming alcoholic drinks by sex and age group, 2010-2019

[15+ yaş - age]	2010			2012			2014			2016			2019		
	Toplam Total	Erkek Male	Kadın Female	Toplam Total	Erkek Male	Kadın Female	Toplam Total	Erkek Male	Kadın Female	Toplam Total	Erkek Male	Kadın Female	Toplam Total	Erkek Male	Kadın Female
Kullanan Consumes	12,6	21,1	4,4	10,4	17,2	3,8	14,9	24,3	5,8	12,2	19,3	5,3	14,9	23,3	6,6
15-24	8,6	14,7	2,8	7,4	11,7	3,2	13,3	20,9	5,8	9,3	13,1	5,4	11,4	16,4	6,2
25-34	17,0	26,4	7,5	14,0	21,7	6,2	20,5	31,0	10,0	16,5	24,1	8,7	20,7	30,9	10,5
35-44	15,6	25,5	5,7	13,1	21,2	5,0	17,1	27,4	6,7	15,9	25,2	6,4	19,8	30,8	8,7
45-54	13,7	23,6	3,8	11,9	20,3	3,5	15,2	25,6	4,7	11,5	19,2	3,7	14,2	22,2	6,0
55-64	11,6	20,9	2,8	8,4	15,2	1,9	12,6	22,6	2,9	11,6	19,7	3,8	12,5	21,3	3,9
65-74	5,0	9,8	1,5	4,0	8,2	0,6	5,8	11,2	1,3	5,9	11,5	1,0	8,2	15,0	2,3
75+	3,3	6,5	0,8	1,3	3,0	0,1	2,0	4,4	0,5	2,5	5,5	0,6	2,0	4,1	0,5
Daha önce kullanan Ex-consumer	12,5	20,0	5,2	9,7	15,3	4,2	18,0	27,6	8,6	11,9	19,1	5,0	10,7	17,6	4,0
15-24	7,5	10,4	4,7	5,3	6,7	4,0	9,5	11,9	7,1	4,9	5,9	3,9	4,4	5,7	3,0
25-34	11,2	15,4	7,1	8,9	12,2	5,6	17,0	22,4	11,5	11,5	16,0	7,0	8,9	12,2	5,6
35-44	14,0	22,2	5,7	10,0	15,4	4,6	21,0	31,0	10,9	13,2	21,4	4,9	10,6	16,0	5,3
45-54	14,8	24,1	5,4	11,9	19,6	4,2	21,3	34,2	8,3	14,8	23,8	5,8	12,3	20,9	3,7
55-64	17,6	32,5	3,5	13,6	24,8	2,9	23,1	39,7	6,8	16,4	28,7	4,4	16,6	29,9	3,5
65-74	14,4	30,0	2,9	13,2	26,6	2,1	23,2	44,0	5,5	16,0	30,4	3,6	16,3	32,9	1,8
75+	16,0	32,1	2,6	10,7	24,5	1,4	16,2	37,0	2,5	11,3	25,8	1,8	13,9	30,9	2,6
Hiç kullanmayan Never consume	74,9	58,8	90,3	79,9	67,4	92,0	67,1	48,2	85,6	75,8	61,6	89,8	74,4	59,1	89,4
15-24	83,9	75,0	92,5	87,3	81,6	92,8	77,2	67,2	87,1	85,8	81,0	90,6	84,2	77,9	90,7
25-34	71,8	58,2	85,4	77,1	66,1	88,2	62,5	46,6	78,6	72,0	59,9	84,3	70,4	56,9	83,9
35-44	70,3	52,3	88,5	76,9	63,5	90,5	61,9	41,6	82,4	71,0	53,4	88,7	69,6	53,3	86,1
45-54	71,5	52,3	90,7	76,2	60,1	92,3	63,5	40,2	87,0	73,6	57,0	90,5	73,5	56,9	90,3
55-64	70,7	46,6	93,7	78,0	60,0	95,2	64,3	37,7	90,3	72,0	51,6	91,9	70,9	48,8	92,6
65-74	80,5	60,2	95,6	82,8	65,3	97,3	71,0	44,8	93,1	78,2	58,1	95,4	75,5	52,1	95,9
75+	80,7	61,4	96,7	88,0	72,5	98,5	81,7	58,6	97,1	86,2	68,8	97,5	84,1	65,0	96,9

Türkiye Sağlık Araştırması
Turkey Health Interview Survey

Attitude and Behavioural Survey on Tobacco, Alcohol and Substance Abuse in General Population in Turkey

The findings of "Attitude and Behavioural Survey on Tobacco, Alcohol and Substance Abuse in General Population in Turkey, 2018", conducted by the Department of Combating Narcotic Crimes, Directorate General of Security of the Ministry of Interior are detailed below.

A total of 42,754 people were reached in the study, 52% of the participants were women (22,214 people), 48% were men (20,540 people).

Findings on Tobacco Use

47% of the participants (20,101 people) used at least once in their life a tobacco product such as smoke, cigar, pipe, hookah, etc. (lifetime prevalence). While this rate is 61.9% for men, it is 32.2% for women. The average age to try a tobacco product for the first time was 17.85.

Prevalence of use of tobacco and its products, 2018

	Prevalence of use of tobacco and its products (%)	Number of people
Lifetime	47,0	20.101
Last 12 months	33,3	14.257
Last one month	31,5	13.465

Findings on Alcohol Consumption

22.1% of the participants (9,436 people) have used alcoholic beverages at least once in their life (lifetime prevalence). While this rate is 34.3% for men, it is 10.7% for women. The average age to try alcoholic beverages for the first time was 19.94.

Prevalence of use of alcoholic beverages, 2018

	Prevalence of use of alcoholic beverages (%)	Number of people
Lifetime	22,1	9.436
Last 12 months	12,6	5.407
Last one month	8,6	3.660

Findings on Drug Abuse (sedative, tranquilizer, soporific, bodybuilder, attention enhancing, etc.)

5.8 % of those studied (2498 people) have used sedatives/tranquilizers at least once in their life (lifetime prevalence). While this rate is 3.9% for men, it is 7.7% for women. The average age of using drugs for the first time was 32.26.

Prevalence of drug abuse, 2018

	Prevalence of drug abuse (%)	Number of people
Lifetime	5,8	2.498
Last 12 months	2,8	1.192
Last one month	2,3	979

Substance Abuse

According to the Survey, the frequency of trial of any narcotic drug/stimulant at least once is 3.1% in the 15-64 age group. Out of those who use these substances at least once in their life, 94% are men and 6% are women.

The distribution of those who used substances at least once in their life by age groups is as follows:

- 15-24 age group 35.4%,
- 25-34 age group 30%,
- 35-44 age group 18.3%,
- 45-54 age group 7.8%,
- 55-64 age group 8.5%.

The average age of first use of the substance is 19.

Findings on Cannabis Abuse

In this study, cannabis abuse was separately examined, since it was determined that cannabis was the most commonly used substance among those used at least once in a lifetime and that usage of other substances were very low. The average age of using cannabis for the first time is 19.

Prevalence of cannabis use, 2018

	Prevalence of cannabis use (%)	Number of people
Lifetime	2,7	1.165
Last 12 months	1,1	475
Last one month	0,8	323

Combating smoking, alcohol, and drugs

The Tobacco Control Strategy Document and Action Plan has been updated to cover the 2018-2023 period in order to protect all individuals from the health, economic, environmental and social damages of tobacco products. The Tobacco Control Strategy Document and Action Plan, which was strengthened by the addition of new initiatives and activities aimed at current needs to the activities to be continued from the 2015-2018 Tobacco Control Strategy Document and Action Plan, was signed by the Deputy Prime Minister and the Chairman of the High Council for Combating Addiction on May 30, 2018. The Strategy Document and Action Plan consists of 3 main headings stated below and 8 chapters under these headings.

- Reducing the Demand for Tobacco Products
 - Giving Information and Raising Awareness
 - Quitting Smoking
 - Price and Taxation
 - Prevention of Passive Exposure to Tobacco Smoke
 - Prevention of Advertisement, Promotion and Sponsorship
 - Product Control Contents and Public Disclosure
- Reducing Accessibility to Tobacco Products
 - Fight Against Illegal Trade
 - Protection of Children and Young People from Tobacco Use and Prevention of Accessibility
- Coordination, Monitoring and Evaluation in Tobacco Control

The 2018-2023 National Strategy Document and Action Plan on the Fight against Drugs was signed by the President of the High Council of Combating Addiction and entered into force on 11 May 2018. With the Strategy Document and Action Plan, the road map of our country on combating drugs in the period of 2018-2023 was determined. The Action Plan was created in a way that enables the execution of the planned work and activities and their effects to be monitored continuously and assessed systematically through the defined indicators and targets. The Action Plan prepared to include detailed activities for the following 4 sections is implemented in cooperation with all relevant institutions and organizations.

- Prevention of Drug Supply
- Prevention of Demand for Drugs
- Communication in the Fight against Drugs
- Coordination, Monitoring and Evaluation of the Fight against Drugs Process

In our country, we have strong legislation on the prevention of drunk driving. *The Highway Traffic Law* numbered 2918 includes regulations for the prevention of drunk driving. According to the law, it is forbidden for private vehicle drivers to drive with alcohol over 0.50 per mille and commercial vehicle drivers to exceed 0.20 per mille.

Pursuant to the said Law:

- When drunk driving is detected for the first time: an administrative fine of 1.228 TL is imposed and the driver's license is seized for 6 months. 20 penalty points are recorded on driver's license.
- When for the second time within 5 years after the first penalty for drunk driving: 1.539 TL administrative penalty is imposed, 20 penalty points are recorded on driver's license, and driver's license is seized for 2 years. These drivers are provided with Driver Behaviour Development Training.
- When drunk driving is detected three or more times within 5 years after the first penalty for drunk driving: an administrative fine of 2.473 TL is imposed, 20 penalty points are recorded driver's license and the driver's licenses seized for 5 years. These drivers are subjected to Psycho-Technical Assessment and Psychiatry Specialist Examination.
- Drivers who drunk drive with alcohol more than 1.00 per mille are also sentenced to imprisonment up to 2 years.

The administrative sanctions are arranged and increased every year.

In addition, according to the provisions of the Highway Traffic Regulation, new drivers are prohibited from driving with alcohol over 0.20 per mille for 2 years from the date of receipt of their driver's license. The driver licenses of the violators are revoked.

Measures are also taken to prevent driving under the influence of drugs and control tests are carried out in this respect. Drivers who are found to drive under the influence of drugs during the inspections carried out by law enforcement officers are subject to an administrative fine of 6.333 TL, 20 penalty points are recorded on their driver's license and their driving license is seized for 5 years. On the other hand, in order to ensure traffic safety, checkpoints where alcohol and drugs checks are carried out on the roads are established by law enforcement officers. These control points are determined by local work programs specially created for each province. The number of checkpoints is increased at times such as weekends and public holidays. At these checkpoints, in addition to drivers suspected by law enforcement, randomly selected drivers are also given a breath test or subjected to screening for drug use.

B- LEGISLATION CHANGES AND APPLICATIONS

There are no important legislative changes or practices during the reporting period.

QUESTIONNAIRE RELATED WITH COVID-19

ARTICLE 12

THE RIGHT TO SOCIAL SECURITY

12. RESC - All workers and their dependants have the right to social security.

In order to satisfy the needs of a community, social security must be enabled to cover a range of minimum benefits and the system must be sufficiently funded in order to do so. The European Code of Social Security provides that the cost shall be borne collectively by way of insurance contributions or taxation or both, in a manner which avoids hardship to persons of small means and takes account of needs and of the economic situation of the country concerned. It also indicates that the part of the burden borne by employees should not exceed 50 per cent of the total of the financial resources allocated to their and their relatives' protection. Article 12 of the Charter requires that the social security system be at least of the level necessary under the European Code of Social Security. While issues of sustainability and the situation of the economy are relevant, so are questions of progressive realisation of human dignity, which is at the heart of human rights (including social rights). Financial consolidation is therefore not in itself a decisive factor, given that resource availability and allocation are subject to political determination. According to various sources, public social spending amounts to just over 20% of GDP on average across Europe (c. 28% for the European Union), with around 60% of the expenditure on average being cash benefits and 40% health and social services.

RESPONSES TO QUESTIONS ON GROUP II PROVISIONS “HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION”

ARTICLE 12

THE RIGHT TO SOCIAL SECURITY

a) Please provide information on social security coverage and its modalities provided to persons employed or whose work is managed through digital platforms (e.g. cycle delivery services).

According to the Social Insurance and Universal Health Insurance (Law No.5510); people employed by one or more employer through a service contract, independent self – employed workers, people working as public officials in public administrations, people working independently in agriculture, non-permanent employees under a service contract in agriculture and people who pay affiliated insurance premiums are covered by insurance

In addition, commercial taxi and minibus drivers, artists and home service workers who have worked for less than 10 days are also entitled to be insured by paying their premiums.

There is no special provision in the law for people whose work is managed through digital platforms. The provisions for people working through digital platforms are the same as people working with a service contract.

In a period when the epidemic reveals the importance of working remotely, it can be said that the Regulation studies to determine the procedures and principles of the remote working practice in our legislation have accelerated. In 2020, consultations were held with social partners and related institutions within the scope of the Regulation on Remote Work; The final version of the draft regulation was submitted to the Presidency.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

A decision has been taken by the Executive Board of the Institution (Social Security Institution) due to the force majeure announced by the Ministry of Treasury and Finance for the Retail, Shopping Mall, Iron-Steel, Automotive, Logistics-Transportation, Cinema-Theater, Accommodation, Food-Beverage, Textile-Apparel and Event-Organization sectors. According to this decision, the premiums to be paid in April, May and June were respectively postponed for six months until the end of October, November and December

As a result of the Ministry of Interior's decision to impose a curfew for employers over 65 years of age and employers with chronic illnesses as of 22.03.2020, the Ministry of Treasury and Finance declares that they are in force majeure for these persons until the date of the ban as of 22.03.2020. In accordance with the decision taken by the Executive Board of the Social Security Institution, the payment period of the premiums debts to be accrued from 22.03.2020 to the date of the end of the ban has been postponed until the end of the 15th day following the end of the ban.

In accordance with the Law on Reducing Impact of the Outbreak on the Economic and Social Life of the New Coronavirus (Covid-19) Epidemic (and on Amending Certain Other Laws) published in the Official Gazette dated 07/04/2020 and numbered 31102, premium payments of metropolitan municipalities, municipalities and affiliated organizations in March, April, May have been postponed for 3 months.

Except for the fines with the risk of the statute of limitations, administrative fines have been postponed.

No debt notification has been made for the receivables of the institutions that have not been transferred to execution, except for those who have the risk of the statute of limitations.

Recommended by the World Health Organization; "Immune plasma therapy", which is the process of obtaining antibodies from the serum of people who have recovered from COVID-19 virus infection, has been covered by the Social Security Institution. If this procedure is performed in intensive care, it is ensured that the intensive care treatment package fee is paid separately. The viral inactivation process was included in the scope of reimbursement for the inactivation of all pathogens that may be present in the plasma taken for immune plasma treatment.

Based on the criteria in the situation reports reported by the World Health Organization, besides providing basic health services to patients, protective and contagious prevention services for healthcare professionals were also provided by the Social Security Institution. Thus, since it is a virus that spreads very rapidly from person to person, it is aimed to prevent transmission to healthcare personnel by financing primary health care services as well as care services. In this context, pandemic care services to be provided to pandemic cases patient and to all patients receiving intensive care treatment are included in the scope of reimbursement.

It was ensured that drugs used for Covid-19 in patients hospitalized in intensive care units were invoiced except for the intensive care package cost.

It is ensured that our citizens do not make out-of-pocket payments in pandemic cases that are considered within the scope of the emergency. (participation share and additional fee)

During the pandemic, the medicines needed by our citizens, whose treatment was continued at home for pandemic treatment, and that the Ministry of Health declared that they would be procured from hospitals, were included in the scope of "daily treatment" and easily procured.

The phrase "Diagnosis and treatment of pandemic cases during the pandemic" has been added to the heading "Health services without additional charge" in the Healthcare Implementation Communique (SUT). Thus, it is ensured that no additional fees are collected from our citizens diagnosed with COVID-19 in applications to health service providers (foundation universities and private health service providers contracting with the Social Security Institution), which may receive additional fees.

If referrals cannot be received from healthcare providers during the pandemic, in patient groups that are undergoing regular organ, tissue and stem cell transplantation, cancer treatment, limb replantation, or treated for work diseases in a work disease hospital, with a referral from a family doctor without seeking a check document, it was ensured that the referral and travel, daily and attendant expenses were covered by the Social Security Institution.

Antigen test, antibody test, PCR test (studied with a swab taken from the throat and nose area) and isolation tests, which are specific diagnostic tests for COVID-19 infection, are defined in Healthcare Implementation Communique (SUT).

Social Security Institution was ensured that the cost of medicines included in the health reports for the provision of medication for the elderly living in Private Nursing Homes and Nursing Home Elderly Care Centers was covered.

As part of the fight against COVID-19; A regulation has been put in place to ensure that patients over 18 do not suffer from a lack of orthodontic treatment. Accordingly, between March and the end of June, when the pandemic process started, it was ensured that the treatments of people over the age of 18 were met, defrayed that orthodontic treatments should be started until 01.08.2020.

Within the scope of combating COVID-19, it is aimed that patients who are at the age limit for IVF treatment are not suffered due to the fact that applications cannot be made to health service providers between 07.03.2020 and 30.06.2020. According to this; If it is documented

that the health service provider does not accept patients for the treatment during this period, if there is a valid health board report in the period when she is younger than 40, and if she meets the other requirements for IVF, 30 days are not sought for embryo transfer, IVF treatment was defrayed to patients, provided that embryo transfer was made until 01.10.2020

c) Please provide information on any impact of the COVID-19 crisis on social security coverage and on any specific measures taken to compensate or alleviate possible negative impact.

Programs and Incentives Implemented by Turkish Employment Agency:

In order to reduce the effects of the COVID-19 pandemic on the labour market and to protect employment, unemployment benefits and short term work allowance practices have been effectively implemented. In addition to these practices, two new supports, cash wage support and normalization premium support for workplaces that started to work normally, has been put into practice, too.

Short Term Work Allowance:

Considering the possible effects of COVID-19, with the decision taken by the Board of Directors of İŞKUR, a short-term work allowance practice was implemented within the scope of "compelling reason arising from periodic situations arising from external effects".

The short-term work allowance is applied in cases where the weekly working hours at the workplace are temporarily reduced by at least one-third due to general economic, sectoral, regional crisis or force majeure, or if the workplace is stopped completely or partially for at least four weeks without seeking continuity.

In the event of a decrease in working hours due to COVID-19, the short-term working practice has been rearranged the requirements to benefit from short-term work allowances have been eased in order to include as many persons as possible and compensate for the income losses of employees to the maximum extent. In the first arrangement regarding short work, the 600 days premium payment requirement in the last 3 years required to qualify for allowance has been reduced to 450 days and the condition of being subject to a service contract for the last 120 days prior to Short Term Work Allowance commences reduced to 60 days. Thus, more employees were able to benefit from the practice.

With the second regulation, workers who were included in the scope of short term work allowance were provided with rapid allowance. In order for more people to benefit from short term work allowance and to protect public health, it has been ensured that the short term work allowance applications previously received in the physical environment can be made by e-mail to İŞKUR by the employers and in order to facilitate the process, the short term work allowance is paid in line with the employers' statements and it has been determined that the conformity assessment will be made later by the labour inspectors. In this period, termination restrictions were also imposed so that the layoffs are prevented.

The short term working, which was previously applied as three months for compelling reasons within the scope of periodic situations caused by external effects due to COVID-19,

was extended until the end of March 2021 with the extensions made in accordance with the Presidential Decisions.

During the COVID-19 process, payments of unemployment benefits, which have an important place in passive labour programs within the scope of unemployment insurance, continued effectively.

As of the latest data available (March 2021), a total of more than 27.5 billion Turkish Liras have been paid to nearly 3.8 million persons in the form of short-term work allowance. What is more, since the start of the global pandemic, nearly 1 million persons have received unemployment benefits amounting to a total of 5.1 billion Turkish Liras.

Cash Wage Support:

A cash wage support arrangement has been implemented for workers who are given unpaid leave by the employers and can not benefit from short-term work allowance, and workers whose employment contract was terminated after 15/03/2020 but could not qualify for unemployment benefits. Within the scope of cash wage support, our citizens who are on unpaid leave or who can not be entitled to unemployment allowance are paid 47,70 TL per day (as of January 2021). In the same period, general health insurance (GSS) premiums of those benefiting from the support are also covered by the Unemployment Insurance Fund. With the regulation made, the President has been authorized to extend the prohibition period for the termination and therefore the period of cash wage support application for a maximum of three months each time up to 30/6/2021. With the latest decision taken, this period has been extended until 17/05/2021.

Since the start of the outbreak up to March 2021, nearly 2.5 million persons have been entitled to benefit from this support amounting to a total sum of 8.3 billion TL.

Normalization Premium Support:

Strong steps have been taken with determination to support the transition to normal. In this context, short work has been applied or normalization premium support has been provided to our workplaces that have benefited from cash wage support but have started to work normally.

Within this incentive, the employer share of the social security premiums has been covered for a maximum duration of six months. The amount of this support is limited to the whole premium paid for an employee earning minimum wage. Since the start of the COVID-19 pandemic, a total of 3.5 billion Turkish Liras have been paid for approximately 3.2 million employees.

Allowances Paid During the COVID-19 Period (as of March 2021):

Social Protection Shield Across Turkey		Number of persons/households	Total amount provided in Liras
Social Assistance Programme (Households)	Phase I	2,111,254	2,111,254,000
	Phase II	2,316,010	2,316,010,000
	Phase III	2,029,198	2,029,198,000
National Solidarity Campaign	Household	2,074,693	2,074,693,000

Unemployment Benefits	Persons	994,608	5,081,629,812
Short-term Work Allowances	Employee	3,757,321	27,698,483,265
Daily Cash Support	Employee	2,471,134	8,265,914,051
Normalization Support	Employee	3,183,435	3,529,406,376

Precautions about Social Distance:

During the COVID-19 outbreak, payment channels for allowances delivered by İŞKUR have been diversified in order to reduce physical mobility. While the payments such as unemployment benefit, short term working allowance and cash wage support were paid to the beneficiaries through PTT, following the protocol and integration with public banks the payments were made to individuals' accounts in a more comfortable manner. Thus, the beneficiary density in front of PTT offices was reduced and our citizens were able to reach their allowances without leaving their homes. All services and information, especially the applications to the public employee recruitment announcements that cause the density of İSKUR service units, were received online via e-Government or İŞKUR e-branch and through ALO-170.

Applications for Public Employee Recruitment and Public Benefit Programs were received online instead of receiving through service centers.

Moreover, information meetings through workplace visits were held by coming together with employers on online platforms over the course of this period.

Activities such as face-to-face group meetings, job search skills training, Job Clubs within the scope of the job and vocational counselling services have been postponed due to the pandemic. In order to reduce the risks of face-to-face service provision, the "Online Job Clubs" was launched.

Precautions for Active Labour Force Programs:

Suspending courses and programs organized in workplaces that started before the epidemic and whose continuation was considered harmful for public health was enabled. The continuity of the courses and programs was supported by providing the opportunity to work remotely for certain sectors and workplaces that are suitable for remote work. Applications for on-the-job training programs have started to be received on İŞKUR website.

For on-the-job training programs that continue as of 1 March 2020, and opened after this date, the pandemic has been determined as force majeure, and the period for recruitment of people has been postponed up to 1 June 2020.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 12

THE RIGHT TO SOCIAL SECURITY

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 endeavour 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.

Paragraph 1. Establishing or maintaining a social security system.

Scope of the provisions as interpreted by the ECSR

Article 12§1, It guarantees the social security right of employees, including independent employees, and their dependents. States parties should ensure this right through the existence of a social security system established by law and functioning in practice. The system should include traditional risks and benefits (health care, sickness, unemployment, old age, occupational injury, family, maternity), covering a significant percentage of the population. Health insurance must go beyond employment relationships. The system should cover a significant percentage of the active population in relation to income substitution benefits such as sickness, maternity, unemployment, old age, occupational health and safety. The social security system must be collectively financed, which means it is financed from the contributions of employers and employees and/or from the state budget. When the system is financed by taxation, its scope for protected persons should be based on the principle of non-discrimination without prejudice to eligibility conditions.

The social security system should guarantee an effective right to social security in relation to the benefits provided under each branch. Pursuant to this article, income substitution benefits

should be in a reasonable proportion to previous income. Eurostat should not fall below the poverty threshold defined as 50% of the median equivalent income calculated on the basis of the poverty risk threshold. When this ratio falls below 40%, it is evaluated that it will not reach the required level even with the contribution of other aids. The duration of unemployment benefits should be reasonable.

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Risks covered, financing of benefits and personal coverage

1. Which parts of the population are excluded from the scope of health care

Universal health insurance covers individuals who are considered as universal health insurance holders in Law No.5510 in terms of individuals and their dependants.

Persons not covered;

- Persons who are not resident in Turkey,
- Persons who are proven to be affiliated with a social security scheme in their country,
- Voluntary insured and foreigners residing in Turkey for a period of less than one year
- Individuals who are sent to Turkey for a job by or on behalf of an organization established in a foreign country and who document to be subject to social insurance in the foreign country, and among the ones who work in Turkey on his/her own name and account the individuals who reside abroad and are subject to the social security legislation of that country,
- Among the contracted Turkish citizen personnel, who are employed in the abroad representative offices of public administrations and are granted with the permanent residence permit in the country of representative office or the citizenship of the said country, the ones who document that they are insured in the social security institution of the country they reside in or who are insured by the employer with social insurance in the said country, in cases where the contracted personnel employed in the abroad representative offices of public administrations are under obligation due to international social security conventions and to the relevant legislation of the concerned country
- Convicts and arrested individuals
- Foreign country citizens who reside in Turkey for a period of less than one year and who have obtained a residence permit but are not insured under the legislation of a foreign country,
- Persons who are on income or pension by borrowing their insurance period abroad and who are not resident in Turkey

In addition to these;

- Deputies, Vice President, Ministers and their family members,

- Chairman and members of high judicial bodies, retired from these positions and their dependents,
- Chief of General Staff and commanders-in-chief of armed forces those who are in the general/admiral class, their retirees and their family members,
- Employees subject to the funds of banks, insurance and reinsurance companies, chambers of commerce, chambers of industry, bourse and other institutions, and their dependents,

It is out of the scope of general health insurance, and the health expenses of these people are covered by their own corporate health insurance.

Insurance and general health insurance coverage by years is shown in the table below:

Years	Percentage of the population of Turkey Population Covered by Insurance	Turkey Population Ratio to those that are registered under the General Health Insurance
2016	85,46	98,23
2017	87,07	99,23
2018	85,60	98,51
2019	85,02	98,83

Source: Social Security Institution

2. Up-to-date data and information on the active population in terms of sickness insurance and in terms of old age included in the coverage.

The insured rate that was covered in terms of long-term insurance branches and general health insurance between 2016 and 2019 is as follows.

Employment and unemployment indicators in the table indicate the data presented by the Turkish Statistical Institute (TÜİK) for the population aged between 15-64.

Years	Active insured	Employment (a)	Unemployment (b)	Active (a+b)	Active insured/Active
	(x1000 Person)				
2016	21.132	26.462	3.310	29.772	70,98
2017	22.280	27.386	3.437	30.823	72,28
2018	22.073	27.888	3.513	31.401	70,29
2019	22.001	27.320	4.442	31.762	69,27

Source: Turkish Statistical Institute

In terms of health insurance, the coverage corresponding to the active population; it consists of the division of the total of the active insured and the people who pay the universal health insurance premium to the total active population (employment + unemployed) taken from the labor force statistics of TÜİK.

Therefore, the coverage rate in terms of sickness insurance is as given in the table below.

Years	Active Insured + Those who pay the GSS premium themselves	Employment (a)	Unemployment (b)	Labour force (active population) (a+b)	Active insured+GSS+Akt if Sigortalı+GSS /Active population ratio (%)
	(x1000 Person)				
2016	23.812	26.462	3.310	29.772	79,98
2017	24.169	27.386	3.437	30.823	78,41
2018	24.396	27.888	3.513	31.401	77,69
2019	24.394	27.320	4.442	31.762	76,80

Source: Social Security Institution

3. Up-to-date data and information on the active population included in the scope of unemployment insurance

The scope of application of the Unemployment Insurance applied in Turkey, is located in Article 46 of Law No: 4447.

Those excluded from the scope are generally civil servants and those working on their own behalf and account. A system similar to the Unemployment Insurance for those who work on their behalf and account, the Safe-Deposit Boxes, was published in the Official Gazette dated 08.03.2017 and numbered 30001 and became a law. However, its implementation will start on 31/12/2023.

The workers protected in Article 21 of the European Social Security Code are defined as; “The persons protected shall comprise: prescribed classes of employees, constituting not less than 50 per cent of all employees”.

Therefore, this section has been evaluated in terms of the number of protected workers in the total number of workers.

In addition, as stipulated in the European Social Security Code, the unemployment insurance system established in the country deems it sufficient for the employee to benefit from the system if he/she is unemployed except if the unemployment occurred with his/her request or after his/her fault. Although the civil servants in our country are not covered by the Unemployment Insurance, the civil servants are discharged or dismissed from the civil service only in line with their own wishes or faults determined by the law. In this respect, it is evaluated that civil servants are protected in terms of unemployment.

Unemployment Insurance to the total number of active insured in our country between 2016 and 2019 is calculated as approximately 65% (when the number of civil servants is included in terms of unemployment risk in our country, this ratio is approximately 79%). Thus, it is understood that our rate is above 50% and is higher than the rate determined by the European Social Security code.

Number of Insured and Covered by Unemployment Insurance

SGK Data	2016	2017	2018	2019	2020 (August)
Number of Active Insured (covered by law 5510/4 a-b-c)	21.131.838	22.280.463	22.072.840	22.000.964	21.981.645
Number of Insured Under Unemployment Insurance	13.915.362	14.619.102	14.371.561	14.454.842	14.889.050
Number of Insured Persons under Unemployment Insurance in Total Asset Insured (C/B)	65,9%	65,6%	65,1%	65,7%	67,7%
Civils Servants (covered by law 5510/4 c)	2.982.548	2.987.396	3.033.301	3.102.808	3.113.567
Number of Insured Persons Protected in Terms of Unemployment (C+E)	16.897.910	17.606.498	17.404.862	17.557.650	18.002.617
The Ratio of Insured Persons Protected in Terms of Unemployment to the Number of Active Insured (F/B)	80,0%	79,0%	78,9%	79,8%	81,9%

Source: Social Security Institution

4. Information about how much of the active population is covered by maternity, work accident/occupational diseases, invalidity and survivors insurances

The rate of insured covered in terms of short term and long term insurance branches between 2016 and 2019 is as in the table below.

Years	Active Insured	Employment (a)	Unemployment (b)	Active (a+b)	Active insured/Active
	(x1000 Person)				
2016	21.132	26.462	3.310	29.772	70,98
2017	22.280	27.386	3.437	30.823	72,28
2018	22.073	27.888	3.513	31.401	70,29
2019	22.001	27.320	4.442	31.762	69,27

Source: Social Security Institution

5. Information about the healthcare coverage or also all other branches.

Years	Active insured	Social insurance coverage
2016	21.131.838	68.212.646
2017	22.280.463	70.363.479
2018	22.072.840	70.196.504
2019	22.000.964	70.704.680

Source: Social Security Institution

Social insurance coverage in the table above includes active insured, passive insured, dependents and active, passive and dependent members of the funds in the provisional article 20 of Law No. 506. Therefore, the social insurance coverage in the table; refers to people covered in terms of long term, short term and general health insurance branches.

Adequacy of the benefits

6. Detailed information on the conditions required to entitled unemployment benefits.

Unemployment Insurance in Turkey is a system based on a premium basis. There are various allowances under the Unemployment Insurance to protect employment and to eliminate the individual economic effects of unemployment. The most important of these supports is Unemployment Allowance. The conditions to benefit from unemployment benefits are explained in detail below:

a. Being Insured Unemployed

According to the scope of the second paragraph of Article 46 of Law No. 4447, to be an insured working in a workplace based on a service contract.

b. The Reason for Termination of Service Contract

The reason for being unemployed must occur out of the unemployed's own will and fault. These reasons are counted in sub-paragraphs a, b, c, d, e, f and g of Article 51 of Law No. 4447. According to the provisions of the relevant article;

- Termination of the service contract by the employer in accordance with the notice terms in the Labour Laws,
- Health reasons; the employer's/employer's representative's behaviour that does not comply with the rules of ethics and good faith; force majeure at work that would require cessation of work for more than a week; improper payment of wages; termination of the service contract by the insured for reasons such as violation of the law, service contracts or other rules and business conditions by the employer/employer's representative;
- Worker's health reasons; the emergence of a force majeure in the workplace that prevents the worker from working for more than a week; termination of the service contract by the employer for reasons such as the removal of the ship for more than 30 days for any reason;

- Termination of fixed-term employment contract,
- Changing hands of the workplace or passing to someone else or closing of the workplace, the change in the nature of the job or the workplace and the loss of the ship, abandonment or declaration of war booty or being unemployed due to reasons such as leaving the Turkish flag,
- Being unemployed due to privatization,
- In cases where there are no collective bargaining agreements or collective bargaining agreements made within the scope of Law No. 6356 on Trade Unions and Collective Labour Agreements, the service contracts of the insured who are not within the scope of Laws No. 854, 4857 and 5953, the reasons for its termination in accordance with the provisions of sub-paragraphs a, b, c, d, e and f of Article 51 of the Code of Obligations are the conditions required to be entitled to unemployment benefit.

However, the suspension of the service contract due to a strike, lockout or duties arising from the law is not considered as the termination of the service contract. Therefore, the insured whose service contract is suspended cannot benefit from the unemployment allowance in accordance with the last paragraph of Article 51 of Law No. 4447.

c. Employment and Premium Payment Obligation

According to the second paragraph of Article 50 of Law No. 4447, in order to benefit from the unemployment allowance, the insured must meet the conditions of paying the unemployment insurance premium for at least 600 days in the last 3 years, subject to a service contract for the last 120 days before the end of the service contract at the same time.

In January 2019, the phrase “worked continuously by paying premiums” in Article 50 of Law No. 4447 was amended as “subject to service contract”, and as a result of the regulation made, the last 120 days condition, which is among the conditions to qualify for unemployment benefits, was improved.

d. Obligation to Apply to İŞKUR

According to paragraph 5 of Article 48 and paragraph 1 of Article 51 of Law No.4447, the insured unemployed people whose service contracts have expired should be registered with İŞKUR in order to show that they are ready to take a new job and in order to benefit from the unemployment allowance, they must apply to İŞKUR directly or electronically within 30 days from the day after the end of the service contract. Again, according to paragraph 5 of Article 48, exceeding the 30-day period after the date of termination of the service contract will not constitute a loss of right; however, except for force majeure, the time delayed in the application will be deducted from the total time entitled to receive unemployment benefits.

e. Being Convenient and Willing to Work

In the sub-paragraphs c and e of Article 47 of Law No. 4447, the issue of “having the desire to work, ability, health and competence”, “ready to work” of the insured unemployed and in paragraph 1 of Article 51 the issue of “registering the readiness of the insured unemployed to take a new job” is included.

Pursuant to Article 52 on the cessation or cessation of unemployment allowance, on the other hand, in cases of the refusals of the jobs offered by İŞKUR to the insured unemployed in accordance with their previous jobs, or the vocational development, training and education trainings, where İŞKUR's calls are not answered by the insured in a timely manner and the requested information and documents are not provided by the insured within the prescribed period, the unemployment benefits of the insured unemployed will be cut. In addition, since those who receive temporary incapacity allowance due to illness or maternity and those who go to military service will not be able to work even if they deserve unemployment allowance; unemployment benefits are suspended until these persons are able to work.

7. Information about what the qualifications of an “adequate job offer” are and why the offer may be rejected.

Rejection of the jobs offered by İŞKUR to the insured unemployed in accordance with their previous jobs without a justified reason or refusal of vocational development, training and education are regulated in Article 52 of the Unemployment Insurance Law No. 4447.

Justified Reasons for Rejection of Job for Unemployment Beneficiaries:

- If the employer proposes a job that is not close to working conditions of previous jobs; a job suitable for her/his profession (all professions registered in the institution are taken as a basis), an inadequate wage compared to his last job (if the gross wage of the proposed job is less than the average earnings of the insured unemployed subject to the last four months premium) and working conditions (working at night, working underground, working conditions in shifts are compared with the last job and the proposed work conditions),
- If the employer proposes to work in a job that is not suitable for the educational status, age, gender, physical and health status of the insured unemployed,
- If the Conditions are contrary to the provisions stipulated in the labour laws in terms of the working conditions of the service contract (giving a wage less than the minimum wage, exceeding the daily and/or weekly working period, not foreseen wages despite overtime work, not giving an annual paid leave or giving less than the law stipulates),
- If the job is outside the boundaries of the municipality adjacent area of the residence of the insured unemployed,
- If the insured unemployed has left the proposed workplace within the scope of Article 24 / II of Labor Law No. 4857.

8. Information about what other social benefits (contributory – non-contributory) the persons who received unemployment benefits could benefit from.

For those who receive unemployment benefits, universal health insurance premiums are also paid, as long as unemployment benefits are paid. Those concerned and their dependent family members are considered within the scope of health insurance.

Aid is provided to needy households within the framework of the “Social Assistance and Solidarity Encouragement Law No. 3294” through Social Assistance and Solidarity (SYD)

Foundations. In this context, individuals are required to apply to the Social Assistance and Solidarity Foundation in the place of their residence. After the application is received, it is evaluated by the Board of Trustees of the Foundation, based on the conditions of the relevant Law. As a result of the evaluation, aids can be provided within the scope of Law No. 3294 for those who are determined to be in need.

9. Information about the poverty threshold (50% of the median equivalent income), minimum wage and minimum levels of income-replacement benefits (sickness, work accidents and work diseases, unemployment, old age and disability).

The daily allowance amount of Unemployment Allowance is calculated as 40% of the daily average gross earning calculated by taking into account the earnings subject to the last four months premium. The amount of unemployment benefit calculated in this way cannot exceed eighty percent of the gross amount of the monthly minimum wage.

Based on the minimum wage for 2019, the lowest unemployment benefit amount is 1.1559 TL and the highest unemployment benefit amount is 2.031.19 TL. The gross minimum wage amount applied in our country in 2019 is 2.558,40 TL. The net minimum wage, which is calculated considering the Minimum Living Allowance for a single and childless worker, is 2,020.90 TL. In this context, the rate found as a result of dividing the lowest unemployment allowance into the net minimum wage ($1.015.59 / 2.020.90$) is 50.2%.

Calculations were made based on the average daily earnings of all insured under the unemployment insurance of the Social Security Institution (SGK) for January 2019, while taking the maximum amounts as a basis.

According to SGK data, the average gross earning amount (average daily gross earning ($(128.71) \times 30$)) in January 2019 is approximately 3,861.30 TL. While calculating the average earning of a qualified worker, paragraph 6 of Article 65 of the European Social Security Code is taken as a basis. In this context, 125 percent ($3.861.30 \times 1.25$) of the average earnings (3.861.30) of all protected persons is 4.826.63 TL.

The average net wage of a single and childless skilled worker calculated by calculating the Minimum Living Allowance is approximately 3.642.49 TL (Gross 4.826.63 TL). In this framework, the ratio found by dividing the maximum amount of unemployment benefit by the average net wage ($2.031.19 / 3.642.49$) is approximately 55.7%. As a result of the explanations made above and the rates found, it is seen that the minimum and maximum amounts of unemployment allowance are provided in terms of articles 65, 66 and 67 of the European Social Code.

B- LEGISLATION CHANGES AND APPLICATIONS

- On 10/2/2016, the application of “half-work allowance after childbirth and adoption” was introduced in the appendix of Article 5 of the Law numbered 4447. From the end of the postpartum maternity leave, which is used under the Labor Law, some leave is given for the care and raise up the child. A female worker and a female or male workers who adopt a child under the age of three are allowed to take a leave on the condition that the child is alive. Accordingly, unpaid leave is accorded for half of the weekly working period for 60

days for the first birth, 120 days for the second birth, and 180 days for the next births (30 days are added to these periods for multiple births. In case the child is born disabled, these periods are applied as 360 days). “Half-work allowance after childbirth and adoption” is the allowance given for the period of non-employment of persons who have been given unpaid leave for half of their weekly working time from the end of maternity leave, if they meet the conditions in the Unemployment Insurance Law No. 4447.

- On 23/2/2017, Law No. 4447 additional article 5 introduced the “Safe-Deposit Boxes” which will be activated for those who work on their own behalf and account when they become unemployed.
- On 28/11/2017, in the 50th article of the law numbered 4447, a regulation was made that “the unemployment allowance paid at the end of each month should be paid on the fifth of the month”. Thus, employment determinations and suspension of the allowance were made possible, and overpayments that occurred within this scope were significantly reduced.
- On 18/1/2019, the phrase “worked continuously by paying a premium” in Article 50 of Law No. 4447 was changed to “subject to service contract”, and as a result of the regulation made, the last 120 days condition, which is among the conditions to qualify for unemployment allowance, was improved.

Paragraph 4 - to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:

a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;

b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

Appendix to Article 12§4: The words “and subject to the conditions laid down in such agreements” in the introduction to this paragraph are taken to imply inter alia that with regard to benefits which are available independently of any insurance contribution, a Party may require the completion of a prescribed period of residence before granting such benefits to nationals of other Parties.

Scope of the provision as interpreted by the ECSR

a. Equal treatment of nationals of other States party who are or were lawfully resident or working regularly on the territory of a State party with respect to social security benefits; prohibition of direct (nationality requirement) and indirect (residence condition and length of residence requirement, employment requirements) discrimination for contributory benefits; non-excessive residence and length of residence requirement for non-contributory benefits, such as family benefits. Refugees and stateless persons, self-employed, and workers on secondment, to the exception of long-term contingencies, for which they remain ensured in their country of origin, are included in the personal scope of the provision. Right to maintenance of acquired rights whatever the movements of the beneficiary (invalidity, old age, survivors', employment injury or disease); obligations must be fulfilled through bilateral agreements or any other means such as unilateral, legislative or administrative measures. b. Right to retention of accruing rights through aggregation of employment or insurance periods completed abroad; obligations must be fulfilled through multilateral conventions, bilateral agreements or any other means such as unilateral, legislative or administrative measures.

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Right to equal treatment

1. Clarification about the condition of reciprocity for foreign nationals residing in the country in terms of considering them as insured for the General Health Insurance

In Turkey, regardless of nationality, every foreigner is entitled to be insured within the scope of General Health Insurance. Citizens of countries where our citizens are not considered insured in terms of health insurance are excluded from the scope of General Health Insurance on the basis of reciprocity.

According to the law numbered 5510, it is stated that foreigners must fulfil a residence condition of one-year minimum in order to be covered by the General Health Insurance.

2. Whether this condition includes emergency medical assistance or not.

The general health insurance holder (GSS) is defined in the 60th article of the Social Insurance and General Health Insurance Law No.5510. Foreign nationals in our country, who do not have any social security, can make a request to benefit from the General Health Insurance after completing one year of uninterrupted residence in our country within the scope of Article 60 / d of Law No. 5510. In case of their requests, they can become a general health insurance holder from the day following the date of request. For foreign students studying in Turkey, a year residency requirement is not required. They must make a request for universal health insurance within three months since the first registration to their school. As well as foreign workers registered in Turkey can benefit from health services within current legislation.

Emergency health services are provided in the emergency services of health service providers licensed by the Ministry of Health in our country and are carried out in line with the Presidential Circular, the regulations of the Ministry of Health and the legislation of the Social Security Institution.

Social Security Institution application; Emergency health services offered to people with ailment who are considered as an emergency as a result of the evaluation made by the physician after applying to the emergency outpatient clinic are not charged at all for the general health insurance holder. Definition of emergency; Situations requiring medical intervention within the first 24 hours and situations in which there is a risk of losing life and/or health integrity in the absence of immediate medical intervention. In this case, the health services provided are considered emergency health services and no fees are charged. (Participation share and additional fee)

For those not covered by general health insurance:

There is a provision in the Presidency Circular (Prime Ministry Circular No. 2010/16 on the Delivery of Emergency Healthcare Services). According to the Circular; all public and private health institutions responsible for providing emergency health care are obliged to take care of patients whose conditions meet the definition of an emergency. This service should not be looked into whether there is health insurance or whether it is able to pay or how the treatment costs will be covered. Health institutions will admit emergency patients and provide necessary medical treatment. In the second paragraph of article 37 titled Financing Emergency Health Services of the Emergency Health Services Regulation of the Ministry of Health, There is a provision in the form of "...Those who do not have social security and can not afford to pay should not be charged. "

3. Information about the family benefits and "the child residence requirement" condition for the bilateral or multilateral agreements

In Law No. 5510, family insurance is not counted among the main insurance branches. However, the aids provided by family insurance to individuals, although not called family insurance, find application in Turkey under the coordination of various institutions.

Although Turkey is among the countries that have signed the Charter, it has made reservations to article 16 regarding family benefits. Although there are individual family assistance applications in Turkey, an integrated family assistance system has not been established yet. Therefore, until the aforementioned system was established, except for a few exceptions, the bilateral social security agreements to which Turkey is a party did not have a provision regarding family benefits. The addition of provisions on family benefits to these agreements can only be addressed after the establishment of the integrated system.

4. Information whether citizenship required for entering the civil service?

According to Civil Servants Law No. 657, citizenship is required for entering the civil service.

Right to retain accrued benefits (12.4.a –ii)

5. Information on the way in which the right to entitled benefits is guaranteed after the reform of 2006.

It is of great importance to protecting all kinds of social security rights of Turkish citizens working abroad and foreign country citizens working in our country. In this context:

- The citizens of both contracting parties are treated equally in terms of rights and obligations,
- In determining whether a right to benefit has arisen or not, combining the insurance periods passed in the other contracting party country,
- In case of illness, the insured and their family members to benefit from health benefits while they are in the other contracting party,
- To give a pension to the insured who completes the age required for old age pension after returning to the other contracting party country,
- The insured who is entitled to an old-age pension due to working in the country of the contracting party continues to receive his pension even if he transfers his residence to the country of the other contracting party,
- In case of death of the insured, as right holders, giving widow-orphan pension and payment in a lump sum to family members residing in the other Contracting Party country

It aims to ensure a mutual guarantee of social security rights.

Social security agreements with 32 countries have already been signed and are in effect. This number will increase even more with 3 social security agreements, all of which have been completed and are at the signing stage.

B- LEGISLATION CHANGES AND APPLICATIONS

There are no important legislative changes or practices during the reporting period.

QUESTIONNAIRE RELATED WITH COVID-19

ARTICLE 13

THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

13. RESC - Anyone without adequate resources has the right to social and medical assistance

A state will only meet its commitments under Article 13 of the Charter if —or when— it secures the effective exercise of the right to social and medical assistance to everyone who is without adequate resources and who is unable to secure such resources either by their own efforts or from other sources, in particular by benefits under social security.

Because this right concerns persons in a situation of great need and enhanced vulnerability, it is incumbent upon States Parties to ensure that there are no unreasonable obstacles or insurmountable hurdles to the exercise of the right. As the Committee indicated in *European Roma Rights Centre (ERRC) v. Bulgaria*, Complaint No. 151/2017, the decision on the merits of 5 December 2018, §84, while there may be avenues available to people to assert their rights, this ability “cannot be assumed for people whose degree of exclusion, past experience and social status places them in a situation where they may not have the means” of exercising their rights. “In such cases, the authorities have a responsibility to support the persons concerned in order to overcome the barriers so that they can effectively assert their rights. Failing such a proactive approach on the part of the Government, the rights and remedies are rendered illusory for the disadvantaged communities in question. This is all the more relevant and important when fundamental rights are concerned, especially the right to health and the conditions under which the enjoyment of that right is enabled.”

RESPONSES TO QUESTIONS ON GROUP II PROVISIONS “HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION”

ARTICLE 13

THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

Article 13 – The right to social and medical assistance

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;

a) Please describe any reforms to the general legal framework. Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold.

Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.

The information on Income and Living Conditions Survey 2019 is shared below:

Income and Living Conditions Survey, 2019

The share of the highest quintile was 46.3% of the total income

The income information regarding the Income and Living Conditions Survey 2019 results refers to the year 2018, the previous calendar year. In the calculation of income, the households income is converted into the equivalent household disposable income by taking into account the size and composition of the household.

According to survey results, the share of the top quintile by the equivalised household disposable income was 46.3% recording a decrease of 1.3 points whilst the share of the bottom quintile was 6.2% with an increase of 0.1 points in comparison with the previous year.

Distribution of annual equivalised household disposable income by ordered quintiles (%), 2010-2019

Survey year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Income reference year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
First quintile (The bottom)	5.8	5.8	5.9	6.1	6.2	6.1	6.2	6.3	6.1	6.2
Second quintile	10.6	10.6	10.6	10.7	10.9	10.7	10.6	10.7	10.6	10.9
Third quintile	15.3	15.2	15.3	15.2	15.3	15.2	15.0	14.8	14.8	15.2
Fourth quintile	21.9	21.7	21.7	21.4	21.7	21.5	21.1	20.9	20.9	21.4
Last quintile (The top)	46.4	46.7	46.6	46.6	45.9	46.5	47.2	47.4	47.6	46.3

Figures in table may not add up to totals due to rounding.

Gini coefficient was 0.395

Gini coefficient one of the measures of income inequality varies between 0, which reflects complete equality and 1, which indicates complete inequality. According to 2019 results, Gini coefficient was estimated at 0.395 with a decrease of 0.013 points compared with the previous year. S80/S20 ratio calculated as the ratio of total income received by the richest 20% of the population to that received by the poorest 20% of the population decreased from 7.8 to 7.4, while the S90/S10 ratio, which is calculated as the ratio of total income received by the richest 10% of the population to that received by the poorest 10% of the population decreased from 13.7 to 13.0.

Income distribution indicators by equivalised household disposable income, 2010-2019

Survey year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Income reference year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
S80/S20 ratio	8.0	8.0	8.0	7.7	7.4	7.6	7.7	7.5	7.8	7.4
S90/S10 ratio	13.9	14.4	14.2	13.6	12.6	13.3	13.6	13.4	13.7	13.0
Gini coefficient	0.402	0.404	0.402	0.400	0.391	0.397	0.404	0.405	0.408	0.395

Mean annual household disposable income was 59 thousand 873 TL

The mean annual household disposable income was 59 thousand 873 TL in 2019 with an increase of 16.5% compared to last year in Turkey.

Mean annual household disposable income and change compared to the previous year, 2010-2019

Survey year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Income reference year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Mean annual household disposable income (TL)	22 063	24 343	26 577	29 479	32 000	36 039	41 399	46 131	51 374	59 873
Change compared to the previous year (%)		3.6	10.3	9.2	10.9	8.6	12.6	14.9	11.4	16.5

Mean annual equivalised household disposable income was 28 thousand 522 TL

In Turkey, the mean annual equivalised household disposable income increased by 17.9% compared to the previous year from 24 thousand 199 TL to 28 thousand 522 TL.

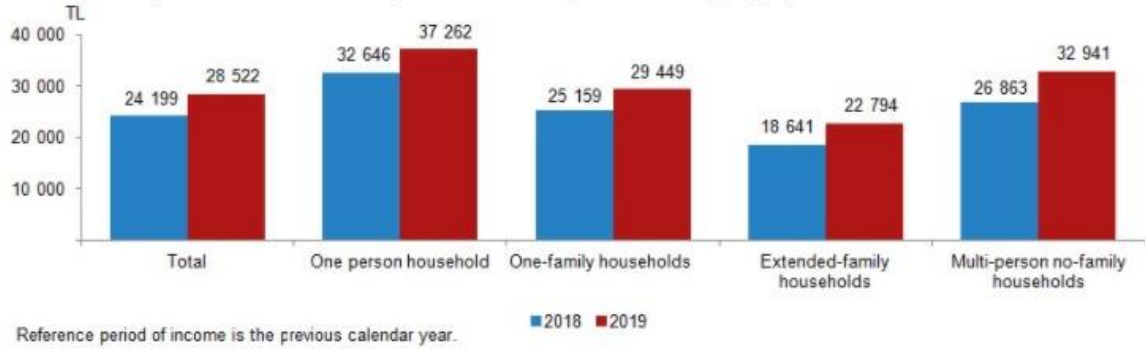
Mean annual equivalised household disposable income and change compared to the previous year, 2010-2019

Survey year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Income reference year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Mean annual equivalised household disposable income (TL)	9 735	10 774	11 859	13 250	14 553	16 515	19 139	21 577	24 199	28 522
Change compared to the previous year (%)	3.6	10.7	10.1	11.7	9.8	13.5	15.9	12.7	12.2	17.9

One person households had the highest mean annual equivalised household disposable income

According to the household type, the highest mean annual equivalised household disposable income observed among the one person households with 37 thousand 262 TL with an increase of 4 thousand 616 TL compared to last year. The mean annual equivalised household disposable income of the multi-person no-family households 32 thousand 941 TL while this income of the one-family households was 29 thousand 449 TL. The household type with the lowest mean annual equivalised disposable income was extended-family households with 22 thousand 794 TL.

Mean annual equivalised household disposable income by household type (TL), 2018, 2019



Sıralı yüzde 20'lik gruplar itibarıyla yıllık eşdeğer hanehalkı kullanılabilir fert gelirinin dağılımı, 2018, 2019

Distribution of annual equivalised household disposable income by ordered quintiles, 2018, 2019

	Yüzde 20'lik gruplar - Quintiles											
	Toplam Total		İlk %20 ⁽¹⁾ First quintile ⁽¹⁾		İkinci %20 Second quintile		Üçüncü %20 Third quintile		Dördüncü %20 Fourth quintile		Son %20 ⁽¹⁾ Last quintile ⁽¹⁾	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Yüzde (%) - Percentage (%)	100,0	100,0	6,1	6,2	10,6	10,9	14,8	15,2	20,9	21,4	47,6	46,3
Ortalama (TL) - Mean (TL)	24 199	28 522	7 426	8 899	12 784	15 558	17 913	21 717	25 313	30 478	57 567	65 960
Medyan (TL) - Median (TL)	17 784	21 584	7 793	9 296	12 798	15 573	17 794	21 584	25 055	29 992	43 191	50 761

TÜİK, Gelir ve Yaşam Koşulları Araştırması, 2019

TurkStat, Income and Living Conditions Survey, 2019

Tablodaki rakamlar, yuvarlamadan dolayı toplamı vermeyebilir.

Figures in table may not add up to totals due to rounding.

Gelir referans dönemi bir önceki takvim yılıdır.

Reference period of income is the previous calendar year.

(1) Fertler eşdeğer hanehalkı kullanılabilir gelirlerine göre küçükten büyüğe doğru sıralanarak 5 gruba ayrıldığında; "İlk yüzde 20'lik grup" geliri en düşük olan grubu, "Son yüzde 20'lik grup" ise geliri en yüksek olan grubu tanımlamaktadır.

(1) When the individuals are sorted in ascending order by equivalised household disposable income and divided into 5 parts, the bottom income group is defined as "the first quintile" and the top income group is defined as "the last quintile".

Sıralı yüzde 20'lik gruplara göre yıllık eşdeğer hanehalkı kullanılabilir fert geliri türlerinin dağılımı, 2018, 2019

Distribution of annual equivalised household disposable income types by ordered quintiles, 2018, 2019

[Dikey % - Vertical %]

Gelir türleri Type of income	Yüzde 20'lik gruplar - Quintiles											
	Toplam Total		İlk %20 ⁽¹⁾ First quintile ⁽¹⁾		İkinci %20 Second quintile		Üçüncü %20 Third quintile		Dördüncü %20 Fourth quintile		Son %20 ⁽¹⁾ Last quintile ⁽¹⁾	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Toplam-Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Maaş ve Ücret Wage and salary	48,5	46,7	39,8	41,4	45,5	46,6	47,8	46,2	52,7	48,9	48,4	46,4
Yevmiye Casual	2,7	2,6	14,3	14,2	6,4	6,6	4,2	3,0	2,5	2,0	0,5	0,7
Müteşebbis Entrepreneurial	18,8	17,7	16,2	15,0	15,6	14,3	14,0	13,9	13,7	13,7	23,0	21,6
Tarım Agricultural	4,3	4,0	8,5	7,3	6,7	6,2	5,6	5,4	4,2	3,8	3,1	2,8
Tarım dışı Non-agricultural	14,5	13,8	7,7	7,7	9,0	8,0	8,4	8,4	9,6	9,9	20,0	18,8
Gayrimenkul Rental income	3,4	3,6	0,7	1,0	1,2	1,2	1,8	1,9	2,8	2,8	4,9	5,2
Menkul kıymet Property income	3,6	4,3	1,6	2,7	1,3	2,4	1,4	2,5	1,4	2,7	5,7	6,1
Sosyal transferler Social transfers	20,1	21,9	21,3	19,0	25,9	24,5	27,6	29,3	23,9	25,6	15,3	17,5
Emekli ve dul-yetim aylıkları Pensions and survivors' benefits	18,3	20,1	13,7	11,3	22,8	21,2	25,8	27,2	22,4	24,9	14,2	16,5
Diğer sosyal transferler Other social transfers	1,8	1,8	7,6	7,7	3,1	3,4	1,8	2,1	1,4	1,7	1,1	0,9
Hanelerarası transferler (Alınan) Inter-household transfers (Received)	2,7	2,9	4,9	5,5	3,5	3,8	3,1	2,8	3,0	3,0	2,1	2,4
Diğer gelirler Other incomes	0,2	0,2	1,2	1,2	0,6	0,5	0,3	0,3	0,2	0,2	0,0	0,1

TÜİK, Gelir ve Yaşam Koşulları Araştırması, 2019

TurkStat, Income and Living Conditions Survey, 2019

Tablodaki rakamlar, yuvarlamadan dolayı toplamı vermezler.

Figures in table may not add up to totals due to rounding.

Gelir referans dönemi bir önceki takvim yılıdır.

Reference period of income is the previous calendar year.

Toplam gelire izaflı kira dahil değildir.

Imputed rent is not included to total incomes.

(1) Fertler eşdeğer hanehalkı kullanılabilir gelirlerine göre küçükten büyüğe doğru sıralanarak 5 gruba ayrıldığında; "ilk yüzde 20'lik grup" geliri en düşük olan grubu, "son yüzde 20'lik grup" ise geliri en yüksek olan grubu tanımlamaktadır.

(1) When the individuals are sorted in ascending order by equivalised household disposable income and divided into 5 parts, the bottom income group is defined as "the first quintile" and the top income group is defined as "the last quintile".

Satınalma Gücü Paritesi (SGP) kullanılarak hesaplanan gelire dayalı göreceli yoksulluk sınırına göre yoksul sayıları, yoksulluk oranı ve yoksulluk açığı, 2006-2019
Number of the poor, poverty rates and poverty gap by poverty thresholds adjusted by PPP for Turkey, 2006-2019

	Yıllar - Years													
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
%40 - 40%														
Yoksulluk sınırı Poverty threshold (TL)	1 849	2 348	2 460	2 735	2 886	3 167	3 515	3 897	4 312	4 828	5 517	6 166	6 918	8 354
Yoksul sayısı (Bin kişi) Number of poors (Thousand person)	8 228	5 920	6 241	6 869	6 801	6 664	6 759	6 128	5 929	5 970	5 749	5 197	5 712	5 942
Yoksulluk oranı (%) Poverty rate (%)	12,2	8,6	9,0	9,7	9,5	9,2	9,2	8,2	7,8	7,8	7,5	6,6	7,2	7,4
Yoksulluk açığı ⁽¹⁾ Poverty gap ⁽¹⁾	28,4	23,3	22,5	23,9	22,3	24,3	22,3	21,4	21,3	21,8	19,6	19,8	20,1	20,5
%50 - 50%														
Yoksulluk sınırı Poverty threshold (TL)	2 311	2 935	3 075	3 419	3 608	3 958	4 394	4 871	5 390	6 032	6 896	7 707	8 647	10 442
Yoksul sayısı (Bin kişi) Number of poors (Thousand person)	12 096	10 007	10 613	11 391	11 461	11 058	11 131	10 321	10 451	10 503	10 296	9 690	10 647	10 833
Yoksulluk oranı (%) Poverty rate (%)	17,9	14,6	15,3	16,1	16,1	15,3	15,1	13,9	13,8	13,8	13,4	12,3	13,3	13,4
Yoksulluk açığı ⁽¹⁾ Poverty gap ⁽¹⁾	30,7	25,0	25,0	26,1	25,3	25,7	26,0	24,5	23,6	23,8	23,0	21,5	22,1	22,4
%60 - 60%														
Yoksulluk sınırı Poverty threshold (TL)	2 774	3 522	3 689	4 103	4 330	4 750	5 272	5 845	6 468	7 238	8 275	9 249	10 377	12 531
Yoksul sayısı (Bin kişi) Number of poors (Thousand person)	16 561	15 009	15 773	16 409	16 274	15 903	16 041	15 990	15 801	16 024	16 034	15 318	16 375	16 299
Yoksulluk oranı (%) Poverty rate (%)	24,5	21,9	22,8	23,3	22,8	22,0	21,8	21,5	20,9	21,0	20,8	19,4	20,5	20,2
Yoksulluk açığı ⁽¹⁾ Poverty gap ⁽¹⁾	33,1	26,3	27,2	27,6	27,7	27,6	28,3	25,5	25,9	24,9	24,4	24,2	24,3	25,5
%70 - 70%														
Yoksulluk sınırı Poverty threshold (TL)	3 236	4 109	4 304	4 787	5 051	5 542	6 151	6 819	7 545	8 445	9 655	10 790	12 106	14 619
Yoksul sayısı (Bin kişi) Number of poors (Thousand person)	21 684	19 907	20 914	21 320	21 360	21 132	21 842	21 385	21 465	21 605	21 547	21 665	22 484	22 397
Yoksulluk oranı (%) Poverty rate (%)	32,1	29,1	30,2	30,2	29,9	29,2	29,7	28,7	28,4	28,3	27,9	27,5	28,2	27,7
Yoksulluk açığı ⁽¹⁾ Poverty gap ⁽¹⁾	33,3	28,9	29,1	30,7	30,8	30,1	29,3	27,7	27,9	27,6	27,1	25,5	26,9	27,6

TÜİK, Gelir ve Yaşam Koşulları Araştırması

TurkStat, Income and Living Conditions Survey

Gelir referans dönemi bir önceki takvim yılıdır.

Reference period of income is the previous calendar year.

Yoksulluk hesaplamasında eşdeğer hanehalkı gelirleri, Düzey 2 bazında SGP ile düzeltilmiştir.

In poverty calculation, equivalised household incomes are corrected with PPP based on Level 2.

(1) Yoksulluk açığı yoksulluğun derecesi hakkında bilgi verir. Yoksulluk açığının 100'e yaklaşması, yoksulluğun derecesinin çok fazla olduğunu, küçülmesi ise yoksulluk risk derecelerinin daha az olduğunu ifade etmektedir.

Yoksulluk açığı = ((Yoksulluk sınırı-Yoksulların EFB medyan geliri)/Yoksulluk sınırı)*100 formülüne göre hesaplanmıştır.

(1) Poverty gap ratio informs about poverty level. It represents the severity of poverty is too much if it approaches to "100" and it represents the poverty risk degree is lower if it reduces.

Poverty gap is calculated as this formula: Poverty gap = ((Poverty threshold-Median income of poors by EII)/Poverty threshold)*100

b) Please indicate any specific measures taken to ensure social and medical assistance for persons without resources in the context of a pandemic such as the COVID-19 crisis. Please also provide information on the extent and modalities in which social and medical assistance was provided to people without a residence or other status allowing them to reside lawfully in your country's territory.

Social security rights are reserved for 13,384 registered children in the Children's Houses Sites, Children's Houses Coordination Centers and Affiliated Children's Houses (Ministry of Family, Labour and Social Services). In accordance with the Social Insurance and General

Health Insurance Law, unaccompanied minors also benefit from their right to social and medical assistance.

Citizens who have an identification number receive free services from the Ministry of Health by registering with a family doctor of their choice. Besides, foreigners receive services free of charge without distinction of service upon their applications within the scope of the guest patient.

General health insurance is defined as the insurance that primarily protects the health of individuals in Law No. 5510 and provides financing for the expenses incurred in case of encountering health risks. In the social security system, there is a health insurance system that provides equal and quality services to everyone who does not exclude any citizen.

In accordance with the (Social Insurance and General Health Insurance) Law No.5510 and special provisions in other laws, the health benefits of individuals who benefit from general health insurance are covered by the Social Security Institution. However, foreigners under temporary protection who come to our country due to the civil war in Syria are not defined within this scope, and in accordance with the "Protocol on Procurement of Health Services Over Lump Sum" signed between the Ministry of Interior Directorate General of Migration Management and the Ministry of Health; The treatment expenses of foreign nationals under temporary protection in our country are covered by the Ministry of Health on a lump-sum basis.

Persons who apply for international protection or have a status and are recognized as stateless are deemed to be holders of universal health insurance in accordance with subparagraph 2 of paragraph (c) of Article 60 of the Law on Social Insurance and General Health Insurance No. 5510.

For those applicants or international protection beneficiaries who are not covered with any medical insurance and do not have financial means to afford medical services, provisions of the Social Security and Universal Medical Insurance Law No 5510 shall apply for a period of 1 year from registration in accordance with Article 89 of Foreigners and International Protection Law No. 6458. The 1-year term limit is not sought for special needs and foreigners who are considered eligible for continuation of insurance registration by the Ministry of Interior.

Studies conducted in Temporary Accommodation Centers (Ministry of Interior) on the effects of the COVID-19 outbreak and pandemic;

- Temporary accommodation center deputy managers were informed to take measures regarding the Covid-19 pandemic. A video conference meeting was held by our General Manager, with the participation of the assistant managers of all temporary accommodation centers. The meeting decisions taken were notified to the governorships as instructions.
- Disinfection works are carried out regularly in temporary accommodation centers. In addition, information brochures were printed and distributed to the shelters.
- It is mandatory for the staff on duty to wear masks and gloves.

- During the isolation periods, common areas are closed to use. In the markets, it is not allowed to have more than a certain number of people at the same time.
- In addition to the measures taken by the Ministry of Interior, the decisions taken by the Provincial Governorship where the center is located are also implemented in this context.
- A pandemic plan study regarding temporary accommodation centers has been carried out.
- Personal protective equipment support has been requested from the World Food Programme (WFP) in order to minimize the risk of the staff contacting people suffering from the Covid-19 pandemic, including healthcare staff working in temporary accommodation centers. In this context, the distribution of the following materials to temporary accommodation centers was provided by WFP on 28 September 2020.
- United Nations High Commissioner for Refugees (UNHCR) provided 1.161 protective goggles, 16.254 protective overalls, 16.254 N-95 and higher quality masks, 32,08 surgical masks, 650 litres of surface disinfectant, 1.350 litres of hand disinfectant, 76.000 gloves for the use of employees in case of quarantine.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Related questions are replied under the relevant part.

2. Ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

3. 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;

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

4 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.

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 13

THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

Article 13 – The Right to social and medical assistance

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;

2 to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;

3 to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

4 to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Paragraph 1 - 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.

Scope of the provisions as interpreted by the ECSR

Social assistance – adequate benefits must be payable to “any person” on the sole ground that he/she is in need. To be adequate the assistance should enable any person to meet his/her basic needs, i.e. the level of the benefits should not fall below the poverty threshold.

Medical assistance - everyone who lacks adequate resources must be able to obtain free of charge “in the event of sickness the care necessitated by his condition”

The right to assistance must constitute an individual right laid down in law and be supported by an effective right of appeal to an independent body.

Legislative Framework

Types of benefits and eligibility criteria

Legal basis

1- Which legal provision guarantees the subjective right to a basic benefit (e.g. *regular aid*), for any person in need, subject to a means-test, as well as additional benefits (e.g. *periodic aids*, such as housing and heating allowances).

Within the context of Law No. 2022 on Retirement Pension Pays for Elderly Turkish Citizens Who Are Aged 65 Or Over, In A Dependent Capacity With No Relatives And No Financial Income, old-age pensions are provided to persons who are;

- To be 65 or older,
- Not receiving alimony or cannot be entitled to alimony,
- Not receiving pocket money within the scope of Law No. 2828,
- Not benefiting from an income aid or allowance from social security institutions,
- Not working as subject to long-term insurance branches,
- Turkish citizens whose average monthly income per person considering himself and his wife is less than 1/3 of the net minimum wage.

Applications for old-age pension under Law No. 2022 are made to the Social Assistance and Solidarity Foundation (SYDV) in the province or county where the person resides.

Older women can also benefit from regular cash assistance program provided by Social Assistance and Solidarity Fund for Women Whose Husbands are dead. In order to benefit from this assistance program, the application is made to the Social Assistance and Solidarity Foundation of the province or county of residence by presenting an identity card. Women who are decided to benefit from the assistance program by the Board of Trustees of the relevant Foundation are granted cash assistance if they meet the requirements. In order to benefit from this assistance, the last official marriage partner must have passed away. According to Law No. 2022, there is no obstacle for persons with disabilities and/or receiving 65 years old-age pension to benefit from the cash assistance for a widow at the same time.

The applicant is not eligible for assistance if a person in the household is covered by the social security system. In addition, those who receive home care allowance for a person with a

disability (those who are caregivers) cannot benefit from this program either. However, if there is a person with a disability taken care of in the applicant's household and all other requirements are met, there is no obstacle for that person to benefit from widow allowance.

There are regular assistance programs with special requirements by the Social Assistance and Solidarity Foundations within the governorships and county governorships, which are carried out within the scope of the Law on Social Assistance and Solidarity Promotion (Law No. 3294). Elderly citizens, who fulfil the requirements provided below, can benefit from the following periodical assistance programs under Law No. 3294.

In-kind benefits such as food, fuel, shelter etc. are available to those who do not have a socially-assured individual in their households and are considered to be needy by the Social Assistance and Solidarity Foundation Board of Trustees, or those with a household income of less than 1/3 of the monthly net minimum wage even if there a socially-assured individual in the household. In order to benefit from the assistance, it is necessary to apply to the Social Assistance and Solidarity Foundation at the place of residence.

2- How these requirements are met both by Law No. 3294 as well as Law No. 6704 dated 14 April 2016. whether the legislation provides for a legally recognised enforceable right to social assistance for any person in need.

The Republic of Turkey is a social state governed by rule of law. Social assistance programs in Turkey are carried out in accordance with the provisions of the Social Assistance and Solidarity Promotion Law No. 3294 and Law No. 2022 on Paying Salary to Needy, Weak and orphans Turkish Citizens over 65 years of age. In Article 2 of Law No. 3294, it is stated under which conditions who will benefit from social assistance programs defined in Law No. 3294. Again, in the relevant Articles of Law No. 2022, it is stated who will benefit from the pensions enacted by the Law in question.

Conditional Cash Transfer Programmes, which are applied in various countries around the world, are regular social assistance programs that are pre-determined and benefited as long as the conditions are met. In order to benefit from the related assistance program, there are basic requirements: families should be in need and children should attend school. The amount of aid to be given within the scope of the programme and the payment schedule are determined in advance. The final decisions for applications of the citizens in this regard are taken by the Board of Trustees of the Social Assistance and Solidarity Foundations, which were established with a participatory structure within the scope of Law No. 3294, in line with these criteria.

Within the scope of the Social Assistance and Solidarity Encouragement Law No 3294, the social assistance program of 43 different characteristics, which aims to improve the social and economic conditions of the socio-economically weak people, is carried out with the resources of the Social Assistance and Solidarity Incentive Fund and people in need benefit from these aids through the Social Assistance and Solidarity Foundations.

Social Assistance and Solidarity Foundations, which have a separate legal personality, are responsible for evaluating the above-mentioned social assistance requests and the eligibility status of individuals for these aids in the light of the data obtained from different public

institutions through electronic media and the household visits made by the social investigators working within their body, the Board of Trustees.

Social assistance and solidarity foundations carry out their operations according to Law No 2022, the relevant Regulation and the Guidelines on Pensions under Law No 2022.

Within the scope of Law No. 2022 on Paying Salary to Needy, Weak and orphans Turkish Citizens over 65 years of age, poor old people and disabled people are given pensions.

According to Law No. 2022, the conditions for old and disabled pensions are as follows:

a) Elderly Pension

- Over the age of 65,
- Alimony is not connected or is not possible,
- Those who do not receive any allowance within the scope of Law No. 2828,
- Those who are not regularly maintained or made available in public or private institutions and organizations, including their food and lodging,
- Those who do not benefit from an income or pension right from social security institutions,
- Those who do not work subject to long term insurance branches,
- Taking into account himself and his spouse, Turkish citizens whose average monthly income per capita is less than 1/3 of the monthly net amount of the minimum wage (701.32-TL for 2020) are given an elderly pension.

b) Disability Pension (if disability rate is 40-69%)

- Those who are older than 18 and younger than 65,
- People with disabilities between 40% and 69%,
- Alimony is not connected or is not possible,
- Those who are not regularly maintained or made available in public or private institutions and organizations, including their food and catering,
- Those who do not receive any allowance within the scope of Law No. 2828,
- Those who do not benefit from an income or pension right from social security institutions,
- Those who do not work subject to long term insurance branches,
- Those who cannot be placed in a job despite their request,
- Turkish citizens whose average monthly income per capita within the household is less than 1/3 of the monthly net amount of the minimum wage (701.32-TL for 2020).

c) Disabled Pension

- Over the age of 18,

- 70% and above disabled,
- Alimony is not connected or is not possible
- Those who are not regularly maintained or made available in public or private institutions and organizations, including their food and catering,
- Those who do not receive any allowance within the scope of Law No. 2828,
- Those who do not benefit from an income or pension right from social security institutions,
- Those who do not work subject to long term insurance branches,
- Turkish citizens whose average monthly income per capita within the household is less than 1/3 of the monthly net amount of the minimum wage (701.32-TL for 2020).

d) Pension for Disabled Persons' Relatives

- Persons with a disabled relative of 40% or more, under the age of 18, who actually care for, reside in the same household,
- Alimony is not connected or is not possible,
- Those who are not regularly maintained or made available in public or private institutions and organizations, including their food and catering,
- Those who do not receive any allowance within the scope of Law No. 2828,
- Those who do not benefit from an income or pension right from social security institutions,
- Those who do not work subject to long term insurance branches,
- 70% and above who do not receive a disabled pension
- Turkish citizens whose average monthly income per capita within the household is less than 1/3 of the monthly net amount of the minimum wage (701.32-TL for 2020).

Under Law No. 2022, those who are pensioners, their dependents and their relatives with disabilities who benefit from the pension of disabled people under the age of 18 are considered as General Health Insurance holders. General Health Insurance premiums of these citizens are covered by the Ministry of Family, Labour and Social Services.

The monthly amounts of the pensions for the elderly and the disabled within the scope of Law No. 2022 are determined according to Law No. 2022, the Central Government Budget Law and the civil servant monthly coefficient. Elderly and disabled pensions, which are paid quarterly, have been paid monthly since September 2018.

With Law No. 6704 dated 14/4/2016 and the amendment made in Article 1 of Law No. 2022, it has been stipulated that “per capita income based on the elderly person and his/her spouse” will be taken as a basis in elderly pensions instead of “income per capita in the household”. Thus, the monthly attachment conditions for the elderly were improved.

The monthly amounts under Law No. 2022 are determined according to Law No. 2022, the Central Government Budget Law and the civil servant monthly coefficient. With the arrangement made in May 2018, an increase was made in the pensions of the elderly and the amount of old pension was 265 TL until June 2018, and the amount of elderly pension started to be paid as 500 TL since June 2018. The pensions that are paid quarterly are carried out monthly since September 2018, and the amount of old pension for the July-December period of 2020 is 711.50 TL.

Medical assistance

3- Whether all persons in receipt of social assistance are included in the universal health insurance and whether the latter goes beyond emergency assistance.

Article 60/C-1 of Law No. 5510 explains holders of universal health insurance in a detailed way. Those whose monthly per capita income in the family is found to be less than one-third of the minimum wage are deemed to be holders of universal health insurance and thus, can benefit from all health services including emergency health services.

In addition, participation shares received from persons receiving monthly according to the provisions of the Law on Monthly Connection to Needy, Powerless and Orphaned Turkish citizens who fall within the scope of Article 60/C-1 and over 65 years of age are reimbursed by social assistance and solidarity foundations in accordance with the provisions of the Social Assistance and Solidarity Promotion Law No. 3294, if requested.

- Those covered by general health insurance provided that their residence is in Turkey;
- Citizens (formerly green card holders) whose income per capita in the family is less than one-third of the minimum wage, whose expenses, movable and immovable properties and their rights arising from them will be determined using test methods and data, which will also be taken into account, are covered by the state;
- As a result of the income test, citizens whose per capita income in the family is equal to one-third of the minimum wage and more than one-third are obliged to pay premiums and benefit from general health insurance by covering their premiums themselves.

Level of benefits

4- Information about the amounts of different benefits

Regular assistance	Long-term assistance
Conditional Education Aids	Food Aids
Conditional Health Benefits (Health and Pregnancy)	Birth Aids
Aids for Women whose Spouses have Deceased	Housing Assistance
Aid for Needy Soldier Families	Health Aids
Assistance Under Law No. 2022	Disability Needs Assistance
Need for Military Children	General Health Insurance Participation

	Share Payments
Orphan and Orphan Aid	Education Aids
General Health Insurance Premium Support Payments	Project Support
Multiple Birth Aid	One-Time Aids
Cash Assistance for Chronic Patients	Disaster / Emergency Aid
Social Cohesion Assistance for Foreigners	Terrorist Damage Aids
Conditional Education Assistance for Foreigners	Fuel Aids
Electricity Consumption Support	Electrical Support for Chronic Patients

AMOUNTS OF SOCIAL AIDS (TL)	
SOCIAL AIDS	AMOUNTS (TL)
	YEAR : 2019
SENIOR PENSION	637,79
DISABILITY PENSION	
40% to 69% disabled	509,13
70% and above disabled	763,69
DISABILITY ALLOWANCE FOR THEIR RELATIVES	509,13
PAYMENTS TO SILICOSIS PATIENTS	
Patients with Mild Silicosis (15% -34%)	1.100,11
Patients With Moderate Silicosis (35% -54%)	1.257,26
Patients with Severe silicosis (55% and above)	1.400,95
ASSISTANCE PROGRAM FOR CHRONIC PATIENTS	1.384,59
CONDITIONAL EDUCATION ASSISTANCE	
Primary Student (male)	35
Primary Student (female)	40
Secondary Education Student (male)	50
Secondary Education Student (female)	60
CONDITIONAL HEALTH CARE	
Conditional Health Aid	35
Postpartum Aid	35
Conditional Pregnancy Aid	35
Birth Aid	75
BIRTH AID	

For First Child	300
For Second Child	400
For Third and Subsequent Children	600
ELECTRICITY CONSUMPTION SUPPORT *	
75 kWh per month for needy households of 1-2 people,	53,27
100 kWh per month for needy households of 3 people,	71,02
125 kWh per month for 4 needy households,	88,78
Monthly 150 kWh for needy households of 5 and more people	106,53
GENERAL HEALTH INSURANCE (GSS) PREMIUMS PAYMENTS	102,34
REGULAR CASH ASSISTANCE PROGRAM FOR WOMEN WHOSE HUSBAND HAS PASSED AWAY	275
REGULAR CASH ASSISTANCE PROGRAM FOR FAMILIES OF SOLDIERS IN NEED	275
ORPHANAGE AID	100
MULTIPLE BIRTH AID	150
AID TO CHILDREN OF NEEDY SOLDIERS**	100
(*)The kWh equivalent amounts are the tariff amounts reported by the Ministry of Energy and Natural Resources.	

(**) Those who benefit from the regular cash aid program for the families of the soldiers in need of the aid program as a military spouse can apply.

5- Information about the poverty threshold

Official poverty indicators in Turkey are explained by the Turkish Statistical Institute based on Income and Living Conditions Survey data since 2006.

According to the results of the income Living Conditions Survey 2019, the table with the poverty line and poverty rates calculated according to the available income of equivalent households is presented below.

Poverty Risk Rate	Poverty Line (TL)	Poverty Rate (%)
	2019	2019
%40 - 40%	8.635	8,3
%50 - 50%	<u>10.793</u>	<u>14,4</u>
%60 - 60%	12.952	21,3
%70 - 70%	15.111	28,5

Right of appeal and legal aid

6- Whether the legislation provides for a legally recognised enforceable right to social assistance

The related legislation provides the right to social assistance. All information about this already given under the relevant part.

7- Whether the right to social assistance is supported by an effective right of appeal.

Social Assistance and Solidarity Foundations carry out the work and transactions related to pensions within the scope of law 2022.

The authorized decision-making body of Foundations is the trustees. The decisions of the trustees may be challenged. However, the judicial path is clear for the work and transactions carried out under law 2022.

Personal scope

Nationals of States Parties lawfully resident in the territory

8- Whether nationals of States Parties lawfully resident in Turkey are entitled to social and medical assistance on an equal footing with nationals, without being subject to any length of residence requirement.

Except for active or optional non-insured persons whose residence is in Turkey, foreign citizens listed below are defined within the scope of GSS (General Health Insurance) if they meet the conditions listed in Article 60 of Law No. 5510.

- Refugees and stateless persons with international protection application or status,
- Persons who are not insured under the legislation of a foreign country from citizens of a foreign country who have obtained a residence permit provided that the basis of reciprocity is also taken into account,
- Foreign soldiers who are studying and training in Turkey under International Military Training Cooperation Agreements and their dependents family members in this Agreement, health care costs will be covered by the accepting state,
- In accordance with the International Cooperation Agreements on education, the General Command of the gendarmerie in Turkey, the command of the Coast Guard and the Academy of the gendarmerie and the Coast Guard are trained and trained under the direction of foreign guest personnel and dependents of their family members, in this Agreement, health care costs will be covered by the accepting state.

Social Assistance and Solidarity Foundations provide assistance for the urgent and basic needs of foreigners who are registered by public institutions within the framework of the Principle Decision on Aid for Foreign Nationals in our country. Moreover, they provide assistance for foreigners who cannot be registered in a short time and need to meet their basic needs urgently.

The Emergency Social Safety Net (ESSN) Programme provides cash to the most vulnerable refugee families living in Turkey. ESSN provides monthly transfers through debit cards to the

most vulnerable refugees in Turkey. Those receiving assistance can decide for themselves how to cover essential needs like food, fuel, rent and bills. The work and transactions regarding payment processes are carried out by Kızılay and the International Red Cross Society Federation. This Programme is the highest budgeted humanitarian aid with a total amount of EUR 1.498.000.000 funded by the EU. Syrians and all other foreigners living outside the temporary accommodation centres, who meet at least one of the targeting criteria, have an identification number starting with a 99 number and address registration have benefitted from the ESSN Programme. In October 2016 ESSN Programme started to implement countrywide in Turkey. As of October 2020, it has reached more than 1,789,603 beneficiaries and a total of 8 billion 332 million TL financial support is provided to the most vulnerable refugee families living in Turkey.

Conditional Cash Transfer for Education (CCTE) Programme mainly focusing on Syrians in Turkey provides aid to families with the condition that they send their children to school in order to increase access to education and encourage them to continue their education. The CCTE program is open to all foreign children. Therefore, the number of beneficiaries reached is not only Syrians but also all foreigners living in our country and benefiting from the CCTE program. The CCTE Programme financed by the EU has been jointly implemented since May 2017 by the Directorate General for Social Assistance, the Directorate General for Family and Community Services, UNICEF, Turkish Red Crescent, Ministry of Education and the Ministry of Internal Affairs the Directorate General for Migration Management. CCTE services reach out to 628.856 Syrian children under temporary protection (with at least one CCTE Payment) and 666.193 children were enrolled in the education system as a result of this Programme. Moreover, approximately 686 million TL has been paid since the beginning of the Programme. The progress reports of the Programme also stress that enrolment and regular attendance of Syrian children under temporary protection has increased to 85 % among CCTE recipients. The reports also give the breakdown of the schooling groups. The figures demonstrate that the largest number of children (323.702) benefitting from the Programme is in primary schools. The second largest group (215.176) is lower secondary school students. The gender distribution is well balanced (49.7% vs. 50.3%).

Foreign nationals unlawfully present in the territory

9- What social and medical assistance was available to migrants in an irregular situation who are not considered to be "victims" and are not in a repatriation centre.

Social and medical assistance is provided to the most vulnerable refugees living in Turkey under the ESSN and CCTE Programmes detailed above.

10- The nature and extent of the assistance which is provided to unlawfully present foreigners and whether a specific legal basis exists for the provision of this form of assistance in cases of urgent need.

The ESSN and CCTE Programmes covers foreigners who are under temporary protection or have applied for temporary, international protection, have international protection status or residence permit within the scope of Foreigners and International Protection Law No 6458.

11- Information about the legislation and practice comply with these requirements.

The Law No. 6458 on Foreigners and International Protection is essential in terms of the identification document and status of existing projects.

B- LEGISLATION CHANGES AND APPLICATIONS

There are no important legislative changes or practices during the reporting period.

Paragraph 2 - Ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;

Scope of the provisions as interpreted by the ECSR

Persons receiving assistance must not suffer as a result any diminution of their political or social rights. Any discrimination against persons receiving assistance that might result from an express provision must be eradicated.

No information requested.

Paragraph 3 - to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

Scope of the provisions as interpreted by the ECSR

Provision of appropriate public or private services such as advice and personal help to persons without adequate resources, as may be required to prevent, to remove, or to alleviate personal or family want.

No information requested.

Paragraph 4 - to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

Appendix to Article 13§4: Governments not Parties to the European Convention on Social and Medical Assistance may ratify the Charter in respect of this paragraph provided that they grant to nationals of other Parties a treatment which is in conformity with the provisions of the said convention.

Scope of the provisions as interpreted by the ECSR

Emergency social and medical assistance for everyone lawfully or unlawfully present (but not resident) in the territory. States party are required to provide for those concerned to cope with an immediate state of need (accommodation, food, emergency care and clothing).

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

1- Supply of and emergency medical assistance including accommodation, food, clothing for non-resident foreigners

Regarding emergency medical assistance for foreigners, in the case of traffic accidents in our country, the costs of health service offered by hospitals affiliated to universities and all other official and private health institutions and organizations are covered by MoFLSP within the framework of the health service reimbursement procedures and principles determined for those who are considered to be universal health insurance, regardless of the nationality of the victim or whether they have social security in accordance with Article 98 of the Highway Traffic Law No 2918.

2- Whether medical emergencies, other than road accidents are treated in the same way as regards lawfully present foreign nationals without resources

Turkey ratified European Convention on Social and Medical Assistance of the Council of Europe and it entered into force on the date of 01/01/1977. As it is clear that, under this Convention, Turkey undertakes to ensure that the nationals of other Parties, who are lawfully present in their territory and who are without sufficient resources, are entitled to the same social and medical assistance as Turkish nationals. And also European Convention on the Legal Status of Migrant Workers is ratified by Turkey and this Convention entered into force on the date of 01/05/1983. This Convention is concerned with the principal aspects of the legal situation of migrant workers, in particular recruitment, medical examinations, occupational tests, travel, residence permits, work permits, the reuniting of families, working conditions, the transfer of savings and social security, social and medical assistance, the expiry of work contracts, dismissal and re-employment.

By the way, in 2013 with Law No 6458 on Foreigners and International Protection, foreigners wishing to obtain a residence permit in Turkey are obligated to have health insurance covering their period of residence. This health insurance covers the foreigner in case of illness or accident within the specified insurance period.

Health insurance for foreigners also has 'inpatient' and 'outpatient' coverage as like in private health insurance and supplementary health insurance. If the insured gets married within the validity date of the policy, the spouse to be included in the insurance coverage can be insured as of the date of marriage if the application form is filled in 30 days at the latest and the marital status is documented.

Under Article 63 of Law No 5510 on General Health Insurance, medical emergencies are treated in the same way as regards lawfully present foreign nationals without resources.

B. LEGISLATION CHANGES AND APPLICATIONS

There are no important legislative changes or practices during the reporting period.

QUESTIONNAIRE RELATED WITH COVID-19

ARTICLE 14

THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

14. RESC - Everyone has the right to benefit from social welfare services.

Many of the introductory comments made for Articles 12 and 13 are also relevant to the right to benefit from social welfare services. It is nonetheless worth stressing the requirement of universality; the right to benefit from social welfare services must potentially apply to the whole population, which distinguishes the right guaranteed by Article 14 from “the various articles of the Charter which require States Parties to provide social welfare services with a narrowly specialized objective”.

The provision of social welfare services concerns everybody who find themselves in a situation of dependency, in particular the vulnerable groups and individuals who have a social problem. Social services must therefore be available to all categories of the population who are likely to need them. The Committee has identified the following groups: children, the elderly, people with disabilities, young people in difficulty or in conflict with the law, minorities (migrants, Roma, refugees, etc.), the homeless, persons suffering from substance use disorders, women victims of violence and persons in conflict with the law, including those deprived of their liberty and former detainees. This is not, however, an exhaustive enumeration of persons entitled to access and benefit from social welfare services.

The state has an obligation to take every appropriate measure to ensure that no one is left behind. Therefore it is required to implement apposite outreach arrangements. Meeting this obligation will often require proactive service-oriented action, with the competent authorities taking the initiative rather than merely responding to applications and requests. It should be recalled that fundamental rights are mirrored by fundamental obligations for the duty bearers.

RESPONSES TO QUESTIONS ON GROUP II PROVISIONS “HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION”

ARTICLE 14

THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

Article 14 – The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;

a) Please explain how and to what extent the operation of social services has been maintained during the COVID-19 crisis and whether specific measures have been taken in view of possible future such crises.

- During the COVID-19 outbreak, social services have provided by taking into account the necessary measures and taking advantage of technological opportunities. In addition, Social Service Centers (SSCs) were also supported in terms of hygiene materials in the process.
- A total of 13.384 registered children currently benefit from social services in Child Homes Buildings Complex and Directorates of Child Homes Coordination Center. In accordance with Child Protection Law No. 5395, services are provided to all children who need social work intervention.
- Periodically medical screening and control of children who stay in our nursing homes for their complaints such as fever, cough, respiratory distress, rapid breathing and chest pain every 6 hours.
- Visits to the nursing institutions have not been allowed and children cannot leave the institutions during this period.
- The relevant staff received the distance education passwords for each child to enter the Ministry of National Education system and enabled them to continue distance education.
- A total of **9 COVID-19 information guidelines** have been prepared by the MoFLSS and these guidelines have been sent to and used by institutions serving disabled and elderly people.
- Guidelines have been prepared for those with hearing, mental, spiritual, emotional and autism spectrum disorders and their families. Information about the virus and preventive health measures to be taken against the virus during the Covid-19 outbreak, the services and the rights provided in this process are included therein. All guidelines have been also published online.
- In the Easy-to-Read Guide in these guidelines, expressions were written briefly and supported by visuals so that families of mentally disabled people can easily tell their children about the Covid-19 process and preventive measures.
- The guideline prepared for hearing impaired individuals has been translated into Turkish Sign Language and made available online on the Ministry's website as a video.
- **“Coronavirus Information Guidelines”** have been prepared for care institutions and these institutions have been informed about the measures and procedures to be taken in organizations to protect and ensure the health and safety of service providers and personnel during the Covid-19 outbreak.
- **“Information Guideline on Measures to be taken for Disabled Employees and Employers in Workplaces during the Covid-19 Pandemic”** has been prepared.

- In order to support education in the pandemic process, the course content of the EBA TV, the Ministry of Education's online education platform for students, was translated into Turkish Sign Language.
- **“Basic Turkish Sign Language Lesson videos”** have been prepared and broadcast on EBA TV in order to raise awareness of students who hear within the scope of disability week. Some fundamental information about Turkish Sign Language was given in the videos created in separate content for primary, secondary and high school students. Also, it was explained how to translate words and short sentences used in basic daily conversations into sign language, and the use of words and sentences in dialogue was again conveyed in sign language.
- Within the scope of the above-mentioned activities, a video compilation was created with the participation of hearing-impaired people studying in different provinces of the country, describing the difficulties they experience in school.
- **“Covid-19 public spots”** and **“health information videos”** prepared by the Ministry of Health have been translated into sign language.
- It was decided to switch to a 7-10-14-day fixed shift system to minimize the entrance and exit of the care institutions, thus to protect the health of the disabled and the elderly.
- Visits to the institutions providing services to persons with disabilities and older persons were administratively decided to be limited to only family members. They were allowed to visit after health checks and preventive health measures such as wearing masks were taken during the visits.
- Through the **“Monitoring and Tracking Group”** established on 10 March 2020, we analyse and have instant follow-up the data flowing from nursing homes.
- Informative letters and posters prepared by the Ministry of Health about the ways to protect against COVID-19 and what to do were hung on the care institutions.
- Fever monitoring of the disabled and elderly people staying in the institutions has started to be made more frequently.
- The necessary measures have been taken to strengthen the immune systems of the disabled and elderly people staying in the institutions and to pay attention to their care and nutrition.
- As a result of these measures, the World Health Organization praised the measures that Turkey has taken within the scope of the COVID-19 in the nursing homes, elderly care and rehabilitation centres as well as the endeavours that Turkey has made for the elderly people in care by expressing: **“By ensuring that the healthcare workers take the necessary measures, Turkey shielded its elderly against COVID-19.”**
- Turkey has started the VEFA (meaning “loyalty” in Turkish) Project for elderly persons. As part of this Project, the relevant staff knock on the doors of older persons even in districts to help them meet their needs since they were restricted to leave their

homes. In the fight against Covid-19, we have considerably expanded the scope of the VEFA Project and put it into practice all over Turkey.

- It is observed that there is an increase in cases of violence against women in times of crisis such as pandemics, and women may be more exposed to different types of violence due to increased tension in the household and social isolation. Similarly, pandemics increase the risks of abuse by reinforcing current gender inequalities and vulnerabilities.
- Necessary steps have been taken to ensure that the services are provided without any interruption during the period when the fight against the coronavirus pandemic intensifies, and measures have been taken urgently in Turkey. Moreover, the focus on responding to COVID-19 cases in healthcare facilities can interrupt care and support services for victims of violence. In this context, Violence Prevention and Monitoring Centers (ŞÖNİM) in 81 provinces, contact points for combating violence established in 353 SSCs and 146 women's shelters operate with a capacity of 3.508.
- During the outbreak, measures have been taken to ensure that women and their children in women's shelters have health checks, restrictions on entries and exits except in case of necessity, cancellation of collective events and periodic disinfection of guesthouses, and compliance with the isolation rules.
- Within the scope of combating violence against women during the COVID 19 outbreak, training activities for relevant personnel, especially public officials, continue through distance learning.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Related questions are replied under the relevant part.

2. Encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

a) Please provide information on user involvement in social services (“co-production”), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels and in the design and practical realization of services. Co-production is here understood as social services working together with persons who use the services on the basis of key principles, such as equality, diversity, access and reciprocity.

Volunteers can apply to the Child Homes Buildings Complex (ÇES), Directorates of Child Homes Coordination Center (ÇEKOM) and affiliated Child Homes in line with the Directive on Working Principles of Volunteers and they can work voluntarily.

Furthermore, Vefa Social Support Groups carried out their activities with volunteers from various non-governmental organizations such as AFAD and the Red Crescent along with the staff of public institutions, local administrations. Volunteers can take part in these groups by applying for the announcements of the district governorships.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Related questions are replied under the relevant part.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 14

THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

Article 14: The Right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

- 1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;**
- 2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.**

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 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 counseling, 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 organization 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- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Effective and equal access

1. Clarifications as to how decisions concerning the provision of social services were taken

In Turkey, social service is provided for people in need through SSCs, which are organizations responsible for identifying the needy and performing social service intervention and follow-up. In these organizations, protective, preventive, supportive, developing services and guidance and counselling services are offered together and in the most accessible way to children, youth, women, men, disabled, elderly individuals and their families. SSCs, when necessary, provide services in cooperation with public institutions and organizations, local administrations, universities, non-governmental organizations and volunteers.

Organizational Structure of SSCs

SSCs provide services through 4 main units:

- Application, Detection and Monitoring Unit,
- Implementation Unit,
- Martyrs' Relatives and Veterans Unit,
- Training-Consultancy Unit.

The duties of these units are as follows:

Application, Detection and Monitoring Unit:

- Receiving, evaluating, directing applications;
- Recording the information obtained by field scanning in the database, to identify individuals and families in need of services according to these data, to direct them to services;
- Monitoring and evaluating the delivery of services provided for individuals and families by the Social Service Center.

Implementation Unit:

- Carrying out the procedures regarding the acceptance of persons to be directed to the residential institutions or the termination of the service and to follow these transactions until they are finalized;
- Carrying out the procedures of adoption, foster family, voluntary family and socio-economic support;
- Providing education and guidance services to adoptive families, foster and volunteer families in the areas they need;
- Carrying out the implementation of care, accommodation and counselling measures given by the courts;

- Initiating procedures related to home care, support in the family, and Social Economic Support services.

Martyrs' Relatives and Veterans Unit:

- Carrying out social service activities for martyrs' relatives and veterans;
- Communicating with the relatives of the martyrs and the families of the veterans after the news of the martyrdom or injury, and making the necessary information, listening to their problems, developing solutions;
- Carrying out the necessary studies on the education of the children of martyrs and veterans with the support of relevant institutions and organizations;
- Working on the adaptation of veterans to social life;
- Preparing periodic statistical data on the activities of martyrs' relatives and veterans and presenting them to the relevant units.

Duties of Training-Consultancy Unit:

- Working towards ensuring the contribution and participation of non-governmental organizations, local governments, volunteers and other organizations related to social services, organizing activities that will raise awareness in the public in this direction;
- Ensuring the provision of protective, preventive, educational and developmental services decided to be implemented by the SSC;
- Working on the prevention of abuse, violence and similar issues;
- Providing guidance to families with elderly and disabled people in their homes and families receiving home care in the areas they need.
- All decisions related to social work processes are taken in accordance with the decision-making processes of SSCs and Provincial Directorates and in accordance with the relevant legislation.

2. Information on whether and how nationals of other States Parties had access to social services.

SSCs

In Turkey, it is aimed to reach all those in need through social services, and in this context, 354 SSCs have been opened and continue to operate in 81 provinces. In addition, as a requirement of the understanding of supply-oriented service provision, the Family Social Support Program (ASDEP) has been implemented throughout our country since 2017 and within the scope of this program, our citizens are visited at their homes and the necessary guidance is provided, and the protective and preventive aspect of social services is strengthened through the program.

Children

Besides, the notifications received by the Alo 183 Social Support Line, which is open 24 hours a day and 7 days a week about children in need of protection are evaluated. Reports

about children who are notified to be in need of protection through law enforcement, citizen reports or the prosecutor's office are immediately examined and a detailed social environment analysis is prepared for the child victim and his/her family. In the examination, the situation of the child is evaluated within the framework of protective and supportive measures (care, accommodation, health, education, and consultancy) included in the Child Protection Law No.5395 and the child is supported within the framework of the measures ruled by the relevant court.

Children who are found to be in need of protection are taken under protection and care in institutions affiliated to the Ministry of Family, Labor and Social Services (MoFLSS); when deemed necessary, a decision can be taken from the relevant court to regulate or limit personal relationships with family, relatives and close circles.

The psycho-social support and counselling services for the child and the family are provided within the framework of the precautions ruled by the court for the children who are deemed to be able to be supported by their families.

Monitoring activities are carried out by the Provincial Directorates for children, who are supported by their families, and their families.

Preventive and improvement activities are carried out in order to ensure the healthy development of children and young people and to raise strong and sensitive generations against risks.

13.384 registered children still benefit from social services in Child Homes Buildings Complex, Directorates of Child Homes Coordination Center (ÇEKOM) and affiliated Child Homes, and services are provided to all children in need of social service intervention within the framework of the Child Protection Law.

Women

Institutional services are provided to women in terms of combating violence against women by many institutions and organizations, including the MoFLSS, the Ministry of Justice, the Ministry of Internal Affairs, the Ministry of Health and the Ministry of National Education in Turkey.

The General Directorate on the Status of Women of the MoFLSS, as one of the main service units in this regard, operates within the framework of its duties to carry out and coordinate protective, preventive, educational, developer, counselling and rehabilitative social service activities for women in the field of combating violence against women.

Accommodation service, guidance and counselling services for victims of violence, taking under temporary protection, etc. services are provided in the Violence Prevention and Monitoring Centers (ŞÖNİM) established within the scope of “Law No. 6284 on the Protection of the Family and the Prevention of Violence Against Women”. Moreover, the follow-up process for the effective implementation of cautionary decisions within the scope of Law No. 6284 is carried out in 81 provinces.

Women's shelters serve as residential social service institutions where victims of violence can stay temporarily by protecting, solving and strengthening their psychosocial and economic

problems, and meeting their needs, if any, with their children. 111 women's guesthouses under the MoFLSS in 81 provinces; 2 women's guesthouses under the Ministry of Interior, Directorate General of Migration Management; a total of 146 guesthouses, 1 affiliated to non-governmental organizations and 32 affiliated to local administrations, provide service throughout the country.

The Provincial Directorates of the MoFLSS and 353 SSCs provide counselling, guidance and social support services for those subjected to violence. The contact points for combating violence have been established within 353 SSCs in order to provide prompt and effective counselling and support services for victims in districts.

“Alo 183 Social Support Line” serves as a psychological, legal and economic counselling line for women and children who are exposed to violence or are at risk of being subjected to violence and who need support and assistance. Besides, these people are informed about their rights and the places they will apply to, and in case of urgency, law enforcement agencies are informed to intervene in the case.

Turkey has worked with no concessions on the principle of **“zero tolerance for violence”** during the pandemic as well. Victims of violence have been informed via phone and short messages on mechanisms for which they may apply in case of exposure to or at risk of violence. Considering the possible increase in calls to **“Social Support Line”** in March 2020, the MoFLSS started the prioritization process, ensuring the women subjected to violence could reach the relevant support staff without waiting. Since the onset of the outbreak, the MoFLSS has been closely working in collaboration with NGOs and all related actors in combating violence.

Social Assistance

Social assistance is provided to those in need through the projects carried out by the General Directorate of Social Assistance of the MoFLSS through **Family Support Centers** and **Social Solidarity Centers**.

Family Support Centers (ADEM) are centers that operate to ensure the psychosocial, socio-cultural, professional and personal development and social integration of our women within the scope of Law No. 3294 on Promoting Social Assistance and Solidarity.

Social Solidarity Centers (SODAM) are centers that operate in order to ensure social integration of our Roma citizens in places where they live and to ensure their psycho-social, sociocultural, professional, artistic and personal development. These centers are primarily opened in settlements where our Roma citizens live. There are currently 247 ADEMs and 32 SODAMs.

Quality of services

3. Information on the geographical distribution of social services

SSCs have become widespread throughout our country. The number of SSCs have already reached 354 and it is planned to reach 430 SSCs by 2023.

SSCs are established and operate according to the following criteria. Accordingly, SSCs are located in:

- Provincial centers,
- Districts with a population over 50.000,
- Districts with a population between 40.000-50.000,
- Places, where the distance to the nearest HLC is 60 km, in districts with a population of 20-40 thousand, the distance to the nearest SSC, is more than 100 km.

In addition to SSCs, Violence Prevention and Monitoring Centers (ŞÖNİM) serve in 81 provinces (all countries). A total of 111 women's guesthouses under the MoFLSS provide service in 81 provinces.

4. Information on the qualification and number of staff in social services

In the Provincial Directorates of the MoFLSS and SSCs, social services are provided by “professional staff” with the necessary titles.

In addition, the protective and preventive dimension of social services has been strengthened with field studies carried out through ASDEP professional staff employed within the scope of ASDEP, which has been implemented since 2017.

Besides, the MoFLSS has a total of 3.083 personnel (psychologists, social workers, child developers, sociologists, psychological counselling and guidance teachers, nurses, teachers, civil servants, child educators, office personnel) including 1.121 personnel in 81 ŞÖNİM, 1.962 personnel in women's guesthouses providing services.

5. Information about the ratio of staff to users.

In the Provincial Directorates of the MoFLSS and SSCs, 1.006 personnel provide active service within the scope of Family Counseling Service, and 67.000 beneficiaries have been reached since 2012.

There are currently 28 active trainers within the scope of the Pre-Marriage Training Program, which includes communication, law and health issues in order to prepare couples for marital life and 1.2 million people have been trained since 2013.

There are 75 trainers and 866 educators working within the scope of the Family Education Program and 2 million beneficiaries have been reached since 2013.

Within the scope of ASDEP, 2.7 million households have been reached since 2017. Within the scope of awareness-raising campaigns organized by the MoFLSS in the fight against addiction, 848 thousand people have been reached so far.

In the context of the service provided for women, the number of people who received service from ŞÖNİMs from 2013, when it was established as a pilot, until 31.10.2020, is 732.070, including 595.182 women, 46.831 men and 90.041 children.

6. Whether regular inspections are undertaken also in the social services provided by non-governmental organisations

Violence Prevention and Monitoring Centers (ŞÖNİM) are social service organizations established in accordance with Article 14 of Law No. 6284 on the Protection of Family and Prevention of Violence against Women.

These centers are the service units where the necessary expert personnel are employed and preferably women are employed, support and monitoring services are provided for the prevention of violence and the effective implementation of protective and preventive measures, and carry out their activities on a seven-day, twenty-four hour basis.

In addition, these centers carry out their activities within the framework of the Regulation on Violence Prevention and Monitoring Centers. The basic principles, on which the service is based, are regulated in Article 4 of the said Regulation.

When an individual who has been subjected to violence or who is in danger of being subjected to violence applies to ŞÖNİM, the first meeting is held by the professionals and the victim is shared with information about the service models of MoFLSS that they can benefit from.

As a result of professional examinations, necessary applications are made to law enforcement units and family courts for those who are deemed to need protective and preventive measures within the scope of Law No. 6284. The occupational studies specified in the Women's Guesthouse Service Standards Guide are carried out during the service period, and the forms related to the service carried out are filled.

Consultancy and guidance services are provided during the admission process of women and their children to the women's shelter. During the welcoming phase, the units in the women's shelter work in coordination. The first meeting of the woman in the establishment is made by the security personnel. Admission to the institution is provided by the professional staff in the social service during working hours, and the on-duty supervisor of the organization is provided after working hours. When the woman is admitted to the institution, the organization is introduced to the woman by the social worker; it is ensured that the applicant woman meets other service recipients and staff; the functioning and order of the institution are explained and information about emergencies is given. It is ensured that no action will be taken and no decision will be taken on behalf of the woman in the work to be done about her, and she is ensured to settle in her room in the establishment.

After the woman is allowed to rest after her admission to the institution, a psycho-social examination and evaluation meeting is planned. An intervention plan is prepared for the woman by the social service personnel, and psychosocial examinations and evaluations continue during the women's shelter service periodically and when needed.

7. General impact of inspections activities on the improvement of quality of social services.

All public and private institutions, nursing home care and rehabilitation centers are under the control of the MoFLSS. All these institutions are inspected by the inspectors and auditors working within the Presidency of Guidance and Inspection of the MoFLSS in accordance with the general audit programs. Inspections are carried out on the basis of the provisions of the Regulation on Nursing Homes and Elderly Care and Rehabilitation Centers and Regulation on Social Services and Child Protection Agency General Directorate Rehabilitation and Family Counseling Services of Disabled Persons. Inspectors and the provincial directorate personnel perform regular or unplanned inspections on institutions.

Inspection of Special Care Centers is regulated by Regulation on Special Care Centers for Persons with Disabilities in Need of Care. The Provincial Commission for Special Care Centers is established with the approval of the Governor's Office in provinces which take recommendation decisions regarding the evaluation of the service quality of the special care centers. The Commission shall assess the centers at least once a year and where deemed necessary. Furthermore, the Ministry may ask the committee to evaluate special care centers when it deems necessary.

Inspection of these institutions is carried out by the personnel of the Ministry and provincial directorate. If deemed necessary, the center shall be inspected by the authorized personnel of the Ministry. The inspections carried out by the provincial directorate are conducted at least every six months with the provincial director and at least two staff. The findings of the inspection shall be communicated to the center in writing. If the center has not been granted a period of time, the center must correct the deficiencies and make the deficiencies within a maximum of one month. On-site inspections shall be carried out at the end of the period given for the correction of the findings determined by the provincial directorate. If the deficiencies or irregularities detected by the inspection report are not corrected, the provincial director shall give administrative fines from ten times up to fifty times of the monthly net minimum wage.

The center shall be notified in writing by giving an appropriate period of time not later than thirty days for the payment of administrative fines and the elimination of deficiencies or irregularities. In the event that the said deficiency or irregularity are not remedied by the center within the specified time, the administrative fines shall be applied again twice the amount of administrative fines given and additional time shall be given for not exceeding thirty days in order to eliminate deficiency or irregularity. In case the deficiencies or irregularities are not remedied within this period, the center shall be closed down by the Ministry. New applicants are not admitted to the center until the deficiencies or irregularities are eliminated within the given period of time.

In addition, the center which receives five administrative fines within one year will be closed by the Ministry. In case of any kind of physical, sexual, medical, psychological or economically harmful attitudes and behaviours or arbitrary obstruction of freedom towards persons receiving services from the centers, not less than 400 days of judicial fines will be given to the founder or responsible person who has not taken any necessary precautions to

prevent such attitudes and behaviours. Inspection of female guesthouses, according to Article 9/1 of the Regulation on the Opening and Operation of Women Guesthouses, guest houses and first admissions units are inspected by the administrations they are affiliated with and by the Ministry Inspection Services Presidency at latest every two years. The provincial directorates can always request the inspection of first admission units and the guesthouses by the Ministry. A copy of the inspection report is sent to the provincial directorate and the General Directorate.

Inspections activities contribute to improving the quality of social services in all public and private institutions.

B- LEGISLATION CHANGES AND APPLICATIONS

There are no important legislative changes or practices during the reporting period.

Paragraph 2 - 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 ECSR

States parties 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- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

1. Information on the types of social services provided by voluntary associations and individuals

An application platform has been created for the units that provide direct social services affiliated to the MoFLSS for the development of a cooperation environment with NGOs in the field of social services, and incoming requests are evaluated. In this way, it is aimed to establish cooperation between public institutions and organizations operating in the field of social services including NGOs to use the available resources in the most efficient way and to ensure that more disadvantaged groups benefit from the support of NGOs operating in the same region.

Since cooperation with voluntary organizations will contribute to the improvement of the living standards of the needy people, projects and activities are supported and cooperated in concrete areas such as accommodation, establishing a business, employment, acquiring a profession, training, material support.

The statistics on social protection for 2019 are provided below:

Social Protection Statistics, 2019

542 billion 2 million TL was spent for social protection

Expenditure on social protection accounted for 542 billion 2 million TL in 2019 by increasing 20.8% according to the expenditure in 2018. Expenditure on social protection consisted 98.4% of payments for social protection benefits (533 billion 168 million TL). The largest expenditure on social protection benefits was the old age function with 263 billion 78 million TL followed by those related to the sickness/health care function with 146 billion 35 million TL.

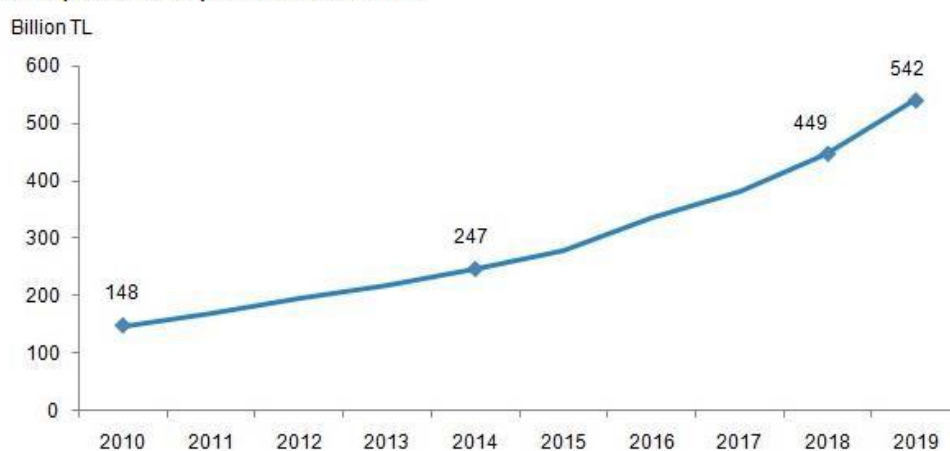
Social protection expenditures, 2018, 2019

	(Million TL)			
	2018 ^(r)	Share (%)	2019	Share (%)
Total social protection expenditure	448 727	100.0	542 002	100.0
Administration costs and other expenditure	6 700	1.5	8 834	1.6
Total social protection benefits	442 027	98.5	533 168	98.4
Sickness/health care	121 755	27.1	146 035	26.9
Disability	14 840	3.3	18 030	3.3
Old age	219 939	49.0	263 078	48.5
Survivors	52 262	11.6	63 586	11.7
Family/children	16 986	3.8	23 177	4.3
Unemployment	10 358	2.3	15 732	2.9
Social exclusion n.e.c.	5 887	1.3	3 529	0.7

Figures in the table may not add up to totals due to the roundings.

(r) 2018 data have been revised due to the update of the administrative registrations.

Social protection expenditures, 2010-2019



The social protection expenditure accounted for 12.5 % of GDP

Expenditure on social protection accounted for 12.5% of gross domestic products (GDP) in 2019. Expenditure on social protection benefits recorded as 12.3% of GDP. When the expenditures on risks or needs were considered, the expenditure on old age function was the largest with 6.1% of GDP followed by those related to the sickness/health care function with 3.4% of GDP and survivors function with 1.5% of GDP.

Expenditures on social protection, as % of GDP, 2018, 2019

	2018 ^(r)	2019
Total social protection expenditure	11.9	12.5
Administration costs and other expenditure	0.2	0.2
Total social protection benefits	11.8	12.3
Sickness/health care	3.2	3.4
Disability	0.4	0.4
Old age	5.9	6.1
Survivors	1.4	1.5
Family/children	0.5	0.5
Unemployment	0.3	0.4
Social exclusion n.e.c.	0.2	0.1

Figures in the table may not add up to totals due to the roundings.

(r) 2018 data have been revised due to the update of the administrative registrations.

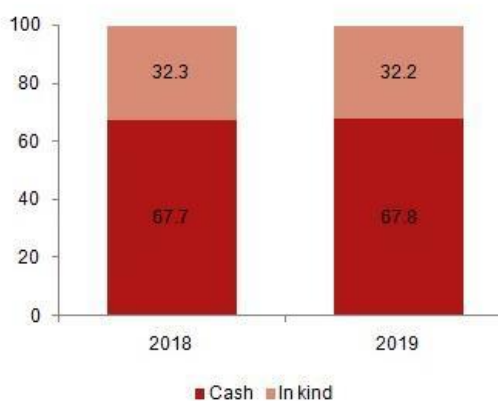
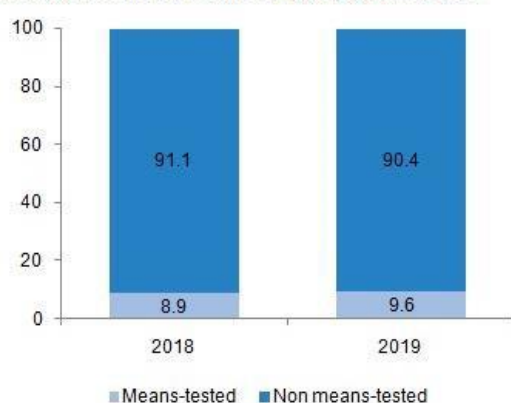
Means-tested benefits represented 9.6% of the total social protection benefits

The largest part of the means-tested benefits was provided under the family/children function with 40.4% followed by disability with 27.4% and sickness/health care with 13.8%.

Cash benefits represented 67.8% of the total social protection benefits

The majority of the cash benefits was related to old age function 72.5% followed by survivors function 17.5% and the unemployment function with 4.2%.

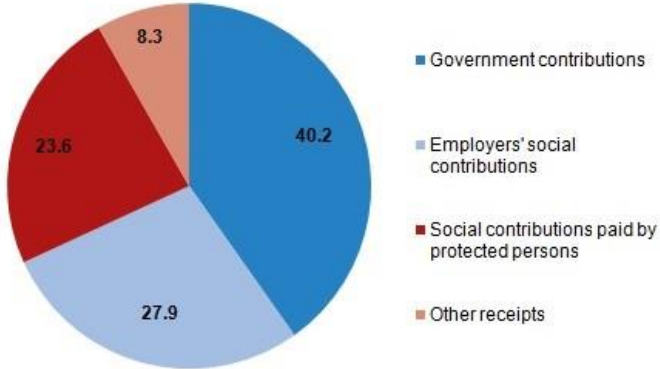
Social protection benefits by type (%), 2018, 2019



Government contributions constituted 40.2% of social protection receipts

Government contributions accounted for 40.2% of social protection receipts. Social contributions by employers' represented 27.9% and protected people social contributions constituted 23.6% of social protection receipts.

Distribution of social protection receipts by type (%), 2019



2 Information on the number of beneficiaries of these services

The information on the number of persons benefitting from the social protection system for the period 2000-2019 is provided below:

Sosyal koruma kapsamında yardım ve maaş alan kişi sayısı, 2008-2019
Number of benefits and pension beneficiaries, 2008-2019

(Bin kişi - Thousand people)

	2008			2009			2010			2011			2012			2013			2014			2015			2016			2017 ⁽¹⁾			2018 ⁽²⁾			2019			
	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın	Toplam	Erkek	Kadın				
Toplam maaş alan kişi sayısı ⁽³⁾	9 823	5 724	3 989	10 156	5 921	4 135	10 510	6 120	4 310	10 952	6 464	4 488	11 973	6 989	4 984	11 782	6 830	4 952	12 009	7 094	5 005	12 536	7 297	5 239	12 836	7 439	5 405	13 261	7 629	5 632	13 799	7 881	5 918	14 089	8 031	6 058	
Toplam emekli/maaş alan kişi sayısı	511	352	159	576	397	179	631	416	215	658	430	229	719	453	257	819	518	301	898	580	318	931	593	338	940	595	345	947	592	345	956	593	353	964	594	360	
Sosyal emekli/maaş alan kişi sayısı	110	97	14	112	98	14	115	100	14	117	102	15	120	104	16	123	104	19	125	111	17	131	114	18	134	116	19	137	118	19	139	119	20	142	121	21	
Maaş alan emekli/maaş alan kişi sayısı	401	296	145	464	299	174	516	316	203	540	328	214	599	349	241	696	414	289	673	389	289	700	379	339	706	391	316	710	384	326	717	384	334	723	384	339	
Toplam emekli/yaşlı maaş alan kişi sayısı	6 853	3 948	2 737	7 137	4 076	3 061	7 382	4 091	3 049	7 684	4 399	3 285	7 944	4 579	3 365	8 043	4 344	3 239	8 203	4 222	3 131	8 334	4 336	3 208	8 411	4 317	3 093	8 494	4 307	3 187	8 514	4 344	3 170	8 543	4 313	3 230	
Sosyal emekli/yaşlı maaş alan kişi sayısı	5 085	2 834	2 151	5 237	2 871	2 366	5 483	2 924	2 289	5 887	3 023	2 394	6 137	3 172	2 434	6 385	3 259	2 498	6 636	3 344	2 557	6 884	3 425	2 659	7 132	3 496	2 767	7 380	3 567	2 813	7 628	3 639	2 974	7 876	3 712	3 081	
Non maaş alan emekli/yaşlı maaş alan kişi sayısı	178	114	64	199	126	73	216	147	85	247	156	90	267	163	91	258	185	109	267	181	94	250	189	112	250	189	112	250	189	112	250	189	112	250	189	112	250
Maaş alan emekli/yaşlı maaş alan kişi sayısı	667	371	296	680	375	305	699	390	292	707	377	307	728	376	311	739	380	313	750	379	316	761	381	319	772	382	320	783	383	321	794	384	322	805	385	323	
Toplam emekli/yaşlı maaş alan kişi sayısı	2 453	1 347	1 106	2 563	1 397	1 164	2 673	1 448	1 221	2 783	1 499	1 270	2 893	1 550	1 301	3 003	1 601	1 352	3 113	1 652	1 403	3 223	1 703	1 454	3 333	1 754	1 505	3 443	1 805	1 556	3 553	1 856	1 607	3 663	1 907	1 658	
Sosyal emekli/yaşlı maaş alan kişi sayısı	2 453	1 347	1 106	2 563	1 397	1 164	2 673	1 448	1 221	2 783	1 499	1 270	2 893	1 550	1 301	3 003	1 601	1 352	3 113	1 652	1 403	3 223	1 703	1 454	3 333	1 754	1 505	3 443	1 805	1 556	3 553	1 856	1 607	3 663	1 907	1 658	
Sosyal emekli/yaşlı maaş alan kişi sayısı	2	1	1	2	1	1	2	1	1	3	2	1	2	2	1	2	2	1	2	2	1	2	2	1	2	2	1	2	2	1	2	2	1	2	2	1	
Toplam emekli/yaşlı ve emekli/yaşlı maaş alan kişi sayısı ⁽⁴⁾	9 194	5 372	3 811	9 576	5 504	3 972	9 951	5 794	4 097	10 295	6 035	4 261	10 986	6 217	4 640	11 226	6 362	4 603	11 206	6 305	4 591	11 707	6 789	4 947	12 082	6 534	4 727	12 417	6 724	4 853	12 913	7 038	5 055	13 228	7 527	5 790	
Toplam emekli/yaşlı maaş alan kişi sayısı	10 041	5 793	4 208	10 524	6 022	4 362	10 911	6 232	4 679	11 363	6 469	4 684	12 047	6 706	5 341	12 222	6 919	5 374	12 357	7 046	5 510	13 051	7 399	5 742	13 444	7 494	5 930	13 847	7 682	6 163	14 369	7 922	6 467	14 747	8 026	6 621	

Sosyal koruma gelirlerinin türlerine göre dağılımı, 2000-2019

Distribution of the total social protection receipts by type, 2000-2019

(Milyon TL - Million TL)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 ⁽¹⁾	2019
Gelirler toplamı																				
Total receipts	17 034	27 214	42 684	62 037	71 888	88 191	97 801	121 278	126 286	144 859	168 619	182 787	217 841	250 008	282 816	318 782	380 770	449 716	541 593	637 804
Sosyal katkıları	9 096	13 524	20 915	30 767	32 561	36 548	45 251	57 309	57 385	54 206	75 052	116 005	116 747	131 438	147 976	167 227	210 847	248 105	306 370	328 597
Social contributions	9 096	13 524	20 915	30 767	32 561	36 548	45 251	57 309	57 385	54 206	75 052	116 005	116 747	131 438	147 976	167 227	210 847	248 105	306 370	328 597
İşveren sosyal katkısı	5 858	8 834	12 896	19 198	17 426	20 362	24 700	31 341	26 471	27 378	37 797	58 438	59 858	68 844	74 334	84 419	107 853	129 762	162 331	178 044
Employers' social contribution	5 858	8 834	12 896	19 198	17 426	20 362	24 700	31 341	26 471	27 378	37 797	58 438	59 858	68 844	74 334	84 419	107 853	129 762	162 331	178 044
Koruma kapsamındaki bireyler tarafından yapılan sosyal katkıları	3 237	4 690	8 019	11 570	15 135	16 186	20 551	25 969	30 915	26 828	37 255	57 567	56 889	62 594	73 642	82 808	102 993	118 343	144 039	150 552
Social contributions paid by the protected persons	3 237	4 690	8 019	11 570	15 135	16 186	20 551	25 969	30 915	26 828	37 255	57 567	56 889	62 594	73 642	82 808	102 993	118 343	144 039	150 552
Devlet katkıları	6 932	12 313	19 706	26 141	33 052	42 036	44 815	55 682	56 083	76 469	71 563	53 412	87 043	103 628	118 449	134 191	160 157	171 336	195 333	256 515
Government contributions	6 932	12 313	19 706	26 141	33 052	42 036	44 815	55 682	56 083	76 469	71 563	53 412	87 043	103 628	118 449	134 191	160 157	171 336	195 333	256 515
Diğer gelirler	946	1 377	1 973	5 125	5 713	7 607	7 535	8 286	11 827	13 984	11 904	13 950	14 051	14 940	16 192	18 344	19 786	30 274	39 891	52 692
Other receipts	946	1 377	1 973	5 125	5 713	7 607	7 535	8 286	11 827	13 984	11 904	13 950	14 051	14 940	16 192	18 344	19 786	30 274	39 891	52 692

TÜİK, Sosyal Koruma İstatistikleri

TurkStat, Social Protection Statistics

Tablodaki rakamlar, yuvarlamadan dolayı toplamı vermemeyebilir.

Figures in the table may not add up to totals due to the roundings.

(1) 2018 yılı verilere idari kayıtların güncellenmesi nedeniyle revize edilmiştir.

(2) 2018 data have been revised due to the update of the administrative registrations.

Ayrı ve nakdi sosyal koruma yardımlarının riskli/yaş gruplarına göre dağılımı, 2000-2019
Distribution of cash and in kind social protection benefits by risks/needs groups, 2000-2019

	Nakdi yardımlar Cash benefits																			Ayrı yardımlar Benefits in kind																			
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 ⁽¹⁾	2019	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 ⁽¹⁾
Sosyal koruma yardımları toplamı	Total social protection benefits																																						
Yaşlılık/yaşlılık sakatlığı	Disability/old-age																																						
Engelli/engelli	Disability/old-age																																						
Orta yaş	Old age																																						
Dul/yetim	Orphan/widow																																						
İşsizlik	Unemployment																																						
Sosyal dışlanma b. y. t.	Social exclusion b. y. t.																																						
Toplam nakdi yardım (milyon TL)	Total cash benefits (million TL)																																						

İzmit ve parız sosyal koruma yardımlarının riskli/yaş gruplarına göre dağılımı, 2000-2019
Distribution of means-tested and non-means-tested social protection benefits by risks/needs groups, 2000-2019

	İzmit yardımları Means-tested benefits																			Parız yardımları Non-means-tested benefits																			
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 ⁽¹⁾	2019	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 ⁽¹⁾
Sosyal koruma yardımları toplamı	Total social protection benefits																																						
Yaşlılık/yaşlılık sakatlığı	Disability/old-age																																						
Engelli/engelli	Disability/old-age																																						
Orta yaş	Old age																																						
Dul/yetim	Orphan/widow																																						
İşsizlik	Unemployment																																						
Sosyal dışlanma b. y. t.	Social exclusion b. y. t.																																						
Toplam nakdi yardım (milyon TL)	Total cash benefits (million TL)																																						

3. Information on the public and/or private funding set aside for encouraging participation by voluntary associations and individuals in social services provision

Turkey has established a standardized process for the delivery of social assistance that builds on the existing operations of social assistance programs at the local and national levels. The full process has seven steps, many of which are automated and all of which are integrated into the integrated social assistance system. These are application-beneficiary evaluation-board of trustees decision-payment-auditing-reporting-monitoring.

Various legal regulations have been made in Turkey in order to support and increase the interaction between the State and NGOs in the field of social assistance. With Article 19 of Law No. 5263 on the Organization and Duties of the General Directorate of Social Assistance and Solidarity, NGO representatives were elected to the Board of Trustees of the Social Assistance and Solidarity Foundations. In line with Law No. 5263, the Department of Cooperation with Voluntary Organizations and Foreign Relations has been established.

The Department of Cooperation with Voluntary Organizations and Foreign Relations, in order to spread the fight against poverty and to increase the awareness of solidarity in the society, cooperates with local governments, public institutions and organizations, universities, national and international NGOs and organizes and participates contest, workshop, symposium, conference etc. in scientific and social events.

The year 2019 was announced as “the year of volunteering” by the Ministry of Youth and Sport and a booklet was published. It can be reached by this link:

<https://images.gencgonulluler.gov.tr/get-file/59fcb39438064067851067961643117d.pdf>

The program has the aim of increasing the participation of young people in volunteering activities. Under this program, several activities are arranged. One of them is “**Volunteering in Turkey: Participation, Policy and Law Conference**” held at Istanbul Bilgi University on 13 December 2019.

4. Information on the results of the supervision carried out by the public authorities.

An important process within the integrated social assistance service (ISAS) is regular auditing. ISAS has a module called the Central Risk Identification System that automatically flags problematic inputs that violate certain thresholds. ISAS staff can modify the thresholds to detect outliers. The automatic alerts are shared with an independent auditing board within the MoFLSS. The board is directly tied to the Ministry but operates independently of SASF to prevent corruption. Inspection officers are dispatched to visit up to 100 local SASF offices per year to conduct in-person audits. The system produces 260 risk indicators and 88 service reports for the use of the inspection officers. Reporting informs accounting and budgeting for new as well as existing programs. ISAS has the capability to produce reports of expenditures for individual foundations that provide social assistance. The analytical capabilities of ISAS are tremendous. The system compiles data for 37 million people across the country. The data system is integrated with geographic information system mapping capabilities, enabling users to produce maps of social assistance provision and socioeconomic data and allowing analysis by province.

By the way, all NGO foundations are also supervised by the Regional Directorate of Foundations. In the 19th Article of Associations Law No. 5253, it is stated that the associations will be inspected by the Minister of Interior and the local governors when deemed necessary. Inspections will be carried out by the Governorships at least every two years. In audits, it is examined whether the activities of non-governmental organizations with the status of working for the public benefit are in accordance with their status. The information and documents related to the subject are included in the audit reports and necessary evaluations are made. Article 27 of the same Law stipulates that associations with public benefit status should be audited every two years. According to Article 9 of the 5253 Law, an internal audit is essential. Internal audit can be carried out by the general assembly, the board of directors or the supervisory board, as well as by independent audit institutions.

5. Whether and how the users of social services were consulted on questions concerning the organization and delivery of social services.

Several organizations and universities are making various studies on social services. They are conducting surveys about the satisfaction of users of social services. These surveys are taken into consideration for the rehabilitation of the given services. Social services are improved according to the results of these surveys.

6. Whether and how the Government ensures that services managed by the private sector are effective and are accessible on an equal footing to all, without discrimination

At first, the Constitution is guaranteed equal footing to all without discrimination and several international conventions in the field of human rights ratified by Turkey also impose equal

treatment without discrimination. All related national and international legislation about equal treatment in Turkey was already explained in the related part of our national report. By the way, the Human Rights and Equality Institution of Turkey (HREI) was established on the basis of human dignity and the purpose listed below and act in line with these principles:

- Protection and promotion of human rights,
- Guaranteeing individuals' right to equal treatment, prevention of discrimination in the exercise of legally recognized rights and freedoms and which will carry out actions in line with these principles,
- Effectively fight against torture and ill-treatment and act as the National Preventive Mechanism.

Furthermore, social services are listed as one of the areas covered by the prohibition of non-discrimination in Article 5/1 of the Law on Human Rights and Equality Institution of Turkey:

“Article 5- (1) Public institutions and organizations who provide education, training, judicial services, law enforcement, health services, transportation, communication, social security, **social services**, social aid, sports, accommodation, cultural, touristic or similar services, professional organizations with the nature of public institutions, real or private legal persons shall not discriminate against persons who benefit from, apply for benefiting from or those wishing to be informed of such services. This provision shall encompass access to public places and buildings.”

Inspection activities carried out by the Government also aimed to ensure all services managed by the private sector are effective and accessible on an equal footing to all without any discrimination.

7. Information on the financial measures taken to promote the activities of voluntary organizations.

All non-governmental associations and foundations in Turkey are exempt from corporation tax. If non-governmental organizations work for the public benefit or have the status of the tax-exempt foundation, they have tax exemptions. Tax deductions are available in order to encourage individual and corporate donation. Individuals can deduct tax if they donate up to 5% (10% in some geographical regions) of their declared income to NGOs with public benefit status or tax exemption status.

B. LEGISLATION CHANGES AND APPLICATIONS

There are no important legislative changes or practices during the reporting period.

QUESTIONNAIRE RELATED WITH COVID-19

ARTICLE 23

RIGHT OF THE ELDERLY TO SOCIAL PROTECTION

23. RECS - Every elderly person has the right to social protection

This Article seeks to ensure that older people are recognised and treated as full members of society, both in law and in fact. It allows to examine other provisions of the Charter (e.g. Article 11 on the right to protection of health; Article 12 on the right to social security; Article 13 on the right to social and medical assistance; Article 30 on the right to protection against poverty and social exclusion; and Article 31 on the right to housing). As time passes, older people increasingly become dependent and, as their ability to defend themselves and to assert their rights weakens, they become growingly vulnerable. There have been many examples following the 2008 economic downturn of the resources available being progressively shifted away from older people towards other perceived priorities, with scarce pushback from society and, less surprisingly, from those most affected by the budget cuts and subjected to increased dependency and vulnerability.

A range of issues are covered under Article 23, from discrimination and decision making to accessibility, participation (political life, culture, education) and adequate pensions (whether contributory or non-contributory, and other complementary cash benefits available). It would be contrary to the Charter to allow the situation of older people to deteriorate progressively leading them into —rather than drawing them out of— poverty. Ensuring access to rights requires the provision of information about rights, services and facilities. But, as under other Articles of the Charter, effectiveness may well require outreach and a proactive approach from the authorities.

Supervision and inspection services may be key to ensuring delivery against the requirements of this Article.

RESPONSES TO QUESTIONS ON GROUP II PROVISIONS “HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION”

ARTICLE 23

RIGHT OF THE ELDERLY TO SOCIAL PROTECTION

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:

1. 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;

2. 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;

3. to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

a) Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no older person is left behind in terms of access to and enjoyment of their social and economic rights.

A working group was established within the Human Rights and Equality Institution with the participation of human rights and equality experts and academicians who are experts in the field of elderly rights.

The access of elderly individuals to economic and social rights during COVID-19 will be monitored within the scope of the said working group.

All official / private nursing homes, nursing home care and rehabilitation centers and disabled care and rehabilitation centers were informed about the measures to be taken and necessary procedures in order to protect the health and safety of the elderly and disabled residents and staff during the COVID-19 process by the General Directorate of Services for Disabled and Elderly.

The personnel working in all institutions providing services for the elderly were informed about the necessary measures (in addition to basic measures such as masks, disinfectants, social distance, the measures updated according to the statements of the Ministry of Health, the Scientific Committee and the World Health Organization) to protect the health and safety of the disabled and elderly residents.

It was ensured that the personnel working in the organizations started to work by cleaning with disinfectant before starting work, wearing/using masks and protective personal equipment.

In particular, the sensitivity and control of the personnel working in the kitchen have been increased. Fever measurements of the employees were made before and at the end of their duty and the fever results were recorded in the tracking chart.

It is provided to prevent any symptomatic personnel to enter the workplace or stay in the workplace, prevent them from returning to work until they recover completely, follow the necessary isolation processes in case of illness or suspicious cases at the staff's home and make health leave easier for them.

Personnel who have been in contact with a person who has been confirmed to have COVID-19 infection or who has been decided to be monitored in this regard, based on risk levels and symptoms, depending on his/her situation, was decided by the health institutions to be under precautionary quarantine or mandatory quarantine.

If there is a person from the staff who does not show symptoms but has the potential to be exposed to the virus (returning from abroad, etc.), these people are informed to stay in a closed area for a period of 14 days following their exposure to the virus, and during this period they are subject to a voluntary or sometimes compulsory quarantine order.

Selecting the personnel accompanying the elderly who show signs of illness in the care center from among the personnel serving these people, if possible, when the elderly recover and return, ensuring not change this personnel, transferring of personnel in all shift transformations, identifying and arranging the shared areas – rest areas during the intensive work – the areas where their needs met for 7/24 working staffs, psycho-social support of staffs and emphasizing the importance of their work are important and all these above-mentioned issues were conveyed to all provincial directorates and organizations.

During the COVID-19, accommodation was arranged in single rooms with toilet and bathroom for the personnel to stay in the institutions and logistical support was provided to the personnel who will be on duty to meet their needs during the shift.

In order to minimize the negative effects of the pandemic process on the mental health of nursing home residents and staff, to make it easier for them to adapt to the continuation and aftermath of the process, provide morale and motivation, several activities are organized with the coordination of social services.

"COVID-19 Normalization Guide 1 and 2 for Institutions Affiliated to the Ministry Of Family, Labour and Social Services" has been prepared in order to inform the elderly and disabled residents and staffs of these institutions about the measures to be taken to protect the health and safety and the necessary procedures. These guides sent out to 81 provincial directorates of the Ministry. According to the Guide; COVID-19 analysis is required for every incoming staff within the scope of the 14-day shift system. "Employees are obliged to enter the organization with a document with the phrase "There is no risk of COVID-19" and they have to use the masks with the "NR" sign, which means "Cannot be reused."

Older people staying in official aged care institutions were free to return to their homes from the very beginning of the COVID-19 process; if they choose to return their homes, during the times they spent outside the institutions, they can keep their reserved room rights without paying a fee.

If they choose to return to the institution from their houses, or in a situation that required them to go to the hospital during the pandemic process, they are subject to a 14-day isolation process (in a social isolation room at the institution) in order to ensure public health and safety. After the isolation, they are required to provide the COVID-19 negative test result to return to their rooms at the institution.

During the process, technological facilities were used to enable elderly people to communicate with their relatives; libraries, social, cultural and physical activities within the organization have been increased and developed for their usage.

The validity duration of medical reports for persons with disabilities who receive cash benefits or Home Care Allowance has been extended. Even if their medical reports were invalid by this date, it has been ensured that they can receive the concerned benefits for up to 3 months without revalidating their reports.

Through the Ministry Circular, we suspended allowing residents of institutions (particularly persons with disabilities, older persons and persons with chronic illnesses) to go out, as long as they do not have a compulsory case. We also postponed external visits to institutions until further notice. The visits are replaced with contacts through communication devices. When necessary, the visits are allowed as long as prior health checks are conducted.

The precautions taken by the Ministry of Health and the Scientific Committee, as well as the guides published by our Ministry are meticulously applied in all institutions and organizations providing care services to persons with disabilities, older persons, women and children.

We started measuring the fever of the residents in nursing homes and rehabilitation centers for older persons at least four times a day, once every 6 hours.

The medical reports and prescriptions of chronic patients that expire on or after 1 January 2020 will be valid until a second announcement.

During the COVID-19 pandemic process, we are implementing strict measures to protect the health of our older persons and persons with disabilities. Visits to our facilities are not allowed and the staff working in these facilities could enter and leave only if they fulfil the necessary health conditions after being medically tested. Therefore, the visit requests to our nursing homes and daycare centers will not be accepted during Mother's Day on Sunday, May 10 and the Ramadan Feast to be celebrated on May 23-24-25. Because of the fact that any object entering our facilities poses a risk of carrying viruses, gifts and flowers should not be sent to our facilities.

As part of the fight against coronavirus, we are taking measures in many areas in cooperation with our stakeholders. We continue to make regulations that support our SSI beneficiaries and healthcare providers. With the arrangement we made in the Health Practices Communiqué (SUT), we have included 11 additional medicines in the reimbursement list that are used in the treatment of breast cancers (4 medicines), hematological cancers (2 medicines), multiple sclerosis (4 medicines) and leukemia (1 medicine). COVID-19 diagnosis tests which can be invoiced together with the health services provided by the health service providers have also been defined in the subsidiary Communiqué. New process codes have been determined for antigen test, antibody test, PCR test and isolation test. Additionally, a new process code was defined as "viral inactivation process", that is included in the treatment of immune plasma. Thus, the success of the treatment was supported by the annihilation of the infections in the plasma.

Call centers continue to provide non-stop services. Along with the measures implemented just after the coronavirus first occurred in our country, there has been a significant increase in the number of calls received at call centers ALO 170, ALO 183, and ALO 144.

In order to minimize the effects of the pandemic, prevent the spread of the disease and protect the elderly in the high-risk group, measures are taken in public and private institutions that provide care for the disabled and the elderly. During Eid al-Adha, our elderly and disabled citizens will be able to go to their families on leave for a week. They will only be able to enter the institutions on shift change days when they return. Coronavirus test will be applied to citizens before being taken into the establishment. Citizens will comply with the social isolation rules in our institutions for at least 7 days after the negative test.

The duration of the measures taken at public and private care units for the elderly and disabled have been extended further at an indefinite period. In this context, citizens who stay in institutions for disabled and elderly care institutions will be allowed to go to their relatives for at least 7 days. Every person returning from leave will have a Kovid-19 test before entering the organization, as before. In addition, disabled and elderly people will stay in the social isolation floor or social isolation room in the establishment for 7 days on their return. The Ministry will continue the fixed shift practice of the personnel working in the organizations for at least 7 days until a second announcement.

89 Social Isolation Centers have been established to ensure that people with disabilities and elderly people who received treatment in hospitals can complete their quarantine processes on their return and to prevent the spread of the virus in care institutions if such residents were exposed to the virus during their stay in the hospital. Service to approximately 2.400 persons with disabilities and elderly people has been provided in these centers so far.

Biometric identity authentication methods applied by private health service providers during the application process was suspended until the further announcement by the Social Security Institution.

Guidance and Inspection Department in line with the relevant articles of the Nursing Homes and Nursing Homes Elderly Care and Rehabilitation Centers Regulation supervising the determination of elderly people aged 60 and over, who will receive care in Nursing Home Elderly Care and Rehabilitation Centers, to benefit from care and rehabilitation services, the nature and operating principles of the service to be provided and duties, powers and responsibilities of the staff.

b) Please provide information on specific measures taken to protect the health and well-being of the elderly, both in their home and in institutional settings, in the context of a pandemic crisis such as the COVID-19 crisis

During the COVID-19 pandemic, nursing home visits could not be made directly, in order not to endanger the health of elderly individuals directly threatened by the virus.

Instead, it was tried to communicate with elderly people living in nursing homes by using online tools.

The video conference method was held with the elderly people staying in the nursing home on October 1, World Elderly Day. During the interview, it was stated that elderly people living in nursing homes should not experience the feeling of "abandonment". The measures to be taken in this context were discussed.

During COVID-19, official elderly care institutions continue to serve elderly people who are staying. However, new admission procedures to institutions and elderly transactions between institutions were suspended at the beginning of the process. But in case of emergency, admission procedures are carried out.

Measures taken in care centers related to COVID-19:

- A total of 9 Coronavirus Information Guides were prepared by our ministry and these guides were delivered to our institutions serving the disabled and the elderly.
- In order to minimize entry and exit to institutions and thus to protect the health of disabled and elderly people receiving service, a “7-10-14 day fixed shift system” was introduced in all institutions.
- Necessary measures were taken to ensure cleaning materials, masks and hand and surface disinfectants.
- Visits to institutions were limited to only family members. Relatives of elderly people who came to visit the institutions made their visit in a controlled manner, by cleaning their hands with disinfectant and wearing masks at the visit.
- Informative writings and posters prepared by the Ministry of Health about the ways to protect against COVID-19 and what needs to be done were put on the institutions.
- It was ensured that the personnel started to work by cleaning with disinfectant and wearing masks before starting work.
- Attention was paid to strengthening the immune systems of the disabled and elderly people staying in the institutions and also paying attention to their personal care and nutrition.

During our COVID-19 measures, for the health, well-being, morale and motivation of the disabled and elderly residents in our institutions, the necessity of maximum using the internal resources such as establishment garden, courtyard, campus was reminded by complying with social isolation measures and social distance rule. During this process giving more importance to psychosocial support services is also taken into account.

Health checks/screenings of elderly people staying in official elderly care institutions have been provided from the very beginning of the process. Extra attention has been paid to daily routines such as fever tracking, nutrition and sleep patterns, which are especially important in old age.

In cases where the elderly were affected by the epidemic, they were transferred to the hospital in coordination with the Provincial Health Directorates, and other elderly people in the establishment were also tested.

The elderly, who had to go to the hospital before or during the pandemic for any reason, was able to return to their rooms after the isolation process and negative test results.

Isolation processes were carried out in environments determined within the framework of the facilities that the institutions could provide depending on its specific characteristics, such as a new building / isolation floor or isolation room. Thus, elderly people were prevented from having trouble.

In order to prevent them from being harmed by the negative effects of the pandemic and to prevent deterioration of their existing physical and cognitive conditions, activities were organized under the coordination of social services.

Providing the necessary technological facilities, the elderly were able to communicate with their relatives.

Within the scope of COVID-19 measures, measures such as restriction of leaving residence for people aged 65 and over and people with chronic diseases are taken. Family physicians call and visit these people regularly, informs them about house isolation rules, advises them not to leave the house, regularly evaluates their health conditions and their needs in terms of health services and provides the necessary services.

Apart from this, people aged 65 and over have priority rights in their applications to family health centers, and it is possible to get the services they need in the most effective way as soon as possible.

In the COVID-19 vaccination process, priority has been given to citizens over 65 years of age just after the healthcare professionals.

In order to meet the needs of our senior citizens during the pandemic process, District Vefa Social Support Groups were established under the coordination of the district governors. Applications to this support group are made through call centers. Vefa Social Support Group can be reached at No: 112, No:155 and No: 156 call centers.

All citizens, including elderly individuals, have to have the Life Fits Home (HES) Code which is a code developed within the scope of combating coronavirus. Following the epidemic, the Ministry of Health, which offered coronavirus control and monitoring to the service of citizens with a mobile application, launched the "HES code" application for controlled social life.

The HES code, which started to be used in intercity travels, workplaces and all public places requiring individual communication, soon spread to all areas of life. HES (Life Fits Home) Code is a code that allows you to securely share with organizations and individuals whether you carry any risk in terms of COVID-19 disease in your operations such as transportation or visiting within the scope of Controlled Social Life.

Public banks will pay the pensions to the retirees over 76 years old at their home upon their request.

A periodic follow-up program consisting of social service and home healthcare will be put into use for the citizens over 80 years old who live alone. People over 65 will be allowed to leave their homes, remaining within walking distance and wearing masks between 10:00 and

13:00. Public banks (Ziraat Bank, Vakıfbank, Halkbank) will deliver pensions to retirees above the age of 76 in their homes.

Social Benefit Payments made under Law No. 2022 will be delivered to persons with disabilities and older persons at homes. A public announcement will be made to inform citizens that such payments will be directly made to them at their homes by PTT upon request.

The validity duration of medical reports for persons with disabilities who receive cash benefits or Home Care Allowance has been extended. Even if their medical reports were invalid by this date, it has been ensured that they can receive the concerned benefits for up to 3 months without revalidating their reports.

Through the Ministry Circular, we suspended allowing residents of institutions (particularly persons with disabilities, older persons and persons with chronic illnesses) to go out, as long as they do not have a compulsory case. We also postponed external visits to institutions until further notice. The visits are replaced with contacts through communication devices. When necessary, the visits are allowed as long as prior health checks are conducted.

The precautions taken by the Ministry of Health and the Scientific Committee, as well as the guides published by our Ministry are meticulously applied in all institutions and organizations providing care services to persons with disabilities, older persons, women and children.

We started measuring the fever of the residents in nursing homes and rehabilitation centers for older persons at least four times a day, once every 6 hours.

In cases where the persons who receive care services (Children, Disabled, Women and the Elderly) and the staff in the institutions of the Ministry have complaints such as fever, cough, respiratory distress and chest pain, they are immediately referred to the health institutions.

Beneficiaries (Children, Disabled, Women and the Elderly) of care services in the institutions affiliated with the Ministry and the staff in these institutions were trained on coronavirus measures and hygiene.

Beneficiaries of care services staying in affiliated institutions are not allowed to leave the facilities unless there is an obligation. Besides, visitor restrictions were introduced.

We are launching a periodic follow-up program consisting of social and home health services for the elderly living alone over the age of 80.

We established "Monitoring and Tracking Units" across the country in order to follow the nursing homes more closely.

We will progressively increase the number of healthcare professionals in our organizations.

In order to prevent retired and beneficiaries from going to the bank on different dates, the Eid-al-Adha bonuses will be deposited into the accounts on monthly payment days between July 17-26 for our SSK retirees and July 25-28 for our retirees from Bağkur. The pensions of our citizens who are covered by the Retirement Fund, the monthly difference in July due to coinciding with the Feast of Sacrifice, the August pensions and the Eid al-Adha bonuses will be paid together. Payments will be made on July 28 for those who receive their pensions on the 1st and 2nd days of each month from Ziraat Bank, and on July 29 for those who receive

their pensions on the 3rd, 4th and 5th days of each month. Pensioners who receive their pensions from other banks will be paid on July 28.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Responses are given under the related questions raised by the Committee.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 23

RIGHT OF THE ELDERLY TO SOCIAL PROTECTION

Article 23 – The Right of the elderly 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 cooperation 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: 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.

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS

Legislative Framework

1- Information on Law No. 6701 on the Human Rights and Equality Institution (HREI) as well as its implementation in practice

The Human Rights and Equality Institution of Turkey, established by law No:6701 based on the international law to which Turkey is a party in the field of human rights.

HREI of Turkey based on human dignity and the purpose listed below and act in line with these principles.

- Protection and promotion of human rights for all, including elderly,
- Guaranteeing individuals’ right, including the rights of elderly, to equal treatment, prevention of discrimination in the exercise of legally recognized rights and freedoms and which will carry out actions in line with these principles,

- Effectively fight against torture and ill-treatment in all fields of life and act as National Preventive Mechanism.

HREI of Turkey has the right to examine the allegations of violation of the right to equal treatment, discrimination or torture and ill-treatment upon the application. In case of claims of other human rights violations, the applicant can not make an application and, if necessary, the Institution may start ex officio investigations on the relevant case.

Each natural person and legal person who claim to have suffered from violations of non-discrimination can apply to the Institution. Applications to the Institution are filed via governorates in provinces and sub-provincial governorates in sub-provinces. Persons deprived of their liberty or taken under protection may also apply to the Institution. There shall be no fee charged for applications. Before applying to the Institution, those concerned shall demand that the relevant party remedy the practice they allege as contrary to the law. In cases where such demands are not replied within thirty days, then they may apply to the Institution. However, where it is likely that damages arise which are irremediable or difficult to remedy, the Institution may accept applications without seeking such condition.

Inquiring into, examining, taking a final decision on and monitoring the results of violations of human rights - ex officio is the duty and authority of the Institution.

- Right to life
- The Right to Freedom and Security
- Respect for Private Life
- Freedom of Religion and Conscience
- Freedom of Expression
- Right to Work
- The Right to Protection of the Family
- Right to Social Security
- Right to Health
- The Right to Education

Working in all areas of human rights, including in the rights of elderly people, is one of the duties of HREI of Turkey. In this context, the Institution mandated to:

- Increase public awareness through information and education by using mass media.
- Contribute to the preparation of the relevant sections in the national education curriculum.
- Work jointly with universities. It contributes to the establishment and establishment of curriculum of universities related to human rights and equality. - Contribute to the establishment and implementation of the principles of human rights and equality education programs of public institutions and organizations.

- Monitor and evaluate the legislative work related to its field of duty and informs the relevant authorities of its opinions and suggestions. - Publish special reports on the task field when necessary.
- Monitor and evaluate international developments in the field. Cooperates with international organizations.
- Turkey is a party to monitor the implementation of international human rights conventions. In the process of preparing the reports that the state is obliged to present within the framework of international conventions, it shall also express its opinion by taking advantage of the relevant non-governmental organizations.

Fighting Against Discrimination

It is prohibited under Law No. 6701 to discriminate against persons based on the grounds of sex, race, age, colour, language, religion, belief, sect, philosophical or political opinion, ethnic origin, wealth, birth, marital status, health status, disability.

Public institutions and agencies, professional bodies with public institution status, natural persons and legal persons established under private law providing services of education and training, judiciary, law enforcement, health, transportation, communication, social security, social services, social assistance, sports, accommodation, culture, tourism and similar services shall not discriminate, in respect of their activities, against persons who use or have applied to use or wishing to be informed of such services.

National Prevention Mechanism Fighting Against Torture and Ill Treatment

National preventive mechanism indicates the system put in place to carry out regular visits to places where persons are deprived of their liberty within the framework of the Optional Protocol to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

HREI of Turkey fighting against torture and ill-treatment within the scope of the relevant legislation; examine, investigate, decide on applications or ex officio and follow the results. Within the scope of the National Preventive Mechanism, persons deprived of their liberty or taken under the protection of the State,

- Penal Institutions,
- Custody Centers
- Refugee Camps,
- Removal Centers,
- Rehabilitation Centers,
- Psychiatric clinics etc.

pays regular visits to detention places with or without notice, explains to the public if deemed necessary by the Board. It examines and evaluates reports of visits to penitentiary institutions and detention centers, provincial and district human rights boards and other persons, institutions and organizations.

Participation and Cooperation with Civil Society

The Institution cooperates with public institutions and organizations operating within the scope of protection of human rights and fighting discrimination, non-governmental organizations, professional organizations, universities, trade unions, social and professional organizations, press and broadcasting organizations, researchers and other relevant persons, institutions and organizations. The Institution may form commissions.

Receiving Application and Ex Officio Inquiring Power

HREI of Turkey has the right to examine the allegations of violation of the right to equal treatment, discrimination or torture and ill-treatment on the basis of the application. In case of claims of other human rights violations, the applicant cannot make an application and, if necessary, the Institution may start ex officio investigations on the relevant case.

Applications and Reconciliation

Each natural person and legal person who claim to have suffered from violations of non-discrimination can apply to the Institution. Applications to the Institution may be filed via governorates in provinces and sub-provincial governorates in sub-provinces. Persons deprived of their liberty or taken under protection may also apply to the Institution. There shall be no fee charged for applications. Before applying to the Institution, those concerned shall demand that the relevant party remedy the practice they allege as contrary to the law. In cases where such demands are turned down or are not replied within thirty days, then they may apply to the Institution. However, where it is likely that damages arise which are irremediable or difficult to remedy, the Institution may accept applications without seeking such condition.

Applications filed at the Institution within the legal period for filing a court case shall suspend such period. There can be no application filed about the acts related to the exercise of legislative and judicial powers, decisions of The Council of Judges and Prosecutors nor about acts excluded from judicial review under the Constitution. Depending on the nature of the inquiry, the Head may invite the parties to the reconciliation of its own initiative or upon request after the opinions have been received. The reconciliation may involve the cessation of the alleged practice of violation of human rights or discrimination or solutions that will bear such consequence for the victim or be in the form of payment of a certain compensation to the victim. The reconciliation shall be concluded within at the latest one month. Findings, statements or explanations obtained during negotiations of reconciliation cannot be used as evidence in any investigation and prosecution or in any court case.

2- With regard to assisted decision-making for the elderly, whether there were safeguards to prevent the arbitrary deprivation of autonomous decision-making by the elderly

The main aim of the policies for the elderly in our country is to set policies and strategies at the national level in order for them to participate in social life without any discrimination and enjoy their human rights; to set the principles, procedures and standards on the social service

and social assistance activities for the elderly and to provide cooperation and coordination between the relevant public institutions and organizations and non-governmental organizations in this field. Within this framework, it is significant to make policies and strategies more effective in order to ensure the participation of the elderly in all areas of social life with dignity.

Elderly individuals are covered in all aspects of life by various international instruments and national regulations, especially in our constitution. Services for the elderly in Turkey are provided by different public institutions, civil society organizations and the private sector both at the central and the local level. Within this structure, the main priority of the Ministry of Family, Labour and Social Services (MFLSS) is to ensure coordination by undertaking the main responsibility, to provide service in line with the needs and demands of our elderly by making the necessary arrangements in the field.

The rights of older persons have been included in various international instruments. The rights of older persons are a matter of human rights. Human rights are based on respect for human dignity. All people are equal in dignity and rights. Older persons also have equal rights and freedoms with other people in society.

As an international regulation, the United Nations Principles for Older Persons provide guidance to the rights of older persons. These principles are:

- Independence,
- Participation,
- Care,
- Self-fulfilment,
- Dignity.

In Turkey, the principle of positive discrimination for older persons is guaranteed by Article 10 of the Constitution. Accordingly: “Measures to be taken for children, the elderly, disabled people, widows and orphans of martyrs as well as for the invalid and veterans shall not be considered as a violation of the principle of equality.”

The protection of older persons and the rights to be provided to them are guaranteed by Article 61 of the Constitution. Accordingly: “The aged shall be protected by the State. State assistance to and other rights and benefits of the aged shall be regulated by law.”

Within this framework, there are also various laws and regulations (already mentioned in our previous national report) for older persons in Turkey. In Turkey everyone, regardless of age, has the right to protect the privacy of their private life, to grant permission to collect, process and share their personal data, to request erasure or anonymization of their personal data.

In this regard, regulations have been made in the legislation of many institutions such as Law on the Protection of Personal Data and its related by-laws, Patient Rights Regulation and etc. In general, personal data relating to the race, ethnic origin, political opinion, philosophical belief, religion, sect or other belief, clothing, membership to associations, foundations or trade-unions, health, sexual life, convictions and security measures, and the biometric and

genetic data are deemed to be personal data of special nature and it is prohibited to process the personal data of special nature without explicit consent of the data subject unless they are anonymized.

In the Turkish Civil Code, upon request, people who are 60 years old have been granted the right to refrain from accepting to undertake guardianship upon proving that they are hardly able to fulfil the position due to old age, disability or severe illness.

According to the Turkish Criminal Code any person, holding the duty of protection or observation of an individual who cannot care for himself (on account of age or illness), who abandons that individual so that they are alone, shall be sentenced to a penalty of imprisonment for a term of three months to two years. If the victim suffers an illness, injury or death due to the abandonment, the penalty shall be imposed according to the provisions relating to an aggravated injury on account of its consequences.

Any person who fails to assist, taking into account his position and circumstances, an individual who is incapable of caring for themselves (on account of age, illness, injury or any other reason), or immediately notify the relevant authority of the circumstances of such individual, shall be sentenced to a penalty of imprisonment for a term of up to one year, or a judicial fine.

Issues such as competence and autonomy of the elderly are among the rising ethical problems. The fact people aged 65 and over are being questioned about their competence, is an ethical problem. Many institutions subject people over 65 to adequacy audit in the decision-making stage and this is repeated for every new situation. As a result of this, people over 65 have to be examined by a doctor although there isn't a medical condition.

There is no direct legal regulation stating that for every legal action, those over the age of 65 must receive a medical report stating that they are sane. In the event that the person concerned is suspected of her/his old age, illness or her/his ability due to her/his appearance, or if there is a notice and complaint in this regard, the existence of the power of appeal is determined by a doctor's report.

The statement of age 65 is included in the decision numbered 21-22 February 2003/10642 of the Supreme Health Council. Regarding the legal actions to be taken by persons over the age of 65, in the decision of the Supreme Health Council dated 21-22 February 2003/10642, requiring a health report from every person 65 and over years of age and making this requirement as a routine application were seen as a degrading and discriminatory practice against people over 65 years of age.

It was explained in the decision that it is not right to request a report from anyone over the age of 65, regarding the legal transaction, it is stated that when the legal action is made, a report should be sought if there is a serious suspicion that the person is not capable of action or his/her mental faculties and/or there is a claim or complaint in this way. Regarding the legal process, it was stated that a medical report should be sought if there is serious doubt about the person's inability to take action or his/her mental abilities and/or if there is a claim and/or complaint.

Adequate resources

3. The minimum pension for civil servants and for other workers

The minimum pensions for 2016-2019 are as follows:

Insurance Status	2016		2017		2018		2019	
	January-June	July to December	January-June	July to December	January-June	July to December	January-June	July to December
4/1-(a)	1.242,50	1.287,60	1.348,50	1.427,80	1.509,10	1.647,50	1.815,40	1.906,40
4/1-(c)	1.555,90	1.633,70	1.682,70	1.799,20	1.901,60	2.066,10	2.287,70	2.425,50

4. The pensions paid to elderly persons under Laws Nos. 1479 and 2926

Monthly increase rates are given for 6-month periods for the pensions paid within the framework of Laws No 1479 and 2926:

According to Article 55 of Law No. 5510, effective from the January and July payment dates of each year, it is anticipated that incomes and pensions will be increased by the rate of change in the general index of consumer prices with the last base year announced by Türkstat compared to the previous six-month period.

The CPI rate for the period of 2016 / January-June was determined as 3.86% and a fluctuating increase of 100 TL, the CPI rate for the period of July-December 2016 was determined as 3.63%, and the CPI rate for the period of January-June 2017 was 4.73%.

Income/pensions within the scope of 4 / 1- (b) were increased in January 2017 and July 2017 payment terms, taking into account the aforementioned rates in 2017.

July-December 2017 period CPI rate was 5.89%, January-June 2018 period CPI rate was 5.69% and income/pensions within the scope of 4 / 1- (b) were increased in January 2018 and July 2018 payment terms, taking into account the aforementioned rates in 2018.

July-December 2018 period CPI rate is 9.17%, January-June 2019 period CPI rate is 10.19%, July-December 2019 period CPI rate is 5.01% and income/pensions within the scope of 4 / 1- (b) were increased in January 2019 and July 2019 payment terms, taking into account the aforementioned rates in 2019.

Minimum monthly amounts paid for 6-month periods for pensions paid within the framework of Law No. 1479 and 2926

Insurance Status	2016		2017		2018		2019	
	January-June	July-December	January-June	July-December	January-June	July-December	January-June	July-December
4/1-(b) 1479	1.112,60	1.153,00	1.207,60	1.278,60	1.351,40	1.475,30	1.625,60	1.707,00
4/1-(b) 2926	875,80	907,60	950,50	1.006,60	1.063,80	1.161,40	1.279,70	1.343,90

The number of passive insured persons (persons) who receive pension within the framework of Laws 1479 and 2926

Years	1479	2926
2016	1.887.472	672.351
2017	1.902.640	682.722
2018	1.924.889	727.833
2019	1.929.187	742.389

Source: Monthly Statistical Bulletin (August 2020)

5. The conditions for entitlement to the minimum pension

In Law No. 5510, the conditions for entitlement to old-age pension for those who are insured after the effective date of the Law are regulated in Articles 28, Provisional 6, Provisional 7 and Provisional 9.

Old-age pension conditions vary according to the situations related to the insurance status, disability status, mine work, etc.

Generally, among those who are insured according to Law No. 5510 for the first time, an old-age pension is granted, provided that women are over 58 years old and men are 60 years old and have at least 9000 days of invalidity, old-age and survivors insurance premium.

However, 7200 days of premium is applied to the insured who work under a service contract. They are entitled to old-age pension provided that three years are added to the age limits, not exceeding the age of 65, and a minimum of 5400 days of invalidity, old-age and survivors insurances are declared in their names.

The age requirement specified in Law No.5510 will be gradually increased from 2036 to 2048 for both male and female insured persons and equalized at 65.

It is possible for individuals who were insured before Law No. 5510 to be entitled to an earlier pension, depending on the laws they are subject to.

On the other hand, within the context of Law No. 2022 on Retirement Pension Pays for Elderly Turkish Citizens Who Are Aged 65 Or Over, In A Dependent Capacity With No Relatives And No Financial Income, old-age pensions are provided to persons who are;

- To be 65 or older,
- Not receiving alimony or cannot be entitled to alimony,
- Not receiving pocket money within the scope of Law No. 2828,
- Not benefiting from an income aid or allowance from social security institutions,
- Not working as subject to long-term insurance branches,
- Turkish citizens whose average monthly income per person considering himself/herself and his wife/her husband is less than 1/3 of the net minimum wage.

6. The share of elderly persons in receipt of a pension

Elderly persons in receipt of a pension

Years	Elderly Pensioners	Number of Passive Insured Persons Receiving Old Age Pension	Passive / Elderly Population Ratio (%)
2016	6.651.503	2.807.642	42,21
2017	6.895.385	3.093.751	44,87
2018	7.186.204	3.382.560	47,10
2019	7.550.727	3.531.756	46,80

Besides the elderly pensioners who get pension within the context of Law No:5510 from the Presidency of Social Security Institution, there are elderly persons getting retirement pension from the Ministry of Family, Labour and Social Services (MFLSS).

As mentioned above, within the context of Law No. 2022 on Retirement Pension Pays for Elderly Turkish Citizens Who Are Aged 65 Or Over, In A Dependent Capacity With No Relatives And No Financial Income, old-age pensions are provided to persons who are;

- To be 65 or older,
- Not receiving alimony or cannot be entitled to alimony,
- Not receiving pocket money within the scope of Law No. 2828,
- Not benefiting from an income aid or allowance from social security institutions,
- Not working as subject to long-term insurance branches,
- Turkish citizens whose average monthly income per person considering himself/herself and his wife/her husband is less than 1/3 of the net minimum wage.

The number of elderly persons receiving an elderly pension is 755,900 as of February 2020.

7. Information on all assistance available to elderly persons not in receipt of a pension, including information on the conditions for receipt of such assistance.

Within the context of Law No. 2022 dated July 1976 on Retirement Pension Pays for Elderly Turkish Citizens Who Are Aged 65 Or Over, In A Dependent Capacity With No Relatives And No Financial Income, old-age pensions are provided to persons who are;

- To be 65 or older,
- Not receiving alimony or cannot be entitled to alimony,
- Not receiving pocket money within the scope of Law No. 2828,
- Not benefiting from an income aid or allowance from social security institutions,

- Not working as subject to long-term insurance branches,
- Turkish citizens whose average monthly income per person considering himself/herself and his wife/her husband is less than 1/3 of the net minimum wage (this amount is 701,32 TL in 2020).

Applications for old-age pension under Law No. 2022 are made to the Social Assistance and Solidarity Foundation (SYDV) in the province or county where the person resides.

The income, wealth and expenditure status of the applicants and the people they live within the same household are questioned through the Integrated Social Assistance Information System and a social study examination is carried out by home visit. Applications are evaluated and decided by the Board of Trustees of Foundation in accordance with the provisions of the legislation along with this data.

Allowances in these periods are deposited in PTT (Turkish post office) between the 5th and 9th of the relevant month based on the last digit of the rightholder's birth year. Persons whose payments are deposited are notified via SMS. Payment information can be queried via an e-government portal.

Payment can be received from the PTT tolls with the social card or if requested, payment can be made in the residences of the persons. It can be delivered to the home on-demand via the "Home Delivery" service without any additional fee and without any age restrictions. Social cards can also be used for shopping.

Reserving the right related to the alimony, allowances paid under Law No. 2022 cannot be seized, assigned or transferred to someone else, even if the person consents.

The allowances of those who have a disability rate between 40-69% and below age 65 continue to be paid in the same way.

The allowances of those who have proved that they have a disability rate of 70% and above while taking the old-age pension are converted into "Disability Allowance for disability rate of 70% and above" if other conditions are met as well. However, applications of persons with a disability rate below 70% are not accepted for this purpose.

Under Law No. 2022, those who receive an elderly pension and their dependents are considered to be General Health Insurance holders. General Health Insurance premiums of these citizens are covered by MFLSS.

The monthly amounts under Law No. 2022 are determined according to Law No. 2022, the Central Government Budget Law and the civil servant monthly coefficient. With the arrangement made in May 2018, an increase was made in the elderly pensions.

Until June 2018, the amount of old-age pension was 265 TL, and since June 2018, the amount of elderly pension has been 500 TL.

The amount of pension for the July-December period of 2020 is 711.50-TL.

In accordance with the additional article 7 of the Social Services Law No. 2828, persons who don't benefit from home care allowance for persons with disabilities and cannot fulfil their own basic and essential needs including personal care, and citizens aged 65 and over and

citizens who cannot perform their own self-care due to their severe chronic disease can benefit from these projects. In order to benefit from the services, it is necessary to apply to the Social Assistance and Solidarity Foundation at the place of residence.

Older women can also benefit from regular cash assistance program provided by Social Assistance and Solidarity Fund for Women Whose Husbands are dead. In order to benefit from this assistance program, the application is made to the Social Assistance and Solidarity Foundation of the province or county of residence by presenting an identity card. Women who are decided to benefit from the assistance program by the Board of Trustees of the relevant Foundation are granted cash assistance if they meet the requirements. In order to benefit from this assistance, the last official marriage partner must have passed away. According to Law No. 2022, there is no obstacle for persons with disabilities and/or receiving 65 years old-age pension to benefit from the cash assistance for a widow at the same time.

There are regular assistance programs with special requirements by the Social Assistance and Solidarity Foundations within the governorships and county governorships, which are carried out within the scope of the Law on Social Assistance and Solidarity Promotion (Law No. 3294). Elderly citizens, who fulfil the requirements provided below, can benefit from the following periodical assistance programs under Law No. 3294.

In-kind benefits such as food, fuel, shelter etc. are available to those who do not have a socially-assured individual in their households and are considered to be needy by the Social Assistance and Solidarity Foundation Board of Trustees, or those with a household income of less than 1/3 of the monthly net minimum wage even if there a socially-assured individual in the household. In order to benefit from the assistance, it is necessary to apply to the Social Assistance and Solidarity Foundation at the place of residence.

On the other hand, older persons have an order of priority in receiving healthcare services. Older citizens aged 65 and over can get service primarily by making appointments from hospitals. Accompanying staff (stewardess service) is provided to elderly patients to assist them with the procedures in the healthcare facilities.

By the way, older persons with disabilities who fulfil the conditions are also eligible for home care allowance within the context of Law No. 2828. Older people with disabilities must fulfill the following three criteria in order to be eligible for home care allowance.

- The statement of a 50% or more disability rate and "yes" in the severely disabled/fully dependent status section must be shown in the disability health board report to be taken from the hospitals that provide committee report,
- By basing the total of all kinds of income under any name or title, the monthly average income for themselves and according to the number of individuals s/he is liable to look after must be lower than the 2/3 of the monthly net minimum wage,
- It should be determined with the report of the Care Services Assessment Committee within the Provincial Directorates that the person with a disability is in need of care at a level where s/he cannot survive without the help of someone else.

Prevention of elder abuse

8. What measures have been taken or are planned to prevent the elder abuse

As already mentioned above, the rights of older persons have been included in various international instruments. The rights of older persons are a matter of human rights. Human rights are based on respect for human dignity. All people are equal in dignity and rights. Older persons also have equal rights and freedoms with other people in society.

In Turkey, the principle of positive discrimination for older persons is guaranteed by Article 10 of the Constitution. Accordingly: “Measures to be taken for children, the elderly, disabled people, widows and orphans of martyrs as well as for the invalid and veterans shall not be considered as a violation of the principle of equality.”

The protection of older persons and the rights to be provided to them are guaranteed by Article 61 of the Constitution. Accordingly: “The aged shall be protected by the State. State assistance to and other rights and benefits of the aged shall be regulated by law.”

Within this framework, there are also various laws and regulations for older persons in Turkey.

In Turkey everyone, regardless of age, has the right to protect the privacy of their private life, to grant permission to collect, process and share their personal data, to request erasure or anonymization of their personal data.

In this regard, regulations have been made in the legislation of many institutions such as Law on the Protection of Personal Data and its related by-laws, Patient Rights Regulation and etc. In general, personal data relating to the race, ethnic origin, political opinion, philosophical belief, religion, sect or other belief, clothing, membership to associations, foundations or trade-unions, health, sexual life, convictions and security measures, and the biometric and genetic data are deemed to be personal data of special nature and it is prohibited to process the personal data of special nature without explicit consent of the data subject unless they are anonymized.

In the Turkish Civil Code, upon request, people who are 60 years old have been granted the right to refrain from accepting to undertake guardianship upon proving that they are hardly able to fulfil the position due to old age, disability or severe illness. According to the Turkish Criminal Code any person, holding the duty of protection or observation of an individual who cannot care for himself (on account of age or illness), who abandons that individual so that they are alone, shall be sentenced to a penalty of imprisonment for a term of three months to two years. If the victim suffers an illness, injury or death due to the abandonment, the penalty shall be imposed according to the provisions relating to an aggravated injury on account of its consequences.

Any person who fails to assist, taking into account his position and circumstances, an individual who is incapable of caring for themselves (on account of age, illness, injury or any other reason), or immediately notify the relevant authority of the circumstances of such individual, shall be sentenced to a penalty of imprisonment for a term of up to one year, or a judicial fine.

According to the Law on Consumer Protection, commercial advertisements that deceive older persons, endanger the safety of life and property of older persons, encourage acts of violence

or the commission of a crime, derange public health, abuse older persons shall not be produced.

In Turkey, older persons have the right to elect, be elected and participate in political life on an equal basis with other citizens. Various measures have been put in place to ensure this. An older voter with visual impairments can vote with the help of a companion, they are allowed to vote through the voting template, the place of voting for those who cannot climb stairs are selected suitable for their situation upon request and they vote without getting in line. If an older voter is not able to go to vote due to his/her disability or illness, a mobile ballot box is sent to his/her location upon request.

Issues of neglect and abuse of elderly people are prioritized in the situation assessment study conducted in nursing homes and nursing homes. Studies on this subject are as follows:

- Considering the low institutional care preferences of the elderly, priority is given to supportive studies for family/caregivers. For this purpose, institutional capacity is strengthened for the development of home care and day care services. Our eligible elderly people benefit from home care support. The number of daycare facilities is being increased. By the way, a special Department, namely “Home Care and Day Services Department” is established under the General Directorate of Services for Persons with Disabilities and the Elderly.
- In February 2019, an Elderly Council with international participation was held in order to address the problems of the elderly and find solutions.
- Independence, participation, care, self-fulfilment, dignity principles are taken into consideration for ensuring the rights of elderly.
- Elderly care is carefully monitored and elderly care data is updated monthly. Statistical studies on the subject are published as "Disabled and Elderly Statistics Bulletin".
- It is known that there is a need to conduct a nationwide survey on the care needs of the elderly and in this direction, the Elderly Care Needs Survey is conducted by the Ministry of Health.
- Nursing homes are planned according to many needs, including the security needs of the elderly people who have settled in the institution due to abuse and negligence. In this direction, specialized nursing homes are established.
- It has been stated that efforts to extend early old age and independent living conditions as much as possible in elderly care and aging policies will play an active role in the prevention of neglect and abuse. In this direction, preparations were made for the preparation of the Active Aging Action Plan in our country. Preparation of an Aging Vision document with the vision of 2030 and Active Aging Action Plans are underway.
- The Elderly Support Program (YADES) was initiated in our country in 2016 regarding the evaluation and support of municipalities in elderly care services. In this context, grant support is provided on a project basis for home care and daycare services for the

elderly in 13 metropolitan municipalities. In addition, workshops and meetings on elderly services are held with local governments to increase cooperation and awareness.

9. Information about the planned legislation on preventing elder abuse

It has been stated that efforts to provide independent living conditions as much as possible will play an active role in preventing neglect and abuse in elderly care and aging policies. In this direction, preparations were made for the preparation of the Active Aging Action Plan in our country. After preparing an Aging Vision document with the vision of the 2030 year and publishing the vision document in accordance with the decisions taken at the Elderly Council meeting held between 20-22 February 2019, efforts are underway to implement it with Active Aging Action Plans.

On elderly rights, including issues related to elderly negligence and abuse, The Ministry of Justice (Department of Victims Rights), Human Rights and Equality Institution, Ministry of Family, Labour and Social Services and other related institutions worked together and arranged several meeting. Rather than drafting direct legislation on negligence and abuse, an opinion has been formed regarding the regulation of the relevant legislation.

10. Information about ŞÖNİM centres whether these centres are authorised to deal with issues relating to cases of elder abuse

Law No. 6284 covers all women, children, other family members subjected to violence and all victims of unilateral stalking. In the event that elderly individuals are subjected to violence or are in danger of being subjected to violence, they can also demand the measures in Law No. 6284 and they can benefit from the services provided at ŞÖNİM within the scope of the Law.

Services and facilities

11. The supply of home help services for the elderly matched the demand for them

As already mentioned above, home care social assistance, paid by the Provincial Directorate of Family, Labor and Social Services to people who provide care to persons with a disability to allow them to continue living at their own home, is called home care allowance. Home care allowances are not paid to the person with the disability, but to third parties such as their relatives or guardians who take care of them. Older persons with disabilities who fulfil the conditions are also eligible for home care allowance within the context of Law No. 2828. Older people with disabilities must fulfil the following three criteria in order to be eligible for home care allowance.

- The statement of a 50% or more disability rate and "yes" in the severely disabled/fully dependent status section must be shown in the disability health board report to be taken from the hospitals that provide committee report,

- By basing the total of all kinds of income under any name or title, the monthly average income for themselves and according to the number of individuals s/he is liable to look after must be lower than the 2/3 of the monthly net minimum wage,
- It should be determined with the report of the Care Services Assessment Committee within the Provincial Directorates that the person with a disability is in need of care at a level where s/he cannot survive without the help of someone else.

MoFLSS conducts several studies to strengthen the institutional capacity to improve home care and daytime services. For this purpose, our elderly people, who are in good standing, benefit from the existing "home care support for the disabled", the number of daycare institutions is increased, and a project is being prepared to improve home care and daycare services. Principles of Active Aging, Healthy lifestyle, Participation in Social Life, Care Economy, Elderly Care Services and Quality of Life, Age-Friendly Cities and Local Governments, Elderly Rights and Old Age Economy are taken into consideration. By the way, a special Department, namely "Home Care and Day Services Department" is established under the General Directorate of Services for Persons with Disabilities and the Elderly.

12. Whether the supply of home help services for the elderly differ from one municipality to another

Within the financial possibilities and capacities of municipalities, there may be differences between applications and services in line with local needs and demands. The General Directorate of Services for Persons with Disabilities and the Elderly of MFLSS continues the efforts to adopt an integrated model in care services and to ensure certain standards.

Various services are offered to older persons by the municipalities. In this context, while some municipalities provide boarding institutional care services for older persons, some municipalities provide services to them such as home care support (self-care services etc.), home healthcare, cleaning, repair and maintenance of home, soup kitchen/food, social assistance, social and cultural activities, consultancy etc.

13. Whether there is a charge for any of home help services

Home care services provided by municipalities are provided free of charge to those in need.

The General Directorate of Services for Persons with Disabilities and the Elderly gives priority to home care support to ensure that elderly people receive care services with their families. In this context, "Home Care Support" is given taking into account the elderly situations.

In addition, YADES, which started to be implemented in 2016, aims to develop and strengthen home care, home support and daytime services for the elderly to be carried out by metropolitan municipalities. Thus, it is aimed to integrate and standardize local governments' day services on the subject.

The Elderly Support Program (YADES), which is implemented to protect and support the elderly over 65, and to facilitate the lives of those who need bio-psychosocial care in the

places they live, are supported by the projects of metropolitan municipalities. Within the scope of the project, a total of 62,400 elderly people have been reached in 13 provinces so far.

Again, within this scope, workshops and meetings on elderly services are held with local administrations to increase cooperation and awareness. The YADES Program, which started in 2016, has been allocated 35,902,000-TL to this day.

While elderly who have a good economic situation but who are socially deprived can benefit from services at affordable prices, the elderly who are economically and socially deprived and those who are given the Medal of Independence in accordance with Law No. 1005 can benefit free of charge. Nursing Homes and Nursing Home Elderly Care Rehabilitation Centers affiliated to the Ministry of Family, Labor and Social Services are chargeable. The monthly fees vary based on the features of the institution and the room.

However, older persons with insufficient economic status can benefit from the services at a discount or free of charge.

By the way, The Ministry of Health provides free of charge the following services for patient groups, including older persons:

- Patient transfer service,
- Social study and evaluation,
- Patient education and occupational training,
- Psycho-social training with the patient,
- Placement in institutional care,
- Psycho-social training of the patient family,
- Social events etc.

Accompanying staff (stewardess service) is provided to elderly patients to assist them with the procedures in the healthcare facilities. The flu vaccine, which is within the scope of preventive health services, for people aged 65 and over is covered once a year without seeking any medical report and the pneumococcal (polysaccharide) vaccine is covered once every 5 years by the SSI (Social Security Institution) within the scope of General Health Insurance.

Older persons who have the following diseases can also benefit from the following home healthcare services provided by the Ministry of Health.

- Individuals with a disease that impairs their quality of life at an advanced level and/or having difficulties in accessing healthcare services due to their old age,
- Bedbound patients,
- Respiratory system patients such as COPD etc.,
- Patients with muscle disease at an advanced stage,
- Palliative care treatment for end-stage cancer patients,

- Phototherapy applications at home.

In order to benefit from home healthcare services, it is necessary to follow the process below.

- Elderly patients or family members who want to receive home healthcare services can apply by calling the national call center 444 38 33 within the Ministry of Health.
- The staff of the call center starts the necessary procedures by interviewing the person requesting service.
- Following the first call, the healthcare personnel in the Coordination Center contacts the person requesting service and directs the patient to the related hospital teams.
- The person who will receive home healthcare services is visited at home by a team of physicians and assistant health personnel.
- The status of the person receiving the service and the service to be provided is determined.
- A home healthcare treatment plan is created after consultation with other physicians planning the treatment of those who will receive home healthcare services by the physician.

14. Information on any services or facilities for families caring for elderly persons in particular for those suffering from dementia and information about the implementation of YADES

Ministry of Family, Labour and Social Services has adopted the integrated care model for the care services for the elderly. Details of the model are given below.

Integrated Elderly Care Services

MoFLSS updates and develops family-oriented elderly care services according to the changing demographic structure. In line with the practice agreed by the United Nations in order to meet the demands of the elderly, MFLSS focuses on the care of the elderly in their own homes and their familiar environments. In this context, MFLSS implemented the Integrated Care Services Model with applications that support family care. In this new approach, corporate care, support at home support and daycare are included in a way that complements each other.

In this model, MFLSS is planning an elderly service aimed at sustaining and supporting their life by ensuring the elderly are not only in residential care institutions, but as much as possible in the environment where he is and used to be. In this context, the services we offer in different components of integrated elderly care services are as follows:

In this context, the services offered in different components of integrated elderly care services are as follows:

Home Care Support: In the long-term care system, priority is given to home care support to ensure that elderly people receive care services with their families within the scope of the integrated care model. In this context, "Home Care Support" is given by taking into account the disability situations that occur with age.

Institutional Care: Services are provided to all elderly people regardless of having or not having social security through nursing homes and elderly care centers spread across all of the country.

Services such as accommodation, individual self-care, health, social support-counselling, psychological support-counselling, rehabilitation, social activity, nutrition and cleaning are provided in elderly care institutions.

While elderly who have a good economic situation but who are socially deprived can benefit from services at affordable prices, the elderly who are economically and socially deprived and those who are given the Medal of Independence in accordance with Law No. 1005 can benefit free of charge.

The monthly allowance is given from the budget of the MFLSS to elderly people who do not have income and who stay free of charge in institutions.

Elderly Living Home: The Elder Life Houses application is one of MFLSS's new individual-oriented service models. By this model, MFLSS opened homes and apartments affiliated to the nursing houses. The same services provided in nursing homes are given in these homes and apartments which elderly can stay alone or with their spouses.

Temporary / Guest Care Service: In boarding care centers, MFLSS offers guest care services for up to 45 days a year for families who need to entrust their elders for care in case of travel, illness or need.

Elderly Day Service Model: In order to ensure the active participation of the elderly in social life and to be healthier in terms of psycho-social and to support family unity, MFLSS aims to expand daytime services, which will reduce the need for institutional care and increase the participation of families in employment. In this context, MFLSS has implemented the day-aged living centers model to ensure that the elderly are included in society and meet their bio-psycho-social needs.

Daycare centers are social service institutions for older persons who live in their home environment or with their family and especially for individuals with dementia such as Alzheimer etc. where various activities are carried out to assist individuals with psychological, social and health needs in order to increase their quality of life and contribute to their leisure time as well. Daycare services are foreseen to be offered as a priority in the care of older persons. In addition to the daytime institutions, daycare services support older persons and their families, along with home care support services. It also envisages reducing the need for long-term boarding institutional care services.

In our country, it is envisaged that daycare services are to be provided in independent daycare facilities with the restructuring of Active Life Centers in addition to the Nursing Homes and Nursing Home Elderly Care Centers. Furthermore, daycare services for older persons are offered under the names of various institutions and services by local administrations, non-governmental organizations and private organizations. In our country, the provision of day services for persons with disabilities and older persons under the name of "Active Living Centers" is envisaged by the amendment made in the Social Services Law No. 2828. Active Living Centers, affiliated to the Ministry of Family, Labour and Social Services, are day-to-

day institutions established to provide guidance and support services to persons with disabilities and older persons and their families, as well as home daycare services in order to increase the quality of life and contribute to their active participation in social life.

Information about the Elderly Support Program YADES

"Elderly Support Program" (YADES) aims to protect and support the older persons aged 65 and over, living in Turkey, and to make the lives of those who need bio-psycho-social care easier by providing necessary care to these persons in their living environment by the Ministry of Family, Labour and Social Services, General Directorate of Services for Persons with Disabilities and the Elderly. Within this program, in order to support ageing in place and home care services, resource/budget transfers from the ministry to the municipality are realized to develop the execution of home care and home support services by the local administrations.

As part of the program, home care services and daycare services are offered to the older persons by the metropolitan municipalities.

The Elderly Support Program is currently being implemented in 13 metropolitan cities whose projects have been accepted by the Ministry, and it is aimed to be expanded to all municipalities in the coming years. Within the scope of the project, a total of 62,400 elderly people have been reached in 13 provinces so far.

Again, within this scope, workshops and meetings on elderly services are held with local administrations to increase cooperation and awareness. The YADES Program, which started in 2016, has been allocated 35,902,000-TL to this day.

Within this context, individuals aged 65 and over living in Sakarya, Kayseri, Kahramanmaraş, Şanlıurfa, Trabzon, Antalya, Gaziantep, Kocaeli, Malatya, Samsun, Ordu, Erzurum and Diyarbakır provinces can benefit from the daycare services offered within the scope of YADES Program by applying to the metropolitan municipalities.

15. Whether temporary care centres and public day-care services are available for elderly persons' families

As already mentioned above, daycare centers are social service institutions for older persons who live in their home environment or with their family and especially for individuals with dementia such as Alzheimer etc. where various activities are carried out to assist individuals with psychological, social and health needs in order to increase their quality of life and contribute to their leisure time as well.

Daycare services are foreseen to be offered as a priority in the care of older persons. In addition to the daytime institutions, daycare services support older persons and their families, along with home care support services. It also envisages to reduce the need for long-term boarding institutional care services. In residential care centers, MFLSS offers temporary guest care services for up to 45 days in a year for the families who need to entrust their elders for care in case of travel, illness or need. Thus, temporary care centres and day care services are also offered for the needs of elderly persons' families.

16. Informing people about the existence of services and facilities

Guidance and counselling services are provided by evaluating calls for family, women, children, and persons with disabilities, older persons, relatives of martyrs, veterans and relatives of veterans via the Alo 183 Social Support Line from the Call Centers of the Ministry of Family, Labour and Social Services. Services are provided on a 24/7 basis.

In order to provide more effective services, the citizens are provided to send free text messages (SMS) to Alo 183 line.

The services provided are shared with the public and related circles through the website, social media, press media, meetings and workshops, and NGO meetings.

Several materials about the services and facilities for elderly people are prepared for informing older people about the services for them. Some of these information guides can be reached by the below web sites.

<https://ailevecalisma.gov.tr/media/40942/yaslilar-icin-bilgilendirme-rehberi-02-03-2020.pdf>

<https://www.ailevecalisma.gov.tr/media/45960/yaslilar-icin-bilgilendirme-rehberi-3.pdf>

<https://www.ailevecalisma.gov.tr/media/46206/rehber-eyhgm-65-yas-uzeri-yaslilar-ve-kronik-hastalara-yonelik-koronavirus-bilgilendirme-rehberi.pdf>

<https://www.ailevecalisma.gov.tr/media/49919/bhks-uygulama-rehberi.pdf>

<https://www.ailevecalisma.gov.tr/media/55976/vesayet-islemler-ve-vasilik-sureci-hakkinda-aciklayici-rehber.pdf>

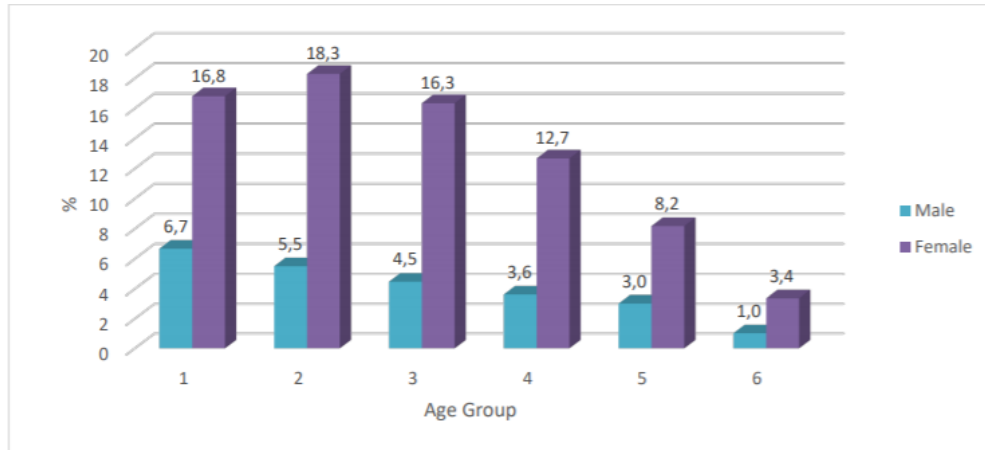
<https://www.ailevecalisma.gov.tr/media/9323/kitaptuerkiyede-yaslilara-yonelik-hizmetler-kurumsal-ya%C5%9F1%C4%B1-bak%C4%B1m%C4%B1-ve-illerin-durumu2018.pdf>

Housing

17. Share of persons aged 65 years and over remain in their own homes

The proportion of the elderly living alone in the total elderly population is 18.2 percent in 2019. 75.7% of the 1,373,521 elderly persons living alone are females and 24.3% are males.

Distribution of elderly population living alone by age and sex, 2019



(Age groups: 1- 65-69, 2-70-74, 3-75-79, 4-80-84, 5-85-89, 6- 90- +Living preferences in olg age by age groups and sex, 2016

[Persons at the age of 15 and over]

	Total	Live in Nursing home	Live with my child	Get care service in my house	No idea	Other (%)
Turkey	100,0	11,0	37,6	29,4	21,6	0,4
Sex						
Male	100,0	10,9	37,7	27,4	23,6	0,4
Female	100,0	11,2	37,5	31,4	19,6	0,4
Age groups						
15-19	100,0	11,2	30,4	25,5	32,5	0,3
20-24	100,0	11,6	32,4	26,6	29,1	0,3
25-29	100,0	11,5	30,8	29,0	28,4	0,4
30-34	100,0	12,0	35,4	29,5	22,7	0,5
35-39	100,0	11,6	35,1	31,5	21,4	0,4
40-44	100,0	11,1	38,3	31,4	19,0	0,2
45-49	100,0	11,2	38,8	30,7	19,0	0,3
50-54	100,0	10,1	41,5	33,4	14,6	0,4
55-59	100,0	12,0	39,4	31,5	16,6	0,5
60-64	100,0	12,7	43,6	28,8	14,5	0,3
65+	100,0	7,7	51,3	27,5	12,9	0,6

Source: TurkStat, Turkey Family Structure Survey, 2016

18. Other types of housing benefit for persons aged 65 years and over who live in old, neglected or substandard houses

The General Directorate of Social Assistance provides home construction and home repair assistance from the funds of the Social Assistance and Solidarity Encouragement Fund in order to meet the most basic and indispensable needs of people in need or who have been exposed to disasters. By this way, it is aimed to improve their quality of life.

The legal framework regarding the determination of the beneficiaries of the aforementioned aids, the method of using the aid and the amount of aid was determined by Principle Decision on Housing Benefits dated 26.12.2017 and numbered 2017/7.

In the decision, the definition of neediness determined in Law No. 3294 on Encouraging Social Assistance and Solidarity was taken as a basis.

In the decision, the definition of neediness determined in Law No. 3294 on Encouraging Social Assistance and Solidarity was taken as a basis. In this respect, 167.602.049-TL was transferred for 11.478 people between 01.01.2016 - 31.12.2019 within the scope of Housing Aids.

With the Presidential Approve dated 03.03.2020, the maximum aid amounts specified in the Decree regarding accommodation benefits have been updated. In this respect, the maximum amount for home repair assistance is updated as 20,000 TL, the maximum amount for home construction assistance is updated as 40,000-TL, and the amount determined for prefabricated house construction is updated as 30.000 TL. The maximum amount for household equipment assistance for disaster incidents is updated as 5.000-TL.

In the Principle Decision on Accommodation Aids numbered 2017/7, which sets out the procedures and principles of accommodation aids, the elderly people (+60) are considered as the priority target group. In this context, poor people over the age of 60, who do not have healthy living conditions, benefit from these aids.

19. How many elderly persons benefit from houses for the elderly, what the overall capacity is and what they cost when the elderly persons themselves have to pay

Social Housing Project was started in 2012. The Project was implemented by the cooperation of the Housing Development Administration of Turkey (TOKI), General Directorate of Social Assistance and Social Assistance and Solidarity Foundation.

In order to apply for housing assistance, it is required that the per capita income in the household is less than 1/3 of the net minimum wage (852.53 TL for 2021) and have any of the special conditions such as old age, disability, single-parent family, widowhood.

Repayments are 100 TL per month for 1+1 residences; 130 TL for 2+1 residences. Repayment is completed in 270 months. The total cost for beneficiaries for 1+1 residences is 27.000 TL and for 2+1 residences is 35.100 TL. The total cost for the Fund for 1+1 residences is 40.000 TL and for 2+1 residences is 55.000 TL.

In this context, 39.974 houses built and a total of 1.596.255.100 TL was paid to TOKI. Houses are completed in October 2016.

By the way, 25 percent of the houses built by TOKI are reserved for retirees. In addition, those whose pension and income do not exceed 3200 TL per month can benefit from the houses sold by TOKI for the lower-income group. In many provinces, flats are sold for the lower-income group. Inexpensive home projects are developed under the cooperation of the Turkey Pensioners Association and TOKI.

Health care

20. Healthy Ageing Action Plan and Implementation Programme 2015-2020 and the results of this policy

Implementation Program of Turkey and Healthy Aging Action Plan

Turkey Healthy Aging Action Plan aims to offer accessible, convenient, effective and active healthcare services to individuals and society and to meet the needs of the people with special needs due to physical, mental, social or economic circumstances by providing them easier access to favourable healthcare services. The action plan sets priorities of the objectives and strategies and basic framework for the supportive studies to be conducted with participating authorities and organizations.

The vision of this action plan is to ensure people maintain their health status and functional capabilities and enjoy wellbeing by living in dignity through seeing aging in society as an opportunity rather than a threat risk. The vision of this action plan is to ensure people maintain their health status and functional capabilities and enjoy wellbeing by living in dignity through seeing the ageing in society as an opportunity rather than a threat risk.

Updating of this program continues and the following activities were carried out within the scope of the program.

- Within the scope of awareness activities for the elderly on special days and weeks particular to the elderly; awareness materials were prepared on Alzheimer's, dementia, depression in the elderly, common health problems in old age, nutrition and physical activity in old age, safe environment and immunization in old age. These materials are sent to 81 provincial health directorates and information activities are carried out on special days and weeks particular to the elderly. These activities, which are carried out regularly every year, are also published on the website of the Ministry of Health.
- Together with Fیزیoterapist's Association of Turkey, training courses and materials are prepared for the elderly in order to ensure safe and healthy environmental conditions at home. Physiotherapists working in the Healthy Life Centers were given training.
- An elderly follow-up guide was prepared in order to make a comprehensive geriatric evaluation to reduce the diagnosis of diseases of the elderly and 150 family physicians were trained in courses.
- A disease tracking system software has been developed that can prevent the increase in the burden on health systems and the economy and the decrease in the sustainability of health services due to the increase in the aging population and chronic diseases. "Disease Management Platform" software has been prepared.
- It is aimed to control the symptoms and signs of diseases by providing appropriate treatment and to prevent individuals from experiencing loss of function and becoming disabled by monitoring complications with the Disease Management Platform, which has just been piloted. The Disease Management Platform software ensures the early diagnosis of chronic diseases with periodic follow-up in line with the recommendations of evidence-based medicine guidelines. Elderly follow-up forms and algorithms are also included in the system. This program put into practice.

- By putting this program into practice, it is planned to organize activities on "neuropsychiatric diseases, dementia, geriatric psychiatry, disability, abuse of the elderly and violence" in old age. At the same time, some practices and indicators for patients diagnosed with dementia and their relatives are stated.
- Diseases seen in the elderly are chronic diseases that require long-term care and treatment. Individuals of all age groups who are in need of home health and rehabilitation services due to their chronic illness are provided with home health services at their homes through the Home Health Units of the General Directorate of Public Hospitals.
- In order to facilitate prescription procedures, especially for bedridden patients at home, the doctor in charge of the Home Health Team can prescribe medication / medical supplies needed by individuals who receive home healthcare services.

21. Protocol on the implementation of health care and social support services at home at provincial level and how they are monitored

Laws and Regulations Regarding Home Care Services in Our Country:

- Law No. 224 on Socialization of Health Services in 1961
- Regulation on the Delivery of Home Care Services (10.03.2005 - Official Gazette No. 25751)
- Communiqué on Presentation of Home Care Services (14.09.2005 - Official Gazette No. 9304)
- Directive on the Application Procedures and Principles of Home Health Services Provided by the Ministry of Health (01.02.2010 - Authority Approval No:3895)
- Directive Amending the Directive on the Application Procedures and Principles of Home Health Services Provided by the Ministry of Health (24.02.2011 - Authority Approval No. 8751)
- Regulation on the Provision of Home Health Care Services by the Ministry of Health and Affiliates (27.02.2015 - Official Gazette No. 29280)

With the approval of the Ministry of Health dated 25.04.2017 and numbered E.49654233 - 020435, the delivery of home health services was taken from the Public Health Institution and transferred to the Public Hospitals Institution. As a result of this transformation, Turkey Public Health Institutions' staff working in home health services unit are also transferred to Turkey Public Hospitals Institution.

Among the Ministry of Interior, Ministry of Health, Ministry of Family, Labour and Social Services and the Turkey Association of Municipalities 'Execution Protocol on Cooperation Home Health Care and Social Support Services'" was signed on 31.05.2015.

With this protocol, it is aimed to ensure the integration of the home health care and social support services offered in the provinces. Under this protocol, a national call centre is established. Its number is 444 3833. The call center receives new cases and ensures that

complaints about the system are conveyed to Health Directorates. The task of the call center is to enter the application correctly in the Home Health Care Registration System and to ensure that the relevant Provincial Coordination Center sees the application. A sufficient number of personnel are employed in this unit for 7/24 bases.

In January 2017, "Quality Standards in Health, Home Health Kit" has been published and distributed to provinces by the Department of Quality and Accreditation in Health of the General Directorate of Health Services at the Ministry of Health.

Home Health Services Provincial Coordination Center established in provinces. All health care personnel (nurse, health officer) who will meet with the patient or relative at the coordination center are trained on home health care. All patients applications submitted to the Coordination Center are answered within 15 minutes by the call center.

In the context of Article 7 of the Protocol, studies under this protocol renewed and continue in all provinces. All studies are monitored under the supervision of the Ministry of Health and Ministry of Family, Labour and Social Services.

Institutional care

22. Information on the status of these inspectors and officials

All public and private nursing home care and rehabilitation centers are under the control of the Ministry of Labour, Family and Social Services (MFLSS). All institutions are inspected by the inspectors and auditors working within the Presidency of Guidance and Inspection of the Ministry of Family, Labour and Social Services in accordance with the general audit programs.

"Quality Standards Implementation Guide for Care Services" has been prepared in order to create quality and standards in the care services provided to the disabled and elderly people.

Inspectors and auditors of MFLSS are permanent civil servants in accordance with Article 4 / A of the Civil Servants Law No. 657 and are employed according to the procedures and principles specified in Article 24 of the Supplementary Article 24 titled "Employment of Inspectors, auditors, auditors, controllers, actuaries" of the Decree-Law No. 375.

In Article 78 of the Presidential Decree numbered 1 "Guidance and Inspection Department", the duties, powers and responsibilities of the Guidance and Inspection Presidency and the Ministry's Auditors have been explained, and the Auditors of the Ministry work under the Presidency of Guidance and Inspection of the MFLSS.

23. Whether procedures exist for complaining about the standard of care and services or about ill-treatment in this type of institution.

All complaints related to the standard of care and services, ill-treatment or accessibility can be done to the Supervision Commissions established within the governorships in 81 provinces and inspected carefully by the Provincial Directorates of Family, Labor and Social Services. All related legislation are taken into consideration and legal procedures will be applied.

24. Information on whether and how the rights of elderly persons living in institutions were safeguarded

The rights of elderly persons living in institutions were safeguarded according to all the national and international related legislation. All related information in this regard is already given in the related parts of this report.

B- LEGISLATION CHANGES AND APPLICATIONS

The centers or units serving within the scope of the "Regulation on the Provision of Home Care Services" are defined as "primary level private health institutions" in the Health Implementation Notification (SUT). By this way, it is ensured that the prescription costs (according to the payment criteria of the SGK) issued by the center or units providing home care services are also covered by the Social Security Institution.

“Ministry of Family, Labor and Social Services Directive on the Improvement and Evaluation of Quality in Disabled and Elderly Care Services ”was published on 16 December 2019.

QUESTIONNAIRE RELATED WITH COVID-19

ARTICLE 30

THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

30. RESC Everyone has the right to protection against poverty and social exclusion

Living in a situation of poverty and social exclusion violates the dignity of human beings. Living at risk of falling into poverty and exclusion is damaging for the person, not only as regards dignity, but it also entails suffering, loss in cognitive function and social abilities. Risk of poverty and actual poverty and exclusion also compromise the exercise of a range of other rights, both social and economic (employment, health, education, housing, etc.) and civil and political rights (private and family life, association and opinion) and ultimately involves total disenfranchisement. Leaving no one behind and protection against poverty and social exclusion are not just a question of statistics but are a primary human rights requirement, universal in scope, and it is therefore a matter of priority and of resources.

The main indicator used to measure poverty is the relative poverty rate. The at-risk-of-poverty rate before and after social transfers (cf. Eurostat) is used as an indicative value to assess national situations, without prejudice to the use of other suitable parameters that are taken into account by national anti-poverty strategies or plans (e.g. indicators relating to the fight against the ‘feminization’ of poverty, the multidimensional phenomena of poverty and social exclusion, the extent of ‘inherited’ poverty, etc.).

The Committee wishes to emphasise the very close link between the effectiveness of the right recognised by Article 30 of the Charter and the enjoyment of the rights recognised by other provisions, such as the right to work (Article 1), access to health care (Article 11), social security allowances (Article 12), social and medical assistance (Article 13), the benefit from social welfare services (Article 14), the rights of persons with disabilities (Article 15), the social, legal and economic protection of the family (Article 16) as well as of children and young persons (Article 17), right to equal opportunities and equal treatment in employment and occupation without sex discrimination (Article 20), the rights of the elderly (Article 23) or the right to housing (Article 31) while recalling the important impact of the non-discrimination clause (Article E), which includes non-discrimination on grounds of poverty.

Extreme poverty—i.e. people living in severe deprivation, without enough food or even suffering from malnutrition, poorly housed, homeless or with no access to shelter, and without access to clean water and sanitation, etc.—has not yet been eradicated throughout Europe. Extreme poverty does not only affect individuals but also vulnerable communities. Because of their state and status, they are sometimes left out from official statistics. They are among the furthest behind in respect of whom the United Nations Sustainable Development Goals and the Agenda 2030 (that has been adhered to by all Council of Europe member States) calls for priority action.

RESPONSES TO QUESTIONS ON GROUP II PROVISIONS “HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION”

ARTICLE 30

THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

Article 30 – The right to protection against poverty and social exclusion With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion,
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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.e Parties undertake:

a. Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no person drops under the poverty threshold, and provide also information on the impact of the measures taken. Please indicate how many people in your country are at risk of poverty, how many in a situation of poverty, and how many in extreme poverty, including specific data for children.

The income information regarding the Income and Living Conditions Survey 2019 of the Turkish Statistical Institute refers to the year 2018, the previous calendar year. In the calculation of income, the household's income is converted into the equivalent household disposable income by taking into account the size and composition of the household.

According to survey results, the share of the top quintile by the equivalised household disposable income was 46.3% recording a decrease of 1.3 points whilst the share of the bottom quintile was 6.2% with an increase of 0.1 points in comparison with the previous year.

**Distribution of annual equivalised household disposable income by ordered quintiles
(%), 2010-2019**

Survey Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Income Reference Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
First quintile (the bottom)	5.8	5.8	5.9	6.1	6.2	6.1	6.2	6.3	6.1	6.2
Second quintile	10.6	10.6	10.6	10.7	10.9	10.7	10.6	10.7	10.6	10.9
Third quintile	15.3	15.2	15.3	15.2	15.3	15.2	15.0	14.8	14.8	15.2
Fourth quintile	21.9	21.7	21.7	21.4	21.7	21.5	21.1	20.9	20.9	21.4
Last quintile (the top)	46.4	46.7	46.6	46.6	45.9	46.5	47.2	47.4	47.6	46.3

**Figures in the table may not add up to totals due to rounding*

According to 2019 results, the Gini coefficient was estimated at 0.395 with a decrease of 0.013 points compared with the previous year. S80/S20 ratio calculated as the ratio of total income received by the richest 20% of the population to that received by the poorest 20% of the population decreased from 7.8 to 7.4, while the S90/S10 ratio, which is calculated as the ratio of total income received by the richest 10% of the population to that received by the poorest 10% of the population decreased from 13.7 to 13.0.

Income distribution indicators by equivalised household disposable income, 2010-2019

Survey Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Income Reference Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
S80/S20 ratio	8.0	8.0	8.0	7.7	7.4	7.6	7.7	7.5	7.8	7.4
S90/S10 ratio	13.9	14.4	14.2	13.6	12.6	13.3	13.6	13.4	13.7	13.0
Gini coefficient	0.402	0.404	0.402	0.400	0.391	0.397	0.404	0.405	0.408	0.395

The mean annual household disposable income was 59 thousand 873 Turkish Lira in 2019 with an increase of 16.5% compared to last year in Turkey.

Mean annual household disposable income and change compared to the previous year, 2010-2019

Survey Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Income Reference Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Mean annual household disposable income (TL)	22,063	24,343	26,577	29,479	32,000	36,039	41,399	46,131	51,374	59,873
Change compared to previous year (%)	3.6	10.3	9.2	10.9	8.6	12.6	14.9	11.4	11.4	16.5

In Turkey, the mean annual equivalised household disposable income increased by 17.9% compared to the previous year from 24 thousand 199 TL to 28 thousand 522 TL.

Mean annual equivalised household disposable income and change compared to the previous year, 2010-2019

Survey Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Income Reference Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Mean annual household	9,735	10,774	11,859	13,250	14,553	16,515	19,139	21,577	24,199	28,522

disposable income (TL)										
Change compared to previous year (%)	3.6	10.7	10.1	11.7	9.8	13.5	15.9	12.7	12.2	17.9

The people having incomes below a specified line compared to the general population is defined to be the poor in a relative meaning. The at-risk-of-poverty rate according to poverty threshold set at 50% of median equivalised household disposable income was 14.4% with an increase of 0.5 points compared to 2018. As for the at-risk-of-poverty rate according to poverty threshold set at 60% of median equivalised household disposable income, it was 21.3% with an increase of 0.1 points in comparison with the previous year.

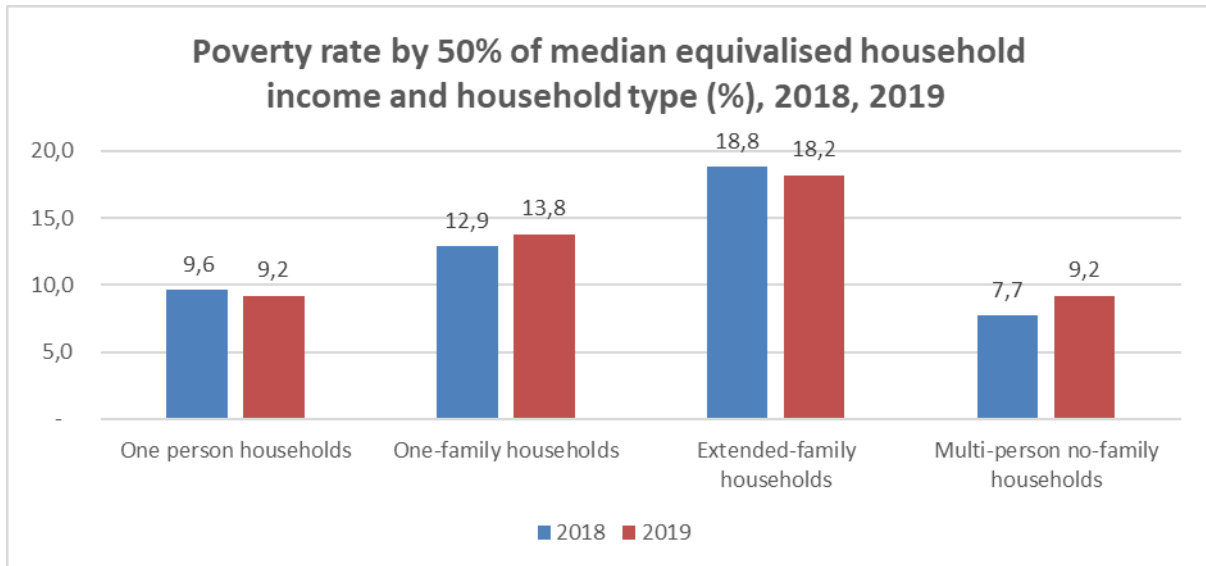
Poverty rate by equivalised household disposable income (%), 2010-2019

Survey Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Income Reference Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
40% of the median equivalised income	10.3	10.1	10.0	9.1	8.7	8.7	8.4	7.4	7.9	8.3
50% of the median equivalised income	16.9	16.1	16.3	15.0	15.0	14.7	14.3	13.5	13.9	14.4
60% of the median equivalised income	23.8	22.9	22.7	22.4	21.8	21.9	21.2	20.1	21.2	21.3
70% of the median equivalised income	30.6	30.0	30.2	29.5	29.4	29.5	28.7	28.1	28.5	28.5

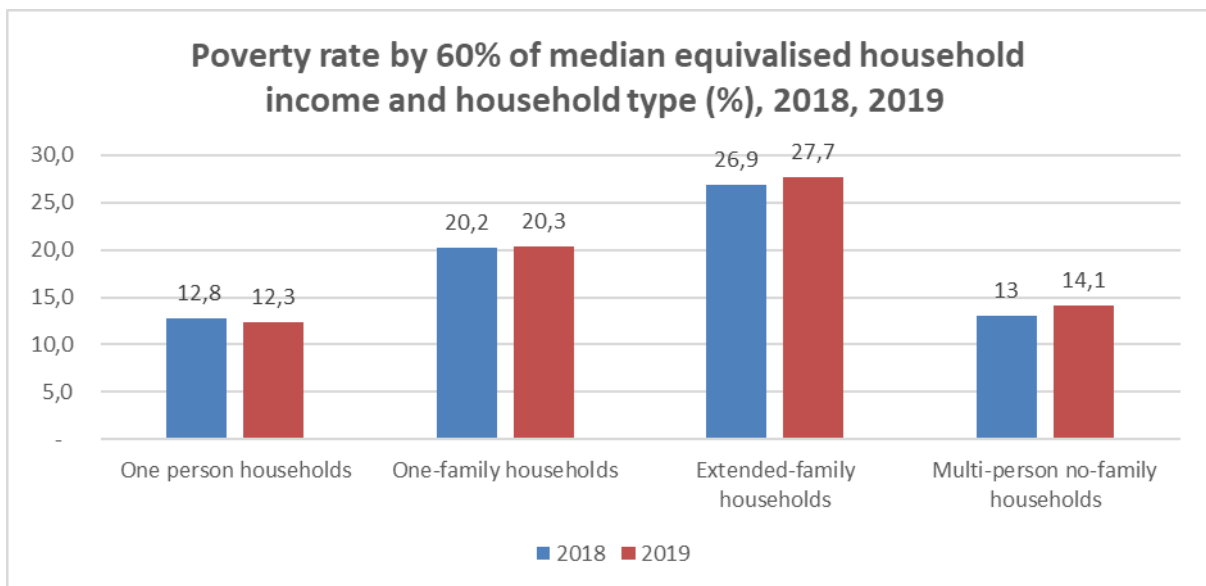
The at-risk-of-poverty rate according to the poverty threshold set at 40% of median equivalised household disposable income was 8.3% with an increase of 0.4 points compared to the previous year and the poverty threshold set at 70% of median equivalised household disposable income was 28.5% without a change.

Considering poverty rates according to poverty threshold set at 50% of median equivalised household disposable income in terms of household types, at-risk-of-poverty-rate of one-person households was 9.2% with a decrease of 0.4 points, multi-person no-family households were 9.2% with an increase of 1.5 points, extended family households was 18.2% with a decrease of 0.6 points and one-family households was 13.8% with an increase of 0.9 points compared to the previous year.

Poverty rate by 50% of the median equivalised household income and household type (%), 2018, 2019

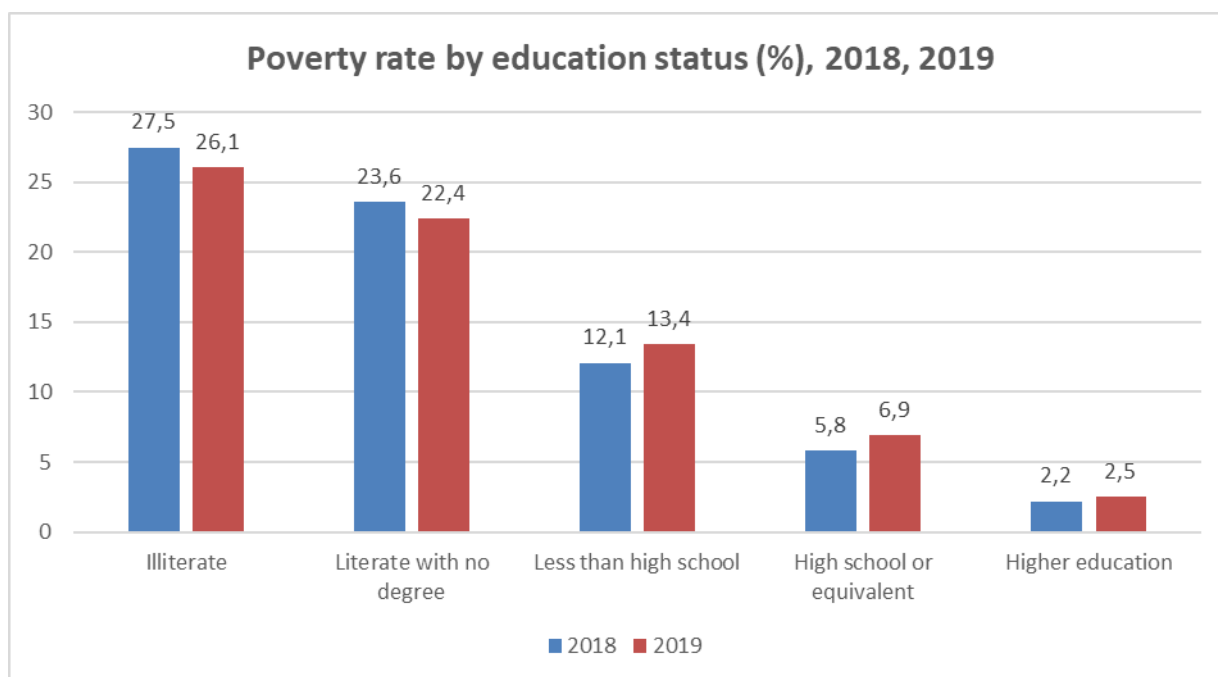


Poverty rate by 60% of the median equivalised household income and household type (%), 2018, 2019



In terms of the at-risk-of-poverty-rate according to the poverty threshold set at 50% of median equivalised household disposable income, 26.1% of illiterates and 22.4% of literates with no degree were poor. The figures for less than high school and high school graduates were 13.4% and 6.9% respectively. Higher education graduates were the group with the lowest poverty rate with 2.5%.

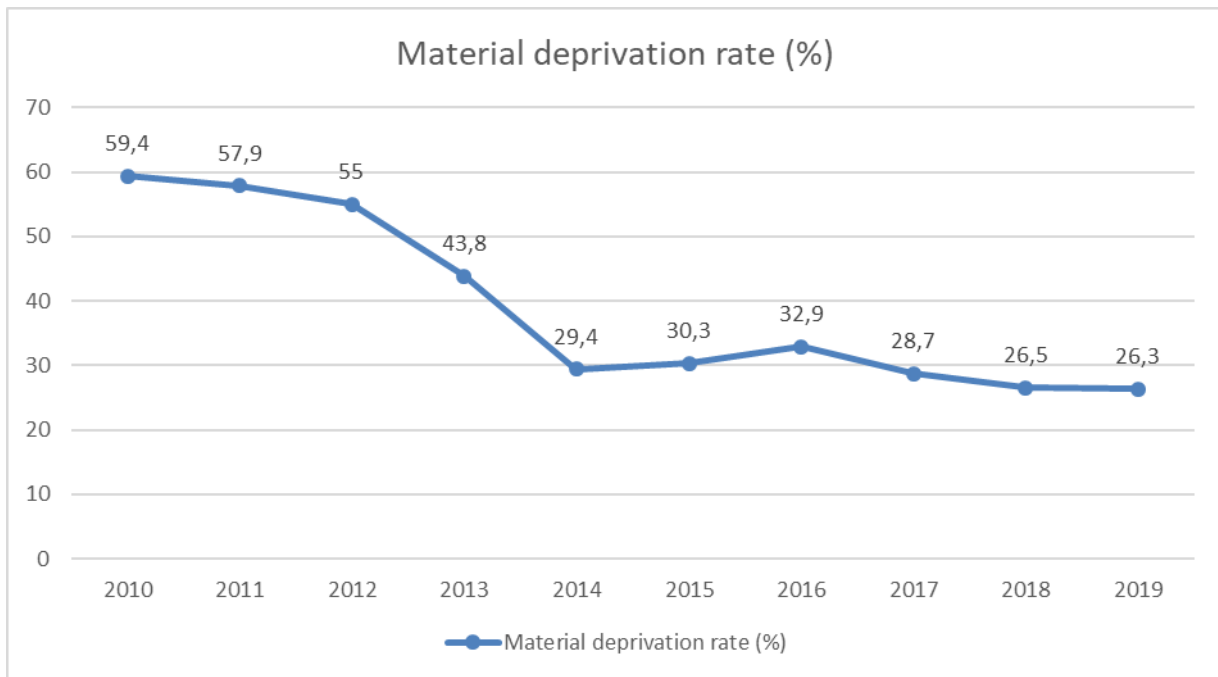
Poverty rate by education status (%), 2018, 2019



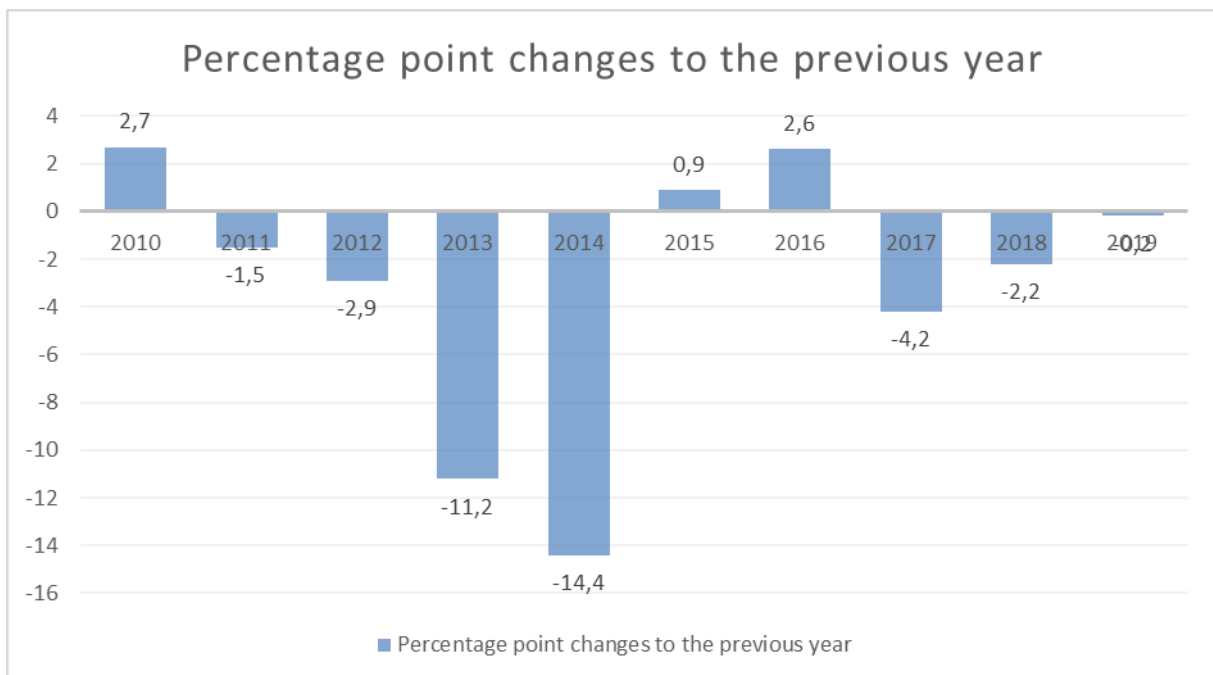
Material deprivation reflects the perception of households about the inability to pay unexpected financial expenses, one week's annual holiday away from home, mortgage or rent payments, a meal with meat, chicken, fish every second day and heating home adequately warm and the ownership of a washing machine, a colour TV, a telephone and a car.

The severe material deprivation rate defined as the rate of people faced with the enforced inability to afford at least four of the above-mentioned items decreased from 26.5% in 2018 to 26.3% in 2019.

Material deprivation rates, 2010-2019, (%)

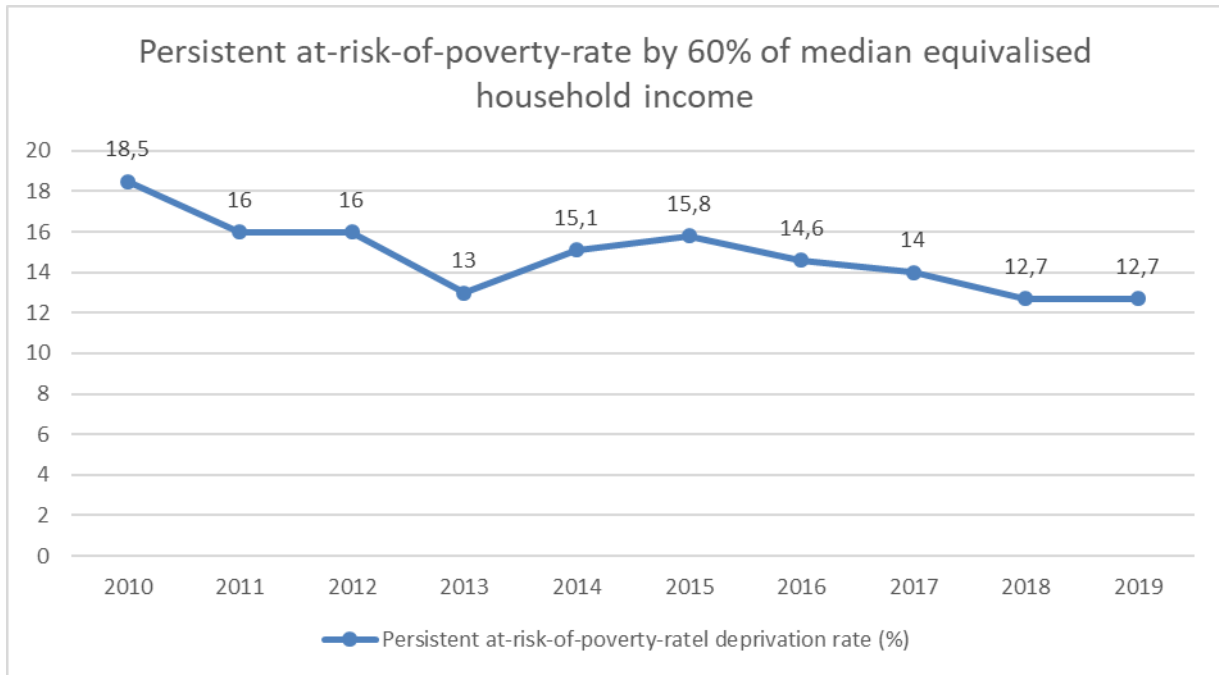


Material deprivation rate percentage point change compared to the previous year, 2010-2019, (%)

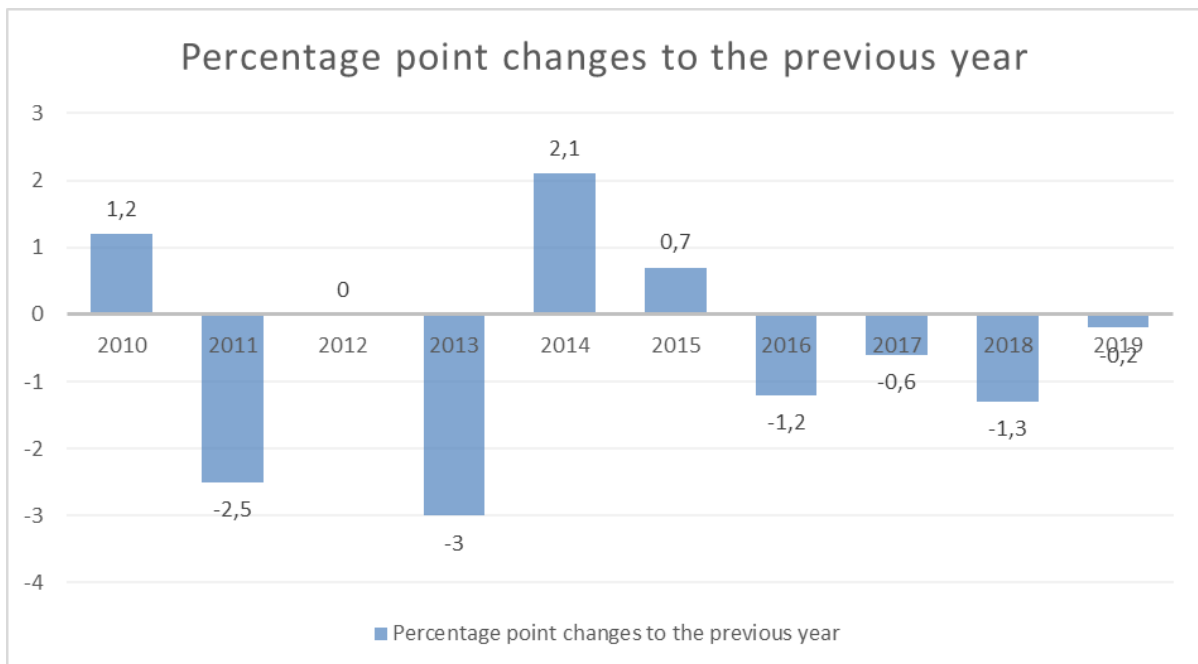


The persistent at-risk-of-poverty rate shows the percentage of the population living in households where the equivalised disposable income was below the at-risk-of-poverty threshold set at 60% of median equivalised household income for the current year and for at least two out of the preceding three years. In 2019, the persistent at-risk-of-poverty rate was 12.7% the same as the previous year.

Persistent at-risk-of-poverty-rate by 60% of median equivalised household income, 2010-2019, (%)



Persistent at-risk-of-poverty-rate by 60% of median equivalised household income, percentage point change compared to the previous year, 2010-2019 (%)



Child poverty rates, 2006-2019

Years	Child Poverty Rates
2006	34.6
2010	33.7
2015	31.8
2016	31.4
2017	30.2
2018	32.1
2019	32.4

Furthermore, the extreme poverty rate, which is defined by the World Bank as the persons below the 1.90\$-a-day poverty line in current PPP, has been decreased to %0 as of 2018 according to the 2020 “Poverty and Shared Prosperity” report of the World Bank. Similarly, the share of the population below the 3.2\$-a-day poverty line has been decreased from %12 in 2002 to %1.4 in 2019. These figures clearly indicate that Turkey has eradicated extreme poverty as a result of policies and programmes implemented during the last two decades.

b. Please provide information on measures taken to assist persons affected by poverty, social exclusion and homelessness during the COVID-19 crisis, or after the crisis to mitigate its effects.

Turkish social security system is based on contributions via social security premiums. Even though high-level of informality persists (32.9% as of August 2020), universal health insurance covers almost the entire population (99.2 % as of November 2020). Yet, in the face of the global pandemic, a combined approach of leaving no one behind was adopted. And as a whole, this strategy called as the “Social Protection Shield”.

Turkey had to adapt its social protection system by addressing two important problems arising from the global pandemic; namely the effectiveness of the support schemes provided by the social security system to the persons covered and providing adequate assistance to the persons who are not under the umbrella of the social security system. General strategy against the global pandemic in Turkey mainly focused on measures designed to decrease the level of exposure, to protect employment and economic actors, to sustain the continuity of the important public services and to provide income and employment support to the most vulnerable groups of persons. Thus, one should bear in mind that the measures and incentives initiated in the field of social protection have been designed as part of this grand strategy. Of course, creating a sound combination of the contribution-based social security system and social assistance programmes, thus increasing the inclusiveness and scope of the policies and practices were the main consideration of this approach.

“Unemployment benefits”, together with the “short-term work allowance”, has been determined as the main pillars of the efforts to retain employment and mitigate the negative effects of the outbreak on the labour market. Moreover, programmes such as “daily cash support” and “normalization support to enterprises for premium payments”, have also been put into practice effectively.

Short-term Work Allowance and Unemployment Benefits

In order to compensate for the income losses of the employers whose working hours are reduced due to the reasons associated with the pandemic, the requirements to benefit from short-term work allowances have been eased to include as many persons as possible. Together with this legal change for increasing the inclusiveness of the support scheme, the application procedures have also been reformed and have become mainly electronic and thus, the risks deriving from physical contact have been reduced. Furthermore, unemployment benefit payments, which is an integral part of the labour market programmes, have continued to be paid uninterruptedly.

As of the latest data available (March 2021), a total of more than 27.5 billion Turkish Liras have been paid to nearly 3.8 million persons in the form of short-term work allowance. What is more, since the start of the global pandemic, nearly 1 million persons have received unemployment benefits amounting to a total of 5.1 billion Turkish Liras.

Daily Cash Support

Employees who are not in a position to benefit from short-term employment and who have been granted unpaid leave within the framework of the temporary articles added to the related legislation and those who have not been able to benefit from unemployment allowance are being provided with daily cash support of approximately 47,70 TL per day from the fund of the unemployment insurance. Since the start of the outbreak up to March 2021, nearly 2.5 million persons have been entitled to benefit from this incentive amounting to a total sum of 8.3 billion TL.

Normalization Support for Premium Payments

One of the most important phases of the efforts to mitigate the negative effects of the pandemic is to support the normalization process, should it be deemed as safe by related authorities. In this context, normalization support for premium payments to the enterprises, which restarted to operate, have been put into practice.

On the other hand, in order to decrease the physical interactions and the risk of exposure, online and telephone application processes for all of these incentives have been put into practice, including the possibility of online application for public employment opportunities as well. What is more, the information meetings of the Turkish Employment Agency, which had been organized through workplace visits up until the pandemic, have started to be organized on online platforms. Moreover, professional and vocational counselling services provided by the Agency have also been moved to digital platforms through the “online vocational club” application.

Social Assistance Programme

Within the greater strategy of the Economic Stability Shield Programme, the Ministry Family, Labour and Social Services (MoFLSS) initiated a three-layered Social Assistance Programme in order to protect the most vulnerable groups of persons from the negative effects of the pandemic.

In the first phase of the programme, the elderly and disabled persons in need who were already receiving social assistance (i.e. those cannot receive a social security payment such as pension, invalidity pension etc.), were paid a sum of one thousand Turkish Liras of one-off nature per household. In the second phase of the programme, the persons whose situations are different from the persons covered by the first phase and yet recognized as vulnerable by the Social Assistance and Solidarity Fund, have been entitled to the same amount of one-time payment. In the third phase of the programme, the persons who made an online application for

such assistance schemes and were not included by the initial phases of the programme, entitled to the same amount of assistance. What is more, the resources accumulated thanks to the donations made by the Turkish citizens through a national solidarity campaign, have been distributed to the households who were recognized as in a needy situation in the form of similar one-time only payment. As of March 2021, nearly 6.5 million persons or households have benefitted from the different phases of the social assistance programme. When the additional households received assistance through the national solidarity campaign is included, this figure rises to 8.5 million persons and a total sum of 8.5 billion Turkish Liras.

Social Protection Shield across Turkey, March 2021

Social Protection Shield Across Turkey		Number of persons/households	Total amount provided in Liras
Social Assistance Programme (Households)	Phase I	2,111,254	2,111,254,000
	Phase II	2,316,010	2,316,010,000
	Phase III	2,029,198	2,029,198,000
National Solidarity Campaign	Household	2,074,693	2,074,693,000
Unemployment Benefits	Persons	994,608	5,081,629,812
Short-term Work Allowances	Employee	3,757,321	27,698,483,265
Daily Cash Support	Employee	2,471,134	8,265,914,051
Normalization Support	Employee	3,183,435	3,529,406,376

Apart from the assistance provided by the programmes mentioned above, the MoFLSS is implementing several other assistance programmes. These efforts include most notably the voluntary based projects for covering the needs of the elderly persons who have been put into total isolation during lockdown periods and providing accommodation opportunities for the homeless using public facilities (and hotels and other private sector solutions if needed).

On the other hand, in order to reduce the negative economic effects of the outbreak, the amounts of existing social assistance schemes for the most vulnerable have also been increased. Increased levels of the social assistance schemes provided for the most vulnerable groups of persons who are not covered by any other social protection scheme are as follows:

- benefits for widowed women (who cannot receive a survivor's pension) increased by 18%,
- financial support for needy families of the persons serving their compulsory military service increased by 45%, support for their kids increased by 50%,
- conditional benefits for healthcare assistance, pregnancy and postpartum period increased by 30%,
- benefits for maternity increased by 33%,
- conditional benefits for the education of the children in needy situation increased by 25%,
- benefits for the orphans increased by 50%,

- minimum monthly pensions were raised from 1.000 to 1.500 Turkish lira.

What is more, the legislation on the incentives for social assistance and solidarity have been amended so that the situations of the families, who are unable to provide themselves during the pandemic, can be recognized as an emergency situation and thus to be aided in the framework of mentioned legislation.

Besides, the financial resources allocated to the provincial organization of MoFLSS, which consists of more than a thousand units nationwide, have been increased by a third.

The General Directorate for Student Loans and Dormitories (within the Ministry of Youth and Sports) pays scholarships to successful and needy students and provides student loans to students who do not meet the conditions for scholarships. With the aim of reducing the effects of the new coronavirus (COVID-19) epidemic on economic and social life, in accordance with Article 1 of Law No 7244, which entered into force by being published in the Official Gazette on 17/4/2020; "Loan debts within the scope of Article 16 of the Higher Education Loan and Dormitory Services Law No. 351 are postponed for 3 months without any application requirement, limited to those that need to be collected for a 3-month period (April, May, June 2020)."

c. If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Information given in the related parts.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 30

THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

Article 30 – The Right to protection against poverty and social exclusion

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

- a. to take measures within the framework of an overall and coordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;**
- b. to review these measures with a view to their adaptation if necessary.**

Scope of the provision as interpreted by the ECSR

It is against human dignity to live in a state of poverty and social exclusion. In order to ensure the effective enjoyment of the right to protection against poverty and social exclusion, States Parties shall adopt an analytical framework, a set of priorities and measures to remove barriers to access to social rights (in particular employment, housing, education, culture and social and medical assistance) in accordance with a general and coordinated approach.

States parties should demonstrate that the goal of reducing poverty and social exclusion is an element in all relevant public policies. The measures should be appropriate in quality and quantity to the nature and extent of poverty and social exclusion in the country concerned. The poverty risk ratio (Eurostat) before and after social transfers is used as a comparative value to assess national situations. The main indicator used to measure poverty is the relative poverty rate (this corresponds to the percentage of people living below the poverty threshold set at 60% of the equivalent median income). Sufficient resources should be allocated for the implemented strategy to achieve its goals.

The fight against poverty and social exclusion should be supported by monitoring mechanisms, including NGOs and affected people.

The protection of the rights recognized by the Charter should not be weakened as a result of the economic crisis. Therefore, governments must take all necessary steps to ensure that rights are effectively guaranteed when beneficiaries most need protection.

Poverty, defined as deprivation due to lack of resources, can result from, among other things, the following factors: i. Failure of States Parties to fulfil their obligation to ensure that all individuals have the right to access health services and to access to health system, ii. Failing to provide minimum income for needy people, iii. Failure to provide access to housing for people who experience social exclusion or are at risk.

With regard to social exclusion, States should encourage the participation of citizens, especially Roma and Sinti people.

This article is evaluated together with the items listed below; the right to work (art. 1), the right to protection of health (art. 11), the right to social security (art. 12), the right to social and medical assistance (art. 13), the right to benefit from social welfare services (art. 14), the right of persons with disabilities (art. 15), the right of the family to social, legal and economic protection (art. 16), the right of children and young persons to social, legal and economic protection (art. 17), the right to equal opportunities in matters of employment (art. 20), the right of elderly persons to social (art. 23), the right to housing (art. 31), non-discrimination (art. E).

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Measuring poverty and social exclusion

1. Information on up-to-date statistics and explanations on poverty and social inequality.

Statistical information on poverty and social inequalities are mainly provided above in the Questionnaire on Covid-19.

Traditionally, persons below a certain level of purchasing power are considered as poor. According to the data provided by the Turkish Statistical Institute (TÜİK), the number of persons below the 1\$-a-day poverty line in current purchasing power parity (PPP), has been set to zero starting with the year 2006. Similarly, the rate of persons below the 2.15\$-a-day poverty line has been decreased from 3.04% in 2002 to 0.06% in 2015, while the rate of persons below the 4.3\$-a-day poverty line, has been decreased from %30 in 2002 to 1.58% in 2015.

Besides, according to the results of the “Income and Living Conditions 2019” of TÜİK, the at-risk-of-poverty rate according to poverty threshold set at 50% of median equivalised household disposable income was 14.4% with an increase of 0.5 points compared to 2018.

On the other hand, the extreme poverty rate, which is defined by the World Bank as the persons below the 1.90\$-a-day poverty line in current PPP, has been decreased to %0 as of 2018 according to the 2020 “Poverty and Shared Prosperity” report of the World Bank. This figure clearly indicates that Turkey has eradicated extreme poverty as a result of policies and programmes implemented during the last two decades.

Similarly, the share of the population below the 3.2\$-a-day poverty line has been decreased from %12 in 2002 to %1.4 in 2019. On the other hand, the World Bank sets 5.5\$-a-day as the poverty line for the upper-middle income countries (Turkey is also considered within is this group). The share of the population below 5.5\$-a-day poverty line was 33.7% in 2002 and in 2018 this rate has been decreased to 8.5% in 2018.

What is more, the trends related to the Gini seems positive in Turkey. As the detailed information provided above, according to 2019 results, the Gini coefficient was estimated at 0.395 with a decrease of 0.013 points compared with the previous year.

Recent positive developments in poverty rates and income distribution have been accompanied by the improvements in human development index. The “Human Development Index” (HDI) declared by the United Nations Development Programme (UNDP) included Turkey within the “very high human development category” for the first time in history in 2018.

Special Groups

1. Employment of Disabled Persons

Turkish Employment Agency (İŞKUR) offers a variety of services for the disabled from groups that require special policies. The main purpose of these services is to assist the social integration of our disabled citizens, to facilitate their socialization and contribution to the production process by incorporating them into the working life, and to increase the employment of disabled people permanently.

The primary target group of job and vocational counselling services are women, young people, disabled people, ex-convicts and long-term unemployed, which are called groups that require special policies in terms of employment. A Professional and Vocational Counsellor is assigned to every job seeker who applies to İŞKUR; disabled individuals are directed to the appropriate job or profession by getting in touch with their Professional and Vocational Counsellor and obtaining information about the Agency's services. Vocational training courses and vocational rehabilitation activities are organized in order to provide the disabled people who do not have any profession with knowledge and skills in professions appropriate to their interests, needs and abilities and thus prepare them for employment.

In this context, the services provided for disabled individuals are as follows:

- Giving information about job search skills and interview techniques,
- Professional orientation,
- Orientation to active workforce programs,
- Informing about vacant jobs,
- Job placement in the public or private sector,
- On-the-job-orientation support services.

In 2016, 185,780 individual interviews were held with a total of 83,080 disabled citizens, 55,152 men and 27,928 women. In 2017, 176,941 individual interviews were held with 80,300 disabled clients, 51,537 men and 28,763 women. In 2018, 313,885 individual interviews were held with 121,467 disabled clients, 95,534 men and 25,933 women. In 2019, 363,378 individual interviews were held with a total of 142,273 disabled citizens, 112,108 men and 30,165 women, within the scope of professional and vocational counselling services.

Studies for the implementation of the “supported employment model” (Professional Coaching for the Disabled) application, which is accepted as a modern and cost-effective method applied in many countries for the employment of disabled people, has been started in 2018. As of the end of 2019, within the scope of further specialization of the Professional and

Vocational Counsellors, professional coaching services for disabled persons are being provided in 69 units, 46 of which are Provincial Directorates and 23 Service Centres.

In order to support the employment of disabled people in more qualified jobs, they can benefit from vocational training courses, on-the-job training programs and entrepreneurship training programs within the scope of active labour services.

İŞKUR also supports vocational training and rehabilitation projects prepared for disabled people through the Commission authorized to use the administrative fines collected from employers who do not employ disabled and ex-convicts.

Within those projects;

- The rehabilitation of the disabled by learning a profession through Vocational Training Courses and their integration into the labour market afterwards are aimed,
- Projects offered within the scope of support technologies that will ensure the employment of people with disabilities are supported,
- As of 2019, 50 thousand TL (65 thousand TL as of 2020) grant support is provided to the disabled people who want to start their own boss. Prepared by disabled persons below the retirement age, the aim of the project is that the disabled person is at work and works.
- In order to employ and to ensure their adaptation to working and business life, projects that will contribute to the goal of disabled individuals are independent individuals who can take responsibility for their own life, prepare for employment, settle in a job, and ensure their adaptation to the job and the workplace are supported.
- In addition, special conditions of mentally disabled persons, who are more difficult to participate in the workforce than other types of disability, are given special attention and they are supported in sheltered workplaces.

2. Job Clubs

Job Clubs is an intensive professional and vocational counselling program that aims to provide procedural and motivational support to people in groups that require special policy, such as women, youth, disabled people, long-term unemployed, ex-convicts, drug addicts, Roma citizens.

Present in 68 units in 61 provinces as of the end of 2019, the main purpose of the Job Clubs is to motivate individuals requiring special policy in the labour market group to participate in the working life and to provide them with procedural support in this process.

The efforts of Job Clubs are carried out in groups consisting of 6-15 people, between 4 days and 2 weeks. Within the scope of those efforts, practical trainings are provided on the subjects such as self-awareness, career goals, job search channels, CV preparation, body language, interview techniques and other subjects that a specific group needs by using methods such as group interviews, individual work and peer counselling. Human resources professionals from companies and employers explain the issues they care most in the recruitment processes to the participants.

From its establishment in 2017 to the end of 2019, 54,429 people have benefited from Job Clubs. 33,850 of the participants were women, 31,303 are young people between the ages of 15-24. Within the scope of Job Clubs, a comprehensive and holistic consultancy service is provided to individuals by cooperating with many specialized organizations.

3. Coordination Activities for Policies towards Roma Citizens

The 64th Government Action Plan, announced on 10 December 2015 for the period between 01.01.2016-31.12.2019, stated that “The previous steps taken before to solve the problems of Roma citizens will be evaluated and new efforts will be initiated accordingly”. In this light, the MoFLSS created the “National Strategy Document for Social Inclusion of Roma Citizens” for the years 2016-2021. The main goals of the strategy are to improve the living, socio-economic and housing conditions of Roma citizens and to support their education and employment. On the basis of this document, the duties and responsibilities of the relevant public institutions and organizations are specified in Phase-I for 2016-2018 and Phase-II for 2019-2021. Since the initiation of the action plan, as it is legally required, İŞKUR participated in the Monitoring and Evaluation Board meetings held periodically and provided opinions on action plan drafts and contributed to the monitoring and evaluation processes.

The Strategy Document consists of 5 main policy areas: Education, Employment, Health, Housing, Social Assistance and Social Services. In this document, it is aimed to coordinate the practices for our Roma citizens in 5 main areas in line with common policies and strategic goals.

Within the scope of the Phase-I Action Plan (2016-2018), the Monitoring and Evaluation Board (İDK) was established in order to meet annually. According to the Strategy Document, the İDK consists of academicians and NGO representatives operating in this field, and representatives of public institutions and organizations that take part in the action plan as the responsible institution.

Phase-II of the Action Plan (2019-2021) was published in the Official Gazette as a Presidential Circular. Action Plan consists of separate chapters on education, employment, health, housing, social services and assistance, monitoring and evaluation and general policies.

4. Public-Private Sector Cooperation

İŞKUR and the Turkish Union of Chambers and Commodity Exchanges (TOBB) signed a “Vocational Training and Skills Development Cooperation Protocol (MEGİP)” on December 14, 2017. Thus, a new system in which theoretical and practical training will be given together in vocational training courses in order to meet the qualified workforce needs of employers in the public-private partnership has been initiated. In this way, the persons, who cannot find a job due to lack of experience, will gain work experience, and employers will have the opportunity to train the workforce they need, so both job seekers and employers have the opportunity to find the right job and the right worker.

Approach to combating poverty and social exclusion

2. Information about the strategy framework followed in combating poverty and social exclusion, and the coordination mechanisms (at the senior level and at the service level) for the various measures.

The strategy of Turkey for poverty eradication and social assistance is included in top policy documents. In this context, the 11th Development Plan, the Presidency Annual Program, New Economy Program and the Action Plan of the MoFLSS can be considered as the main documents. The sections related to the eradication of poverty and social exclusion from the 11th Development Plan and Presidency Annual Program are provided below:

11th Development Plan

“...

2.3.8. Social Services, Social Assistance and Poverty Reduction

a. Objective

624. Enhancing participation in the economic and social life, improving the quality of life of the groups at risk of poverty and social exclusion by ensuring easier access to the opportunities, improving the income distribution and reducing the poverty are the main objectives.

b. Policies and Measures

625. The programs for increasing the employability of poor groups and making them productive will be carried out more efficiently by strengthening the linkages between social assistance programs and employment, and the assistance for the employable individuals will continue to be provided under certain conditions.

625.1. The social assistance beneficiaries who are able to work will be directed to employment.

625.2. The social assistance provided to the employable social assistance beneficiaries, who are directed to employment but do not accept a job offered by İŞKUR for the third time without a valid reason, will be reduced gradually, for a period of one year.

626. The linkages between social assistance and the social services will be strengthened.

626.1. The technical, legal and institutional capacity of the Family Social Support Program (ASDEP) will be increased.”

2020 Annual Program of the Presidency (which includes information about the reference period)

“...

Social Services, Social Assistance and Poverty Reduction

a) Current State

In the indicators of poverty and income distribution, an improvement is observed in our country in the last 10 years. As for the at-risk-of-poverty rate according to poverty threshold

set at 60% of median equivalised household disposable income, has been decreased from 24.1% in 2008 to 21.2 in 2018.

The Gini coefficient, which indicates the inequality in income distribution, was at the level of 0.408 as of 2018. The ratio of the share of the richest 20 percent group from the annual disposable income to the share of the poorest 20 percent (P80 / P20) decreased from 8.1 in 2008 to 7.8 in 2018. In the Human Development Index announced by the United Nations Development Program, our country has made significant progress in the last 10 years, moving from the medium human development category to the high human development category. This indicator among 189 countries in 2017 in Turkey was ranked the 64th with 0.791 index values.

The change in family structure due to factors such as urbanization, change in the production structure, internal and external migration, has increased the importance of the need for social assistance and services. In our country, social assistance in education and health has been given importance to prevent the transmission of poverty between generations. The share of total social assistance in GDP has increased significantly in the last 16 years. While the ratio of aid expenditures made within the scope of social assistance programs carried out by public institutions and organizations to GDP was 1.09 in 2008, this rate was 1.15 in 2018.

The Integrated Social Assistance Information System (BSYBS), which aims to distribute more equitable resources by eliminating the institutional disorganization in the field of social assistance, gathering all information regarding social assistance provided by the state and non-governmental organizations in a single centre, and providing all steps in the social assistance process in the electronic environment, continues to be integrated with other information systems, most notably with the Family Information System. Accordingly, in January 2019, the BSYBS system and the e-Municipality system of the Ministry of Interior were integrated. Thus, 24 public institutions, Red Crescent Turkey and 47 local authority using an e-municipality system share their database in the field of social assistance.

Within the scope of the Electricity Consumption Support Program launched in March 2019, electricity bill support is provided for the households in need who are decided to receive regular social assistance through the Integrated Social Assistance Information System. In this context, electricity support was provided to a total of 1,172,880 households as of September 2019.

As of January-September 2019, 103,081 people have been registered in the İŞKUR system within the scope of the efforts to ensure that social assistance beneficiaries who are able to work can get out of poverty permanently by establishing connections with the labour market. During this period, the number of people who received institutional services was 74,730.

Within the scope of the Public Quota Program for the Disabled, which aims to increase the employment of disabled citizens, a significant increase has been achieved in the number of disabled civil servants in the last 16 years. As of 2018, 53,017 disabled citizens were employed in the public sector.

As of September 2019, the number of Disabled Care and Rehabilitation Centres, which provide inpatient services under the Ministry of Family, Labour and Social Services, reached

99. The number of daycare centres is 53 and the number of Umut Evleri (Hope Houses; special home-like institutions for the disabled in need of permanent care) is 149. As of September 2019, the number of disabled persons receiving care services in private care centres, the number of which has reached 253, is 19 thousand and the total resource transferred to these centres is 555 million TL. In the same period, the number of disabled benefiting from home care assistance reached 513 thousand, and the total payment made to people providing home care services reached 5.9 billion TL.

Due to the increasing share of the elderly in the total population, the needs of this group for social services becomes more significant and the services required to be provided increase. The number of nursing homes affiliated with the Ministry of Family, Labour and Social Services has increased to 152 as of September 2019. On the other hand, the need to diversify and expand the services aimed at supporting the elderly in their homes without leaving their own environment continues.

The need to expand the scope of care services for children in need of protection and to develop comprehensive and functional social protection programs and practices for women remains important.

b) Goals

The main objectives are to increase the participation of those at risk of poverty in economic and social life, to increase their living standards, to improve income distribution and to reduce poverty through facilitating their access to opportunities.

c) Policies and Measures

Policy/Measure	Responsible and Cooperative Institutions	Activities and Projects to be carried out
By strengthening the social assistance-employment link, the programs for increasing the employability of the poor and making them productive will be made functional, and the aids for those who can work will continue to be given under certain conditions. (Development Plan p.625)		
Measure 625.1. The recipients of social assistance who can work will be directed to employment.	Ministry of Family, Labour and Social Services (R), İŞKUR	1. Social assistance beneficiaries who can work from the Integrated Social Assistance Information System database will be determined and reported to İŞKUR through the Integrated Social Assistance Information System. 2. İŞKUR will provide consultancy, vocational training courses, job placement, etc. services.
The link between social assistance and social services will be strengthened. (Development Plan p.626)		
Measure 626.3. Social Assistance Plus period will be initiated and social assistance beneficiaries will be provided	Ministry of Family, Labour and Social Services (R), Relevant Public Institutions and Organizations, Local	1. Integration of Family Information System and Integrated Social Assistance Information System will be

with access to other public services they need.	Administrations	provided. 2. A pilot study will be initiated to identify social assistance beneficiaries in need of other public services by making database inquiries through the Integrated Social Assistance Information System.
Measure 626.4. Access of social service beneficiaries to the public services they need will be facilitated.	Ministry of Family, Labour and Social Services (R), Relevant Public Institutions and Organizations, Local Administrations	1. The number of Social Service Centres will be increased.
The effectiveness of social assistance programs will be increased. (Development Plan p.627)		
Measure 627.1. By analysing the effectiveness of social assistance programs, necessary revisions will be made in the programs in line with the results obtained.	Ministry of Family, Labour and Social Services (R), Relevant Public Institutions and Organizations, Universities Local Administrations, Relevant NGOs	1. At least five analysis studies will be carried out annually using the data contained in the Integrated Social Assistance Information System. 2. In line with the results of the analysis, changes will be made to increase the effectiveness of social assistance programs.
Measure 627.2. Mutual data sharing will be ensured with other public institutions and organizations, especially with local administrations.	Ministry of Family, Labour and Social Services (R), Relevant Public Institutions and Organizations, Municipalities	1. Within the scope of the integration of the Integrated Social Assistance Information System and the e-Municipality System, the number of municipalities participating in data sharing will be increased. 2. New data sharing studies will be carried out in line with additional requests from public institutions.
Measure 627.3. Access to social assistance in rural areas will be facilitated and the role of local administrations in this area will be increased.	Ministry of Family, Labour and Social Services (R), Ministry of Interior, Relevant Public Institutions and Organizations, Local Administrations, Relevant NGOs	1. With the Social Assistance Plus (+) period, it will be ensured that social assistance beneficiaries in rural areas are directed to other public institutions and local administrations. 2. Studies will be carried out to increase the awareness of social assistance in regions with a population of less than 20 thousand. 3. With the Vefa Project prepared to meet health, hygiene, food, etc. needs of our elderly citizens living in rural areas, the needs of our elderly citizens living in rural areas will continue to be met.

Within the framework of human-oriented social policies, social service models will be diversified and expanded. (Development Plan p.628)

<p>Measure 628.1. Standards for disabled and elderly care services will be developed and the quality and quantity of the personnel providing these services will be increased.</p>	<p>Ministry of Family, Labour and Social Services (R), Relevant Public Institutions and Organizations, Local Administrations, Relevant NGOs</p>	<ol style="list-style-type: none"> 1. A Directive on the Improvement and Evaluation of Quality in Disabled and Elderly Care Services will be published. 2. Care Services Quality Standards Book and Guides will be published. 3. Evaluator trainings on Care Services Quality Standards will be implemented. 4. Electronic system infrastructure preparations for Maintenance Services Quality Standards will continue. 5. Implementation and scoring will be carried out in disabled and elderly care institutions, based on Quality Standards of Care Services.
<p>Measure 628.3. Daycare services will be expanded within the scope of community-based care services.</p>	<p>Ministry of Family, Labour and Social Services (R), Related Public Institutions and Organizations, Local Administrations, Relevant NGOs</p>	<ol style="list-style-type: none"> 1. Within the scope of community-based care services, legislative work will be carried out to expand the daycare services for the elderly, local governments will be encouraged to provide day-time services, and daily services will be expanded with existing and newly opened organizations. 2. Daycare services provided in 40 provinces for disabled citizens within the scope of community-based care services will be extended to all provinces.

d) Targets

Performance Indicators	Unit	2018	2019 (1)	2020 (2)
Gini coefficient	-	0.408	0.406	0.405
Relative poverty (3)	Percentage	21.2	21.0	20.9
Number of households reached by ASDEP (4)	Total number	1,063,000	1,000,000	1,000,000
P80/P20 (5)	-	7.80	7.70	7.60

(1) Estimate figures

(2) Program

(3) Relative poverty is calculated as the 60% of median equivalised household income

(4) ASDEP: Family Social Assistance Programme

(5) S80/S20 ratio calculated as the ratio of total income received by the richest 20% of the population to that received by the poorest 20% of the population”

3. Detailed data demonstrating that the budgetary resources allocated to combating poverty and social exclusion (including information about the new legislation, strategies, plans and practices regarding poverty and all disadvantaged groups, and data on the poverty rate and the budget related to social protection).

In 2019, total public resources allocated to social welfare amount to 55 billion, 38 billion TL of which belongs to the General Directorate of Social Assistance (SYGM). In 2018, this amount was 43 Billion TL.

SYGM, via social assistance programs carried out by Social Assistance and Solidarity Foundations, has reached a total of 3.282.975 needy households in 2019 across Turkey.

When the ratio of social assistance to the general budget is taken into account, there is also an increase. While the ratio of social assistance to the budget was 1.19% in 2002, it was 5.18% in 2018; it was 5.50% in 2019.

Social Assistance Expenditures of Public Institutions Providing Social Assistance

Institution	Type of Assistance	Number of recipients	Total amount (thousand TL)	Number of recipients	Total amount (thousand TL)	Number of recipients	Total amount (thousand TL)
		2016	2017	2017	2018	2018	
MoFLSS	Allowances for the Elderly and the Disabled	1,335,451	4,763,796	1,313,822	5,282,568	1,412,857	6,270,340
	Social and Economic Assistance (families with children at risk of poverty)	136,551	623,714	161,493	834,691	185,766	1,096,121
	Home care	481,228	5,038,843	499,737	5,720,106	513,276	6,675,740
	Total social assistance provided by SYDVs	3,154,069	5,018,450	3,201,253	5,730,580	3,494,932	5,597,458
	Premium payments for universal health insurance (GSS)	6,683,106	7,002,820	6,732,639	7,743,979	6,945,909	8,973,991
General Directorate for Foundations	Allowances for needy (orphans and disabled)	3,734	24,747	4,653	29,941	4,869	36,276
	Food pantry services	20,315	28,785	20,195	32,203	84,280	36,757
	Scholarship	20,674	17,178	21,290	20,302	20,741	29,730

	(for primary and secondary education students in needy situation)						
Ministry of National Education	Scholarship (for primary and secondary education students in needy situation)	259,481	508,542	142,205	330,228	1,545,651	665,572
Institution for Student Loans and Dormitories	Scholarship (for needy students in higher education)	531,208	1,831,107	548,156	2,053,739	557,475	2,253,784
Turkish Coal Enterprises	Coal aid	2,082,309	999,622	2,088,881	970,457	2,065,454	1,435,809
Municipalities	Total social assistance	-	2,062,955	-	3,220,150	-	4,821,827
TOTAL		27,920,559,000 TL		31,969,944,000 TL		38,253,405,000 TL	
TOTAL/GDP (%)		1.07		1.03		1.03	

Number and Capacities of Social Service Organizations Affiliated to the Ministry of Family, Labour and Social Services

Type of Institution	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
	2016		2017		2018		2019 (Sept.)	
Nursery	6	323	-	-	-	-	-	-
Children Shelter	1,092	5,626	1,189	6,830	1,192	6,786	1,192	6,853
Orphanage (13-18 ages)	8	396	-	-	-	-	-	-
Nursery and orphanage for girls (0-18 ages)	4	254	-	-	-	-	-	-
Children Homes	92	5,257	106	6,878	111	7,047	113	7,209
Children Support Centres	68	1,463	65	1,962	63	2,011	64	2,102
Nursing homes	141	14,412	144	14,793	146	14,967	152	15,258
Care and Rehabilitation Centres for the Disabled	227	8,165	239	8,674	250	7,869	301	8,008
Social Support Centres	216	-	260	-	319	-	327	-
Guesthouses	101	2,657	102	2,667	110	2,697	110	2,717

for Women and First Admission Units								
Prevention of Violence and Monitoring Centres	49	-	68	-	79	-	80	-

Distribution of Social Assistance Expenditure, 2016-2019

Recipients	Institution	2016	2017	2018	2019 (Sept.)
Children and youth	MoFLSS	1,488,199	1,623,381	2,432,161	2,327,237
Elderly	MoFLSS	600,577	611,469	757,225	597,339
Institutional care for the elderly	MoFLSS	490,855	491,898	702,822	578,363
Disabled in private facility care	MoFLSS	261,518	391,573	544,342	555,511
Disabled special education	Ministry of National Education	2,125,036	1,825,767	2,766,478	2,109,035
Society-Family-Women	MoFLSS	259,181	375,974	353,411	209,095
TOTAL		5,225,366	5,320,062	7,556,439	6,376,580

Distribution of cash and in-kind social protection benefits by risks/needs groups, 2016-2019, million TL

	Cash				In-Kind			
	2016	2017	2018	2019	2016	2017	2018	2019
Total social protection benefits	223,192	253,150	299,079	361,478	107,584	122,407	142,948	171,690
Sickness/healthcare	1,942	2,163	2,531	2,969	89,388	100,914	119,224	143,066
Disability	5,964	6,404	6,697	8,197	6,019	6,913	8,144	9,832
Old age	161,190	183,909	209,208	262,43	949	1,075	730	1,035
Survivors	39,406	44,455	51,993	63,277	209	232	269	310
Family/children	5,769	6,814	7,494	8,487	6,551	8,152	9,492	14,691
Unemployment	7,702	8,174	9,827	15,079	470	498	530	654
Social exclusion	1,220	1,231	1,328	1,426	3,998	4,623	4,559	2,102

Distribution of means-tested and non means-tested social protection benefits by risks/needs groups, 2016-2019, million TL

Means-tested	2016	2017	2018	2019
Total social protection benefits	29,310	34,302	39,361	51,078
Sickness/ Healthcare	4,754	5,500	6,126	7,068
Disability	8,848	10,054	11,071	13,998
Old Age	1,768	1,977	3,145	5,856
Survivors	1,137	1,201	1,147	837
Family Children	10,531	12,991	14,822	20,628
Unemployment	4	2	-	-
Social exclusion n.e.c.	2,268	2,578	3,049	2,690
Non Means-tested	2016	2017	2018	2019
Total social protection benefits	301,466	341,254	402,667	482,090
Sickness/ Healthcare	86,576	97,577	115,630	138,967
Disability	3,134	3,263	3,769	4,032
Old Age	160,371	183,371	216,793	257,222
Survivors	38,478	43,486	51,115	62,749
Family Children	1,789	1,975	2,165	2,549
Unemployment	8,169	8,670	10,358	15,732
Social exclusion n.e.c.	2,950	3,275	2,838	839

Distribution of gross and net expenditures on social protection by type of risks/needs groups, 2016-2019, million TL

	2016	2017	2018	2019
Total social protection expenditure (gross)	336,520	382,665	448,727	542,002
Total social protection expenditure (net)	335,783	381,916	447,730	540,761
Administration costs and other expenditure	5,744	7,108	6,700	8,834
Total social protection benefits	330,776	375,557	442,027	533,168
Sickness/Healthcare	91,330	103,077	121,755	146,035
Disability	11,982	13,317	14,840	18,030
Old Age	162,139	184,984	219,939	263,078
Survivors	39,615	44,687	52,262	63,586
Family Children	12,319	14,966	16,986	23,177
Unemployment	8,172	8,672	10,358	15,732
Social exclusion n.e.c.	5,218	5,853	5,887	3,529

Number of benefits and pension beneficiaries, 2016-2019, thousand persons (*)

	2016	2017	2018	2019
Total pension beneficiaries (**)	12,898	13,261	13,766	14,089
Total disability pension beneficiaries	840	847	856	864
Non means tested disability pension	134	137	139	142
Means tested disability pension	706	710	717	723
Total old age pension beneficiaries	8,811	9,094	9,514	9,849
Non means tested old age pension	8,195	8,476	8,804	9,043
Means tested old age pension	616	618	710	805
Total survivors' pension beneficiaries	3,569	3,660	3,758	3,759
Non means tested survivors' pension	3,222	3,314	3,427	3,533
Means tested survivors' pension	347	346	331	226
Total old age and survivors' pension beneficiaries (**)	12,062	12,417	12,913	13,228
Total number of pension beneficiaries	13,444	13,847	14,389	14,474
Male				
Total beneficiary (**)	7,439	7,625	7,861	8,031
Total disability beneficiaries	505	502	503	504
Non means tested disability	116	118	119	121
Means tested disability	390	384	384	384
Total old age beneficiaries	6,717	6,907	7,144	7,313
Non means tested old age	6,448	6,641	6,874	7,031
Means tested old age	270	266	270	283
Total survivors' beneficiaries	262	263	264	267
Non means tested survivors'	251	251	252	255
Means tested survivors'	11	12	12	12
Total old age and survivors' beneficiaries (**)	6,934	7,124	7,358	7,527
Total number of beneficiaries	7,494	7,682	7,922	8,096
Female				
Total beneficiary (**)	5,459	5,635	5,905	6,058
Total disability beneficiaries	334	345	353	360
Non means tested disability	18	19	20	21
Means tested disability	316	326	334	339
Total old age beneficiaries	2,093	2,187	2,370	2,536
Non means tested old age	1,747	1,835	1,930	2,013
Means tested old age	346	352	440	523
Total survivors' beneficiaries	3,307	3,397	3,494	3,492
Non means tested survivors'	2,971	3,063	3,175	3,278
Means tested survivors'	336	334	319	214
Total old age and survivors' beneficiaries (**)	5,127	5,293	5,555	5,701
Total number of beneficiaries	5,950	6,165	6,467	6,651

(*) Figures in the table may not add up to totals due to the roundings.

(**) The related numbers do not give totals for the reason of cleaning the double countings.

Monitoring and evaluation

4. Detailed information whether and how the Social Assistance and Solidarity Foundations may contribute to monitoring and evaluation.

Regarding assessing and monitoring measures to combat poverty and social exclusion, Social Assistance and Solidarity Foundations was established in each province and district. Through these foundations, the service is provided from the nearest point to the target group so as to find needy people quickly and understand their needs locally. Thus, these foundations serve as a bridge between the state and poor citizens in terms of direct and immediate delivery of social benefits to citizens. Successive implementation of the subsidiarity principle can be seen in these foundations. Social Assistance and Solidarity Foundations are private law legal entities. The decision-making bodies of the foundations are the “Board of Trustees”. All assistance programs in the provinces and districts are implemented by the decisions of these Board of Trustees. In order to increase and encourage local participation in the decision-making process, the Board of Trustees chaired by province and sub-province governors, also include elected mayors, village and district headman, NGO representatives, charitable citizens in addition to appointed directors of governmental institutions and ministries. This governing structure allows fair and impartial distribution of social assistance in a fast and flexible manner.

5. How are the policies implemented both at the national level and at the local level evaluated?

Social assistance policies are implemented and monitored at the national level by the MoFLSS with the help of an integrated social assistance system and at the local level by Social Assistance and Solidarity Foundations.

Within the scope of Law on Social Assistance and Solidarity No 3294, which is the main legislation in Turkey for social assistance, there are Social Assistance and Solidarity (SYD) Foundations in each province and district. As of 2020, there are 1.003 Social Assistance and Solidarity Foundations across the country.

These Foundations are responsible for carrying out activities in accordance with Law No 3294 and providing cash and in-kind assistance to citizens in need.

There are clear provisions in Law No. 3294 on “Board of Trustees”, which is the decision-making body of the Foundations. The article in question is as follows: “Heads of local administrative authorities (governors in provinces and borough masters in the districts) are the natural chairperson of the foundation and together with the chairperson, in the provinces; the mayor, the financial manager, the provincial national education director, the provincial health director, the provincial agriculture director, the provincial social services and child protection institution director and the provincial mufti; and in the districts; the mayor, property manager, district national education director, district supervisor of the Ministry of Health, district agriculture director, if any, and district mufti constitute the board of trustees of the foundation”.

In addition, for each activity period, one representative of the village and neighbourhood headmen/women (elected muhtars) to be elected by themselves, two representatives of the non-governmental organizations established in the province and operating for the purposes specified in this Law to be elected by their managers, two representatives elected by the provincial council among the philanthropist/charitable citizens, take part in the board of trustees.

The structure of the Board of Trustees of the Foundation, which is responsible for deciding the social assistance application in line with the provisions of the legislation and monitoring whether the beneficiaries meet the conditions or not, has a structure formed with the participation of all parties, as it is clearly understood in the above-mentioned legislation provisions.

B- LEGISLATION CHANGES AND APPLICATIONS

There are no important legislative changes or practices during the reporting period.



01/04/2021

EUROPEAN SOCIAL CHARTER

PART II

Additional Report

submitted by

THE GOVERNMENT OF THE REPUBLIC OF TURKEY

On Thematic Group IV

“Children, families, migrants”

Complementary information on Articles 7, 17.2, 19, 27 and 31

(Conclusion 2019)

PART II – COMPLEMENTARY INFORMATION ON GROUP IV PROVISIONS “CHILDREN, FAMILIES, MIGRANTS”

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 7

RIGHT OF CHILDREN AND YOUNG PERSONS TO PROTECTION

Article 7 – Right of children and young persons to protection

Paragraph 8- Prohibition of night work

With a view to ensuring the effective exercise of the right of children and young persons to protection, the Parties undertake to provide that persons under 18 years of age shall not be employed in night work with the exception of certain occupations provided for by national laws or regulations

Scope of the provisions as interpreted by the ECSR

The obligation of a Party stipulated in this paragraph shall be deemed to have been fulfilled if the meaning of this obligation is complied with by prescribing by law that the vast majority of those under the age of eighteen shall not be employed in night work.

RESPONSE TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

1. Further clarification is requested on the legislation governing the employment of workers under 18 and its exceptions

It is well known that Turkey has signed several international conventions regarding the rights of children and the employment of children. It quickly submitted to a multitude of resolutions taken on the matter.

Turkey has respectively ratified one of the most important human rights conventions, the United Nations International Convention on the Rights of the Child in 1994, one of the core conventions of the International Labor Organization (ILO), Convention 138 on the Minimum Age for Admission to Employment in 1998 and another core ILO convention, Convention 182 on the Elimination of the Worst Forms of Child Labor in 2001.

All firstly, article 50 of the Constitution which states “No one may be held to perform tasks unsuited to his age, sex or abilities” is the first step taken to prevent the presence of children and young people in the labour market and their employment in arduous and hazardous work.

Under this article, it is clearly understandable that children and young people cannot be employed in work which is not appropriate for their age and strength.

The provision of the above-mentioned article of the constitution is also confirmed by article 85 entitled “Heavy and hazardous work” of Labor Code no. 4857 adopted in 2003.

This indicates that it is forbidden to employ children and young people under 16 in arduous and dangerous occupations including night works.

Paragraph 2 of the said article also states that it is the secondary regulations which govern what types of work are considered arduous and dangerous and to what types of arduous and dangerous work young people over 16 and under 18 may be subjected to employees.

In order to be clearer, full text of the related articles of the Labour Law 4857 will be given below:

– NIGHT HOURS AND NIGHT WORK

ARTICLE 69. –

For the purposes of working life, “night” means the part of the day beginning not later than 20.000 hours and ending not earlier than 6.00 hours, and lasting not longer than 11 hours in any case.

According to the nature and requirements of certain activities or regional characteristics in the country, regulations may be issued with a view to move back the beginning of night work to an earlier time or, in determining the methods of implementing the provisions of the first subsection, to rearrange summer and winter hours or to fix the beginning and ending of daily working time, or to apply payment of extra wages to certain night work, or to prohibit night work altogether in establishments where there is no economic necessity for night work.

Night work for employees must not exceed seven and a half hours. (Additional sentence: 4/4/2015-6645/37 md.) However, in the workplaces operating in the field of tourism, private security and health services employees may work over 7,5 hours provided that employees’ consent is obtained.

(Repealed 4th clause): 20/6/2012-6331/37 md.)

(Repealed 5th clause: 20/6/2012-6331/37 md.)

(Repealed 6th clause: 20/6/2012-6331/37 md.)

In establishments where operations are carried on day and night by alternating shifts of employees, the alternation of shifts must be so arranged that employees are engaged on night work for not more than one week and are then engaged on day work the following week. Alternation of work on night and day shifts may also be carried out on a two-week basis.

The employee whose shift will be changed must not be engaged on the other shift unless allowed a minimum rest break of eleven hours.

– WORKING AGE AND RESTRICTIONS ON THE EMPLOYMENT OF CHILDREN

ARTICLE 71.–*Employment of children who have not completed the age of fifteen is prohibited. However, children who have completed the full age of fourteen and their primary education on light works that will not hinder their physical, mental and moral development, and for those who continue their education, in jobs that will not prevent their school attendance. However, children who have not completed the full age of fourteen may be employed in the artistic, cultural and advertising activities that will not hinder their physical, mental and moral development and that*

will not prevent their school attendance, on condition that a written contract is entered and permission is obtained for each activity separately.

In the placement of children and young employees in jobs and in the types of work where they are employable, their security and health, physical, mental and psychological development as well as their personal suitability and capability shall be taken into consideration. The job the child performs must not bar him for attending school and from continuing his vocational training, nor impair his pursuance of class work on a regular basis.

The types of works where employment of children and young employees who have not completed the full age of eighteen is prohibited and the works where young employees who have not completed the age of eighteen may be permitted to work, as well as the light works and working conditions in which children who have completed the age of fourteen and their primary education may work shall be determined in a regulation of the Ministry of Labour and Social Security to be issued within six months.

The working time of children who have completed their basic education and yet who are no longer attending school shall not be more than seven hours daily and more than thirty-five hours weekly; and for the children who are employed in the artistic, cultural and advertising activities working time shall not be more than five hours daily and thirty hours weekly. However this working time may be increased up to forty hours weekly for the children completed their 15 years old.

The working time of pre-school school attending children during the education period must fall outside their training hours and shall not be more than two hours daily and ten hours weekly. Their working time during the periods when schools are closed shall not exceed the hours foreseen in the fourth subsection above.

(Additional clause: 4/4/2015-6645/38) The scope of art, culture and advertisement activities, the permission to be given to children, work and rest periods and working environments and conditions according to age groups, procedures and principles as regard to payment of wage shall be determined in a regulation of the Ministry of Labour and Social Security in consultation with Ministry of Family And Social Policies, Ministry of Culture, Ministry of Health, Ministry of Education and Radio And Television High Council.

– RESTRICTIONS ON UNDERGROUND AND UNDERWATER WORK

ARTICLE 72.– *Boys under the age of eighteen and women irrespective of their age must not be employed on underground or underwater work like in mines, cable-laying and the construction of sewers and tunnels.*

– RESTRICTIONS ON NIGHT WORK

ARTICLE 73.– *Children and young employees under the age of eighteen must not be employed on industrial work during the night.*

The principles and methods for employing women who have completed the age of eighteen on night shifts shall be indicated in a regulation to be prepared by the Ministry of Labour and Social Security upon receiving the opinion of the Ministry Health.

Regulation on the Principles and Procedures for the Employment of Children and Young Workers

In accordance with Article 5, paragraph 6 of the Regulation on the Principles and Procedures for the Employment of Children and Young Workers that entered into force after being published in the Official Gazette dated 06.04.2004 and No. 25425, “Workers who have not completed the age of 18 years shall not be employed in the works carried out **during the night periods specified in the first paragraph of Article 69 of the Labour Law No. 4857.**”

According to Article 69 of the Labour Law No. 4857, the “night time” in work life is “the period starting at 08.00 p.m. at the latest and ending at 06.00 a.m. at the earliest, and in any case, lasting for maximum eleven hours.”

The regulation aims to determine the principles of working and to prevent economic exploitation of children and young workers without jeopardizing their health and safety, physical, moral and social development or education.

Regulation on the Special Procedures and Principles for Working in Works Carried Out by Shift Workers

Article 5 titled “Prohibition of Night Work” in the Regulation on the Special Procedures and Principles for Working in Works Carried Out by Shift Workers, that entered into force after being published in the Official Gazette dated 07.04.2004 and No. 25426 is as follows:

Article 5- In the workers' shifts between the hours of 20.00-06.00, which corresponds to the night period defined in the first paragraph of Article 69 of Labour Law No. 4857, the employment of children and young workers who have not completed the age of 18 is prohibited.

On the other hand, with Article 12 of the Law of Police Powers No. 2559, it is prohibited for children younger than 18 years of age and young workers to work in public places such as entertainment, gambling, drinking and suchlike.

The minimum working age for the employees was regulated in Article 71 of the Labour Law No. 4857. Accordingly, employment of children who have not completed the age of fifteen is prohibited. However, children who have completed the age of fourteen and their primary education may be employed in light work that will not hinder their physical, mental and moral development and the attendance of those who continue their education.

The types of work where employment of children and young employees who have not completed the age of eighteen is prohibited and the work where young employees who have not completed the age of eighteen may be permitted to work, as well as the light work and working conditions in which children who have completed the age of fourteen and their primary education may work shall be determined in the Regulation.

By the way, at the Annex 3 of the Article 5 of “the Regulation on the Principles and Procedures for the Employment of Children and Young Workers”, the list of works that are permitted to workers who have not completed 18 years of age is indicated.

It is given below:

“Article 5- (Additional article: Official Gazette-21.2.2013-28566) Workers who have not completed 18 years of age cannot be employed in the following works, even if they are listed among the works that are permitted according to their age:

- preparation, complementation and cleaning works;
- production and wholesale of alcohol, cigarette and substances leading to addiction;
- wholesale and retail of combustible, explosive, harmful and dangerous substances and their production, processing, storing and all sorts of work where there is possibility of exposure to such substances;
- the work done in places where there is high noise and/or vibration; the work in excessive hot and cold environment;
- the work done with the substances bad for health and leading occupational disease;
- the work where there is a possibility of exposure to radioactive substances and harmful rays;
- the work that is demanding attention and requiring standing continuously;
- the work of piece-rate pay with the system of contribution;
- the work not enabling the person to return to his/her home or parents after work except for educational work;
- the work over their physical and psychological competencies with the report of workplace physician, the work in which there is a possibility of lack of attention for security or lack of education and experience;
- carrying money and collection of revenues; and
- the night work specified in paragraph 1 of Article 69 of the Labour Law No. 4857.”

In sum, Article 5 entitled “Prohibition of Night Work” in the Regulation on the Special Procedures and Principles for Working in Works Carried Out by Shift Workers that entered into force after being published in the Official Gazette dated 07.04.2004 and No. 25426 is as follows: Article 5- In the workers' shifts between the hours of 20.00-06.00, which corresponds to the night period defined in the first paragraph of Article 69 of Labour Law No. 4857, the employment of children and young workers who have not completed the age of 18 is prohibited.

In accordance with the provisions of Article 73 of the relevant Law, it is forbidden to employ children and young workers, who have not completed the age of eighteen years, in industrial works at night.

In addition, according to Article 71 of the Labour Law No. 4857 and the last paragraph of Article 5 of the Regulation on the Procedures and Principles of Employment of Children and Young Workers issued on the basis of this Article, “Workers who have not completed the age of 18 years shall not be employed in the works carried out during the night periods specified in the first paragraph of Article 69 of the Labour Law No 4857.”

In the light of the above given relevant legislation, prohibition of employment of children and young workers under the age of 18 in night work is not limited to the in the industrial sector.

Provisions on the protection of the child and young workers who have not completed the age of eighteen in labour law are mandatory.

For those children who are out of the scope of the Labor Law, Laws such as Code of Obligations, General Health Law, Police Duties and Authority Law, Primary Education Law, Vocational Training Law, Child Protection Law, Press Labour Law and Maritime Labour Law are applied. On the other hand, The Turkish Penal Code is a general law for the protection of the child and young workers under 18 years of age with penal sanctions.

In practice, there are several public authorities for ensuring the effective exercise of the right of children and young persons to protect and preventing the employment of children and young workers in night work.

The subject of “Prohibition of Night Work” is supervised by the Directorate of Guidance and Inspection under Article 71 of the Labour Law No. 4857 and the provisions of Regulation on the Procedures and Principles of Employment of Child and Young Workers based on the aforementioned Article and the provisions of Article 73 of Labour Law No. 4857.

The Presidency of Guidance and Inspection of MoFLSS, General Directorate of Labour of MoFLSS, Children’s Branch Office of the Directorate General of Security and General Command of Gendarmerie, Directorate-General for Basic Education of the Ministry of National Education, Turkish Employment Agency (İŞKUR), Social Security Institution, Social Service Centers of MoFLSS, Municipalities and Governors are some of them.

The Presidency of Guidance and Inspection of the MoFLSS carries out two types of inspection: scheduled (programmed) inspections or unscheduled (incidental) inspections. Working children are among the priority risk groups of labour inspections, for this reason, all inspectors working under the Presidency of guidance and inspection take the necessary actions in accordance with the legislation when they encounter a violation of child labour.

In the case of scheduled inspections, children and young workers are identified as the priority risk group. Again, complaints or reports concerning children and young workers are taken into consideration with priority, within the scope of non-scheduled inspections.

When it is determined during inspections that children's rights are neglected, abused and employed in night work under the age of 18, this issue is notified to the General Directorate of Child Services of Ministry of Family, Labour and Social Services and Provincial Directorates of National Education.

Within the scope of this work-plan, training programs have been organized for total 750 labour inspectors under main headings such as children's rights, child labour and legislation, country good examples in 2017 and in 2018. In May - June 2018, a total of 945 Labor inspectors and assistant inspectors and in April 2019 for 75 auditors and assistant auditors were trained through the distance education system about child rights, child labor and national and international regulations on children's rights, business principles, child labor monitoring mechanism.

123 workplaces, between January 1, 2019, and September 1, 2020, were found employing children in contradiction to Article 71 of Labor Law and the provisions of the "Regulation on the Procedures and Principles of Employing Child and Young Workers", and an administrative fine of 240 thousand TL was imposed by the Presidency of Guidance and Inspection.

Employers who employ child labour in contradiction with Law may also face criminal sanctions when they violate some of the mandatory rules, including night works stipulated in the labour law.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 17

THE RIGHT OF CHILDREN AND YOUNG PERSONS TO APPROPRIATE SOCIAL, LEGAL AND ECONOMIC PROTECTION

Article 17 - The right of children and young persons to social, legal and economic protection

Article 17§2:

With a view to ensuring the effective exercise of the right of children and young persons to grow up in an environment which encourages the full development of their personality and of their physical and mental capacities, the Parties undertake either directly or in cooperation with public and private organisations, to take all appropriate and necessary measures designed:

2. to provide to children and young persons a free primary and secondary education as well as to encourage regular attendance at schools.

A- RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Enrolment rates, absenteeism and drop out rates

1. Information on the rate for primary education and secondary education rates and why the participation rate is low.

The committee said in the conclusion that the net rate of primary education was 94.05% in 2016 and 87.9% in 2017 and the net rate for secondary education were 85.97% in 2016 and 88.95% in 2017. But the correct rate can be reachable from (<http://data.uis.unesco.org>). UNESCO data covering the years of 2016 and 2017 on primary and secondary enrolment rates has been looked over from the UIS website (<http://data.uis.unesco.org>). In the light of these data, it was understood that there is no decrease for 2016 and 2017.

Year	Primary net enrolment rate %	Upper secondary net enrolment rate %
2016	94,15	83,87
2017	94,88	85,43

Source: <http://data.uis.unesco.org/>

The detailed data regarding the schooling rate can be found in English on the web sites of the Ministry of National Education below:

http://sgb.meb.gov.tr/www/icerik_goruntule.php?KNO=270

http://sgb.meb.gov.tr/meb_iys_dosyalar/2018_09/06123056_meb_istatistikleri_orgun_egitim_2017_2018.pdf

2. Information on enrolment rates, absenteeism and drop out rates as well as information on measures taken to address issues with regard to these rates.

The measures taken to reduce absenteeism rates are said below:

- Ensuring that students' absences are registered in the e-School system on the same day and that their parents are immediately notified,
- Reaching the students who have the habit of absenteeism,
- Conducting guidance activities for school administrators and teachers to solve the problems that cause from absenteeism by the Guidance Research Centers,
- Cooperating with the Provincial Directorates of Youth Services and Sports to direct the students to the courses to be organized,
- Providing expert support by contacting Provincial Directorates of Family and Social Policies,
- Carrying out awareness-raising activities for parents,
- Establishing financial support opportunities for absentee students who have to work due to economic reasons, together with parent-teacher associations and local administrations,
- Cooperating with Provincial/District Police Directorates regarding the prevention of students' access to places like internet cafe, game room, etc. during their school time,
- Making home visits when necessary by contacting the parents of absent students,
- Students who do not have absenteeism in schools or have few absences are appreciated and encouraged by other students.
- Although the level of participation in pre-school education is gradually increasing, increasing the level of schooling and expanding pre-school education opportunities in a way that supports the access of limited households and regions,
- Conducting researches to determine the reasons for absenteeism, grade repetition and early leaving at school types and levels, and taking necessary measures in line with the results of the research,
- Developing student absenteeism monitoring and prevention mechanisms to prevent leaving compulsory education and reducing absenteeism,
- It is aimed to spread the "Adaptation to Secondary Education Program" in order to reduce absenteeism, grade repetition and dropout in secondary education.

In addition to this, reducing absenteeism rates based on levels are also included in the objectives, targets, indicators and strategies sections of the "Ministry of National Education 2019-2023 Strategic Plan".

Costs associated with education

3. Information on the financial and material supports available to families to assist with the cost of schooling and to encourage attendance.

Various supports are provided to meet the educational needs of students who are within the scope of Law No. 3294 and continue their education life.

Educational material supports for basic school needs, especially at the beginning of the education and training periods, aids for accommodation-transportation-food expenses of students who are not covered by the transported education system of the Ministry of National Education and other educational aids such as the provision of materials for exam preparation, travel activities and participation in sports constitute the basic components of educational supports. Furthermore, supports can be made for the education expenses of persons in prison and detention houses or their children with them, and irregular in-kind/in-cash supports can be provided to higher education students within the scope of educational supports.

Educational Material Support

Social Assistance and Solidarity Foundations provide educational material support such as stationery, school uniforms, shoes, and winter clothes to students in need to ensure that they continue education.

Student Accommodation-Transportation-Food Support

This support has been provided in the form of meeting the expenses for the transportation, food and accommodation needs of primary and secondary education students who are outside the transported education system of the Ministry of National Education.

Support for Higher Education Students

Within the framework of the “Principle Decision on Supports for Higher Education Students” adopted by the Fund Board Decision dated 29.03.2018 and numbered 2018/1, non-periodic in-kind/cash supports to meet the basic needs of the Turkish students who are studying in higher education institutions within the scope of Law No. 3294 have been given from the donation resources of the Foundation facilities.

Other Education Supports

Support is provided for students who are enrolled in primary and secondary schools within the scope of Law No. 3294 to provide high school and university exam preparation materials.

Student Dormitory Projects

Secondary education dormitory projects are supported by the General Directorate of Social Assistance to meet the accommodation needs of students by the resources of Social Support and Solidarity Promotion Fund. With the support of these dormitory projects, it is ensured that students living in rural areas who cannot attend education with the transported system are kept in education and their education life is not interrupted. Following the completion of the said dormitories, they are transferred to the Provincial or District Directorate of National Education where the dormitory was built. In this context, 406.264.432-TL was transferred for 111

secondary education dormitory projects in 99 districts during the period between 01.01.2016 - 31.12.2019.

In addition, within the scope of the Conditional Cash Transfer for Education (CCTE) Programme, implemented as one of the regular and cash social assistance programs, it is aimed to contribute to the breaking of the poverty cycle for these households by ensuring the participation of children of school age in formal education in poor households with the principle of conditionality.

Under this Programme, payments are made for the education expenses of the children as the conditions are met and thus, the Programme has contributed directly to increasing the income of poor families and helping parents to develop a positive behavioural change in completing their children's basic education. Payments are deposited into the mothers' account.

Payments to girls and secondary education are higher within the scope of payments. Thus, more contribution is made to participate in secondary education and to the school attendance of girls.

As a result of the following projects implemented during the period between 2010-2017 by the Ministry of National Education under the Human Resources Development Component of Instrument for Pre-Accession Assistance I (IPA I), 7.559 girls were accessed to secondary education and more than 25.000 family visits were made, 6.390 girls were re-enrolled in school, 181 schools and dormitories were equipped and more than 541.000 students attended to school after receiving the financial incentives:

- Increasing the School Enrollment Rates of Especially for Girls I,
- Increasing School Attendance Rate Especially for Girls II,
- Increasing the Impact on Rates of Conditional Continued High School in Turkey Training Assistance Program (CCT).

Ongoing projects in this field during the IPA II period are listed below:

- Operation for Improving the Quality of Special Education Services for Integrative Education (IQSES)
- Strengthening the Impact of Conditional Cash Transfers for Increasing Attendance to School in Turkey (CCT-II)

4. Information on the measures taken to ensure that parents are not obliged to participate in the costs of public education through the solicitation of contributions from them.

Article 42 of the Turkish Constitution states that “Primary education is compulsory for all citizens of boys and girls and is free of charge in state schools”.

At the same time, in the second paragraph of Article 15 titled Union Incomes of the Ministry of National Education School Parent Association Regulation, “Unions cannot force parents to donate under any circumstances, and cannot collect donations and support during the school enrollment period”. Furthermore, within the scope of the projects carried out and the protocols made by the Ministry, there is the provision that no fee can be charged for activities to be carried out in schools and institutions.

Audits are regularly carried out by the Governorships about those who act in violation of the above-mentioned legislation.

5. Information on how the right to education of irregular migrants who are not under temporary protection status is protected and information on the situation as well as on measures taken to increase the enrolment rate of Syrian children in school particularly for children living outside camps.

Vulnerable Groups

In order to meet the educational needs of the population coming to our country from Syria in the form of a wave of immigration after the political instability in the geographical region where our country is located, temporary education centers have been established in the cities where they live only for Syrians.

In accordance with the Decision taken in the 2016-2017 academic year, the opening of new temporary education centers was halted and the closure process has been initiated. As a result, the number of temporary education centers decreased from 370 in 2017 to 23 in 2019 and all the centers were completely closed as of June 2020. All foreign students currently in our country are enrolled in official schools.

In this context, 768,839 (64.22%) students of the educational age population under temporary protection, which is 1,197,124, have been included in education. Some of the measures taken in this regard are as follows:

- Over 1,000,000 promotional brochures were printed and distributed to provinces where Syrians are concentrated.
- Syrian students of educational age, who have or do not have any documents regarding their previous education, have been enrolled according to their education level with equivalence commissions established in provincial directorates of national education, and works are still ongoing.
- Since 2016, in cooperation with international organizations, more than 3,000,000 Turkish book sets have been purchased and distributed to the provinces where Syrians live.
- In order to reduce the effects of the Covid-19 outbreak, home learning training sets were sent to foreign students.
- During the reopening process of the schools, cash support was provided to the schools to purchase cleaning materials in order to ensure the hygiene environment in the schools.

Since the early 2000s, the MoFLSS has been implementing the Conditional Cash Transfer for Education (CCTE) Programme in order to provide financial support to disadvantaged families in Turkish society, provided that they regularly send their children to school. The CCTE Programme was extended to cover school-age refugee children residing in Turkey under temporary/international protection in 2017. This Programme has been implementing in cooperation with the Ministry of National Education, the Ministry of Family, Labor and Social Services (MoFLSS), UNICEF and the Red Crescent. CCTE services reach out to 628,856 Syrian children under temporary protection (with at least one CCTE Payment) and 666,193 children

were enrolled in the education system as a result of this Programme. Moreover, approximately 686 million TL has been paid since the beginning of the Programme. The progress reports of the Programme also stress that enrolment and regular attendance of Syrian children under temporary protection has increased to 85 % among CCTE recipients. They give the breakdown of the schooling groups. The figures demonstrate that the largest number of children (323.702) benefitting from the Programme is in primary schools. The second largest group (215.176) is lower secondary school students. The gender distribution is also well balanced (49.7% vs. 50.3%).

Within the scope of the Project on Promoting Integration of Syrian Kids into the Turkish Education System (PICTES) carried out in cooperation with the Ministry of National Education and the EU Delegation, various activities are carried out to increase the enrollment and attendance rates of Syrian children under temporary protection.

These activities include early childhood education, Turkish and Arabic language education, remedial education for out-of-school children, and supportive education to increase the academic success of children attending school.

Moreover, transportation services, stationery and course material support are provided in order to facilitate the access of Syrian children to education and to increase the quality of education.

Within the scope of the project, social adaptation activities are carried out in order to increase social cohesion in school environments. As of the end of the 2019-2020 academic years, 545,788 Syrian children under temporary protection were provided with school attendance in 26 provinces within the scope of the project, where the Syrian population is densely populated.

6. Information about the measures taken to promote equal access to education for other groups such as Roma children and children in rural areas and information on monitoring of the children of seasonal agricultural workers and the migrant and the semi migrant families

Due to the socio-economic structure and geographical conditions of our country, many of our citizens migrate to different parts of the country as seasonal migrant agricultural workers migrate or semi-migrate from their settlements at certain times of the year. It is important that children in this situation benefit from the right to education and training in the places where they go. For this purpose, all kinds of measures are taken to ensure the access of these students to education in line with the “Circular of the General Directorate of Basic Education on the Access of Seasonal Agricultural Workers and Children of Migrant and Semi-Migrant Families to Education” dated 21.03.2016 and numbered 2016/5.

Moreover, the reports prepared by the Tracking Teams on Seasonal Agricultural Workers’ Children created in the provinces within the scope of the Circular in order to ensure the follow-up of these students. These reports are sent to the General Directorate of Basic Education and evaluated.

“Operation for Promoting Social Inclusion in Densely Roma Populated Areas Project” (SIROMA) has been implemented to increase social inclusion in the densely Roma populated areas especially by facilitating their entrance into the education system and labour market during the period between 2015 and 2017.

Within the scope of the project, it was aimed to increase the capacities of institutions in the field of social protection, to support the functioning of the mechanisms and to ensure coordination, with the aim of facilitating the integration of Roma citizens and disadvantaged individuals into the society in places where Roma people densely live.

Under this project, activities that can be used in extracurricular times were provided with the support of musical instruments, sports equipment, art materials to 44 primary schools within the body of the General Directorate of Basic Education and to ensure their attendance, parent information meetings and teacher trainings were organized.

The project sustainability activities continue within the framework of the Roma Action Plan both in pilot schools and in all provinces where Roma are concentrated.

Additionally, the “Project for Establishing an Effective Monitoring, Evaluation and Coordination Mechanism for the Roma Strategy Document” (ROMSID), has initiated to implement under the coordination of the MoFLSS on 8 July 2020 to strengthen the institutional capacity of the MoFLSS through establishing strong monitoring, evaluation and coordination mechanisms along with the capacity development of the beneficiary and key stakeholders with an inclusive approach to ensure that effective implementation of the National Roma Integration Strategy and the Action Plan at the national and local level.

The implementation process of the “Project on Improving Quality and Access in Early Childhood Education” co-financed by the EU and the Republic of Turkey officially started on 1 November 2020 with the technical support of UNICEF. The goal of the project is to increase the access of all children, especially disadvantaged children, to early childhood education services and to increase the quality of the education.

The project also aims to expand and diversify early childhood education services as stated in the 2023 Education Vision. Through the practices such as “My Play Box”, “Traveling Teacher” and “Summer Kindergarten”, children living in rural areas and having no access to education will be provided with early childhood education services.

Moreover, students attending primary, secondary and special education schools and special education trainees who benefit from non-formal education are ensured to access education in official schools/institutions by means of transport. It is carried out in accordance with the provisions of the “Regulation on Access to Education”.

Anti-bullying Measures

7. Information on measures taken to introduce anti-bullying policies in schools, i.e., and on measures relating to awareness-raising, prevention and intervention.

The overall objective of “Prevention of Violence Against Children” carried out under IPA by the Ministry of National Education, the Ministry of Justice, the Ministry of Health, the MoFLSS, the Ministry of Interior and NGOs is to contribute to the protection of children from all kinds of physical, emotional, verbal and psychological violence for their well-being.

In the scope of the project:

- In order to create an inter-institutional policy unity, a “Policy Working Group” was established and meetings were held with the participation of stakeholders such as the MoFLSS, the Ministry of Justice and the Ministry of Health.
- In order to create a risk map for violence in Turkey, a major field study was conducted.
- Practitioner trainings have been organized for guidance teachers/psychological counsellors who apply counselling measures.
- The School Model “Consisting of Self-Confident Students with Advanced Life Skills” was prepared.
- A training program has been prepared for early warning practices regarding the prevention of violence.
- An internet-based e-guidance system has been established in order to record the data related to counselling activities.
- Awareness-raising materials were prepared such as family programs, public service advertisements, handbooks, brochures, etc., in order to increase social awareness on preventing and reducing violence against children. Moreover, spot films were prepared to increase social awareness.

Within the scope of preventing peer bullying, training on peer mediation was organized for 1,578,577 students, 3,882 parents and 27,386 teachers during the 2019-2020 academic year.

Furthermore, a “Social Media Working Group” was established under the General Directorate of Child Services of the MoFLSS to identify the risks that children will face in digital environments, including cyberbullying, and to protect them against these risks. To date, the Working Group has immediately intervened in 1,027 internet content in cooperation with the relevant public institutions.

The voice of the child in education

8. Information on measures taken by the State to facilitate child participation in the decision taken in school life

The Project for “Strengthening the Culture of Democracy in Basic Education”, which was put into practice with the co-financing of the European Union and the Council of Europe, was officially signed on 3 August 2018 and the duration of the project was defined as 36 months.

The overall objective of the project is to increase democratic competencies in basic education, to encourage the democratic school culture and to increase the awareness of democratic competencies and human rights and democracy in the society.

A structure that will support the participation of students in the decisions to be taken in school life will be created with the materials prepared specifically for the project.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 19

RIGHT OF MIGRANT AND THEIR FAMILIES TO PROTECTION AND ASSISTANCE

Article 19 – Right of migrant and their families to protection and assistance

Paragraph 2;

With a view to ensuring the effective exercise of the right of migrant workers and their families to protection and assistance in the territory of any other Party, the Parties undertake to adopt appropriate measures within their own jurisdiction to facilitate the departure, journey and reception of such workers and their families, and to provide, within their own jurisdiction, appropriate services for health, medical attention and good hygienic conditions during the journey;

Scope of the provisions as interpreted by the ECSR

Measures should be taken to facilitate the departure, journey and reception of migrant workers and their families.

RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Immediate assistance offered to migrant workers

1- The measures taken during the reception of migrant workers, in particular regarding food and shelter.

Paragraph 1, 2 and 5 of Article 95 of the Law on Foreigners and International Protection No. 6458 dated 4/4/2013 has regulations on accommodation and food. According to this article:

“(1) It is essential that the applicant or beneficiary of international protection meets his or her own accommodation needs.

(2) The Directorate General may establish reception and accommodation centres to meet the accommodation, food, healthcare, social and other needs of applicants and international protection beneficiaries.

(5) Applicants or international protection beneficiaries and their family members residing outside of the reception and accommodation centres may be availed of the services provided at such centres.”

The Law no 4817 about The Work Permits of Foreigner regulated the right of a migrant worker. According to this Law, the definition of legal work is: Work permit granted in accordance with the laws, residence and other obligations regulated by relevant laws and legislation, as well as social security premiums are considered to be paid or exempted. In other words, foreign workers who come to Turkey with a legal work permit have a residence permit, that is, an accommodation. They are also included in the social security and health system.

Foreigners who are covered by both international protection and temporary protection can receive cash assistance from Social Assistance and Solidarity Foundations affiliated with the Governorships if they are registered and have the necessary conditions for assistance.

2- Whether appropriate assistance is offered in practice to all migrant workers who are faced with an emergency or particular difficulty, not only to the persons under international protection.

Special aids that are provided and measures taken in this scope are summarized below:

In order to ensure that **the migrant workers** (not only to the persons under international protection) and those who are under temporary protection in Turkey adopt to the Turkish labour market, those foreigners who hold a provisional residence permit as specified under subparagraphs (a), (b), (c) and (ç) of paragraph 30 of the Law on Foreigners and International Protection No. 6458 dated 4/4/2013;

- the identity number issued to the foreigners pursuant to the Population Services Law No. 5490 dated 25/4/2006;
- identity document having the nature of the application for international protection;
- identity document that grants international protection status and provisional protection identity document or holding any other document and number that could be used in place of these documents

may benefit from the courses and programs provided under the scope of Active Labor Market services, with the condition that this is approved by the provisional directorates and that they are enrolled at Turkish Employment Agency (ISKUR).

In addition, vocational and professional counselling services are also provided to foreigners under this scope.

Language training and active labour force programs are provided to the Syrians With Provisional Protection Status (GKSS) and Turkish citizens as part of the Employment Support Project carried out by ISKUR with the EU FRIT funds. Work permit fees of GKSS', who benefit from the active labour programs under the project are covered within the scope of the project.

Article 1 titled "Purpose" of Law No. 3294 on "Encouraging Social Solidarity and Assistance" states as follows: "The purpose of this Law is to help the citizens who are in poverty and need as well as those who are accepted to or entered into Turkey in any way and manner whatsoever, to take measures that reinforce social justice and thus to ensure fair distribution of the income and eventually to encourage social assistance and solidarity."

In pursuance of the article of the Law in question and within the framework of the Principle Decision on Aids to be Provided to People of Foreign Origin Who Are Present in Our Country, which came into force with the Resolution No. 2017/ 7 of Social Aid and Solidarity Incentive Fund, the emergency and fundamental needs of the foreigners, which are registered by the public institutions, or foreigners for whom registration is not possible within short term and whose needs are to be covered urgently, are covered by Social Assistance and Solidarity Foundations.

In addition to this, there are special programs carried out, such as Social Adaptation Assistance (SUY) Program and Conditional Education Aid for Foreigners (YSEY) Program in line with the social assistance amounts granted to the citizens.

SUY/ Social Adaptation Assistance for Foreigners is an assistance program implemented with the financing of EU Civil Protection and Humanitarian Office (ECHO) under common coordination of IFRC (International Federation of Red Crescents and Red Crosses), Turkish Red Crescent and Turkish Employment Agency. The aid program in question is the humanitarian operation with the highest budget funded by the EU.

The conditions of eligibility in the Social Adaptation Assistance Program for Foreigners are determined by the Social Assistance General Directorate, Turkish Red Crescent, IFRC and ECHO and the processes from the receipt of applications to the preparation of the payment list are carried out by the Foundations, General Directorate and Red Crescent Service Centers, and the procedures related to payment processes are carried out by Red Crescent and IFRC.

SUY has been launched in October 2016 overall Turkey and as of October 2020, the amount of cash transfers was 221 million TL monthly for 1.789.603 beneficiaries, with total cash assistance of 8 billion 332 million TL since the beginning of the program.

Under the scope of Conditional Education Aid for the Foreigners (YSEY), which is provided in order to increase the schooling rates for Syrian and other migrant children, there were 666.193 YSEY applications for the children who were enrolled in the Turkish education system and 628.856 children were YSEY beneficiaries at least for once. Around 686 million TL was paid since the beginning of the program in this scope.

Services during the journey

3- Information about the regulations that apply in the collective labour movement

Labour movements are regulated by labour force agreements. Labour force agreements determine the main framework of foreigners' working procedures and principles. The main purposes of these agreements are to protect the rights and interests of workers in the field of labour and to obtain social security rights.

In the context of collective recruitment, Turkey has signed labour force agreements with 12 countries (Germany, Australia, Azerbaijan, Belgium, France, the Netherlands, Sweden, Qatar, Cyprus, Kuwait, Libya and Jordan), including provisions stipulating protection of the rights of migrant workers. In practice, there is no case regarding the collective recruitment of workers who migrate to Turkey collectively.

In addition, Turkey has signed social security agreements with 35 countries (Germany, Albania, Austria, Azerbaijan, Belgium, Bosnia-Herzegovina, Czechia, Denmark, France, South Korea, Georgia, Croatia, Netherlands, England, Iran, Sweden, Switzerland, Italy, Canada, Canada-Quebec, Montenegro, Kyrgyzstan, TRNC (Turkish Republic of Northern Cyprus), Libya, Luxembourg, Hungary, Macedonia, Mongolia, Moldova, Norway, Poland, Romania, Serbia, Slovakia and Tunisia).

By the way, in order to regulate labour mobility, there are several laws and regulations about labour mobility in Turkey. Some of them are;

- International Workforce Law No:6735, dated 28 July 2016
- Law on Foreigners and International Protection, dated 4 April 2013
- Law on the Work Permit for Foreigners, numbered 4817, dated 6 March 2003
- Regulation on the Implementation of the Law on Work Permits of Foreigners, 29.08.2003 Official Gazette Number: 25214
- Regulation on the Implementation of Foreigners and International Protection Law, 17.03.2016 Official Gazette Number: 29656
- Regulation on Work Permits of Foreigners Provided with Temporary Protection, 15.01.2016 Official Gazette Number: 29594

Paragraph 9: With a view to ensuring the effective exercise of the right of migrant workers and their families to protection and assistance in the territory of any other Party, the Parties undertake to permit, within legal limits, the transfer of such parts of the earnings and savings of such workers as they may desire.

Scope of the provisions as interpreted by the ECSR

Migrant workers have the right, within legal limits, to transfer to their country of origin such parts of their earnings and savings, as they may desire

RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

1. Information about the right to transfer earnings and savings of a migrant worker

Paragraph (b) of Article 2 of the Decision No. 32 on the Protection of Value of Turkish Money reads as follows: “People who reside in Turkey include the real and legal persons whose legal domicile is in Turkey, including the Turkish citizens who work as workers, self-employed and independent employers abroad.”

Paragraph (c) of the same Article reads as follows: “People who are domiciled abroad means the real and legal persons who are not deemed to domicile in Turkey.” Paragraph (d) of the same article reads as follows “Traveler: It means the persons who bear passports or documents used in place of passports and who come to the entry and exit gates as determined by the Ministry of Trade in order to enter into or exit from Turkey.”

It is specified under paragraph (a) of Article 4 of the Decision in question that it is free to import foreign currency to and export foreign currency from the country. Also, it is regulated in paragraph (b) of the same Article that it is FREE for people who are domiciles in Turkey to keep foreign exchange with them, to purchase foreign exchange from and sell foreign exchange to institutions that are authorized to sell and purchase foreign exchange abroad as well as banks, authorized institutions, PTT and institutions that broker for valuable mines, to keep their foreign exchanges in the foreign exchange accounts to be opened at the banks and use these amounts of money effectively, that they are totally FREE to have savings within the country and abroad through banks. It is stated under paragraph (e) of the same Article that people who are domiciled

in Turkey and those who are domiciled abroad are FREE to transfer foreign exchange to abroad through banks.

Paragraph (c) of Article 7 of the Decision in question and paragraph (ç) which came into force on 03.03.2020 reads as follows: “Passengers may bring into the country and take out from the country the belongings made of precious minerals and stones that are characterized as jewelry value of which does not exceed 15.000 thousand USD and which are not characterized as commercial goods.” Taking jewellery with a value exceeding this out of the country is subject to the condition that they should be declared at the entrance or documented to have been purchased in Turkey.” “It is possible within the principles to be determined by the Ministry for the passengers to bring standard unprocessed gold with a maximum weight of 5 kg.”

Pursuant to Paragraph 1 of Article 14 of the Decision in question, it is free for the real persons who are domiciled in Turkey or abroad to make transfers from abroad to Turkey and from Turkey to abroad in relation to their personal capital movements through banks and the scope of personal capital movements is determined by the Ministry.

Again, under paragraph 3 of Article 14 in question, it is stipulated that the demands of migrant workers and refugees for import outside the Settlement Law and customs regulations shall be finalized by the Ministry. It is further regulated under paragraph 1 of Article 13 of the Communiqué No. 2008-32/34 on Decision No. 32 on the Protection of the Value of Turkish Money that any personal debts, gifts, presents, donations, dowery, bridehood moneys, inheritance and inherited properties, payments made by migrant workers for liquidating their debts in their home countries and the personal assets of the migrants shall be evaluated within the scope of personal capital movements.

In this scope, migrant workers will be deemed to be domiciled or not domiciled in Turkey depending on whether they have legal domiciles in Turkey and in every concrete case, the migrant will be considered by looking at the scope which he/she is subject to and relevant provisions of the foregoing regulations shall apply.

So in accordance with Decision No. 32, the migrant workers are free to transfer their earnings and savings through banks.

When considered from the point of the Central Bank of Turkey, it could first be highlighted that the Central Bank is defined as the primary authority in the field of payments under the scope of Law on Payment and Securities Reconciliation Systems, Payment Services and Electronic Money Institutions dated 20/6/2013 No. 6493. In this scope, the Central Bank carries out the activities related to regulation and supervision of payment and securities reconciliation systems operating in our country as well as supervisions of payment services, payment service providers and electronic money.

The issue of money transfer is defined and regulated under the payment services as part of paragraph 1 of Article 12 of Law no. 6493. These services are provided through banks and postal services.

The issue of transfer of funds within the country and to abroad is considered as part of the payment services within the understanding of said paragraphs. There is no discrimination between the Turkish citizens and the citizens of foreign countries in terms of money transfer

under Law No. 6493 and other secondary regulations, provided that such transfers shall not be associated with money laundering or crime financing. So within the scope of Central Bank activities and authority as well as legislation regulating the payments and transfers in this framework, there is no provision in our laws and regulations that could prevent any migrant workers and foreigners to benefit from the payment and transfer services at the same level with Turkish citizens.

In the scope of foreign exchange legislation, there is no restrictive provision for the residents in Turkey regarding transferring foreign currency to abroad and transfer of foreign currency to their accounts from abroad through banks. Migrant workers are able to transfer their earnings and savings to their countries through banks.

Relevant regulation on this issue could be reached from the following sources:

Law No. 6493: <https://www.tcmb.gov.tr/wps/wcm/connect/2f1f7375-31cb-4c3b-b5c6-72d8561140a7/%C3%96deme+Sistemleri+Kanunu.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-2f1f7375-31cb-4c3b-b5c6-72d8561140a7-nbMvi47>

Regulation on Payment Services, Issuance of Electronic Money, Payment Conditions and Electronic Money Organizations: <https://www.tcmb.gov.tr/wps/wcm/connect/d2eb7231-110c-475a-b8e9-7325951a6f4a/Y%C3%B6netmelik+27.02.2020.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-d2eb7231-110c-475a-b8e9-7325951a6f4a-n25Sb9D>

Communique on Management and Supervision of Information Systems of Payment Organizations and Electronic Money Organizations: <https://www.tcmb.gov.tr/wps/wcm/connect/865df6b1-4965-49e4-9265-ba3355443b7e/Tebli%C4%9F.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-865df6b1-4965-49e4-9265-ba3355443b7e-mZGGfMu>

Paragraph 11: With a view to ensuring the effective exercise of the right of migrant workers and their families to protection and assistance in the territory of any other Party, the Parties undertake to promote and facilitate the teaching of the national language of the receiving state or, if there are several, one of these languages, to migrant workers and members of their families;

Scope of the provisions as interpreted by the ECSR

States party should promote and facilitate the teaching of the national language of the receiving State to migrant workers and their families.

RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

1. What special or extracurricular classes, or other forms of assistance, are provided to the children of migrant workers to enable them to learn the language and participate fully in their education.

The educational services to be provided are set to certain standards and secured by the Ministry of National Education's Circular No. 2014/21 dated 23 September 2014, with the title "Educational Services for Foreigners".

Circular No. 2014/21 covers all foreigners registered in Turkey, regardless of their status. According to the Circular, the Ministry of Education and Provincial Commissions carry out education services for the foreign students in Turkey.

Within the provincial Directorates of National Education, under the chairmanship of one deputy manager or branch manager, the Commission consists of the following: At least one manager from all types and levels of educational institutions, a foreign language teacher or a translator who is capable of having an interview with foreign students, one authorized person seen as necessary by the Governor from Provincial Directorates of Migration Provincial Directorate of Security, Provincial Directorate of Disaster and Emergency, Provincial Office of Mufti, provincial Directorate of Family, Labour and Social Services, Provincial Directorate of Health and the training coordinators in the provinces where Temporary Training Centres are located.

In order to facilitate the integration of foreign people in Turkey, a Cooperation Document was signed between the General Directorate of Lifelong Learning of the Ministry of Education and Directorate General of Migration Management of the Ministry of Interior on 25.04.2016. In this context, it is aimed to organize Turkish language courses, integration courses and vocational and social skills training courses for foreigners in Turkey and certification of the successful attendees, in the cooperation of the General Directorate of Lifelong Learning and DGMM. In the scope of the Cooperation Document, foreigners benefiting from the services of Provincial Directorates of Migration Management are informed about the courses and directed to the Public Education Centers.

In the framework of the Cooperation Document signed between the General Directorate of Lifelong Learning of the Ministry of Education and Directorate General of Migration Management of the Ministry of Interior, to facilitate the integration of foreign people in Turkey, foreigners are directed to free Turkish language courses to in the adult education centers of the Ministry of Education, free of charge. In schools, additional Turkish lessons are given to foreign students.

According to the data of the General Directorate of Immigration Administration, out of 1.197.124 people who are under temporary protection and have reached the age of education, 768.839(64.22%) are enrolled in the education and training programs and the process of enrollment of the remaining students is still ongoing.

When considered according to the education levels of the students, it could be seen that the schooling rate is the highest at primary schools and the lowest at kindergarten school. In this framework, according to the official records of the Ministry of National Education, there are

31.011 (%24,37) students in kindergarten, 352.155 (%79,53) students in primary education, 275.039 (%78,89) students in secondary education and 110.634 (%39,74) students in high school education.

Actions are ongoing in order to increase the access of all students of foreign origin who are domiciled in Turkey to education for enabling them to benefit from the educational opportunities in Turkey. Within this framework, adaptation classes are established under the Circular No. 2019/15 of the Ministry of National Education with the aim of improving the level of proficiency of foreign origin students in the Turkish language and their adaptation to the Turkish education system. In addition to Turkish language education, courses covering elective foreign language (Arabic or English) visual arts and physical education are also provided in the adaptation classes so as to facilitate the social adaptation of the students.

2. What are the arrangements of courses are available to adult migrants to assist their learning, in particular in the implementation of the 2016 Cooperation Agreement, and what the costs are associated with such classes? Whether teaching opportunities apply to all migrant workers?

Turkish language education is provided to the children of migrant workers in formal and nonformal education institutions and the workers themselves and adults their families in Adult Education Centers. Circular No. 2014/21 covers all foreigners registered in Turkey, regardless of their status. These courses are free of charge. Teaching opportunities apply to all migrants regardless of their status.

Protocol of Cooperation between the Directorate General of Migration Management and the Directorate General of Life-long Learning of the Ministry of National Education

In case there is a need at temporary shelters (camps) and in the provinces where the Syrians are found intensely, temporary education centres were opened also in the Arabic language for the Syrians who do not know Turkish out of temporary shelters with the approval of the Governorship. According to the provincial reports dated June 2016, 248,902 Syrian students received training in total during the school year 2015-2016 only at temporary education centres. Courses are being organized at public education centres for the Syrians under temporary protection in our country to learn Turkish.

According to MEBSİS data dated June 2016, 116,178 Syrian trainees attended the courses realized at Public Education Centres between the years 2015-2016. More than 77,000 of these trainees attended Turkish courses. No fee is requested for non-formal and formal education service offered for the migrants by the Ministry of National Education

There are 204 private courses in Turkey which provide Turkish language teaching to foreigners.

The Law on Foreigners and International Protection (2013), the Circular “Educational Services for Foreigners” (2014) and the cooperation protocol are for all foreign nationals in Turkey.

3. Whether financial assistance is available for those who cannot afford to pay; which groups of migrants must pay for the obligatory classes and who are entitled to free education?

With the Protocol of Cooperation between the Directorate General of Migration Management and the Directorate General of Life-long Learning of the Ministry of National Education, Turkish courses are free of charges.

- Since 2016, in collaboration with international organizations, more than 2.000.000 book sets for Turkish language education have been purchased and distributed to the provinces where the Syrian people live.
- A total of 3.013.560 books comprising the books titled “Lifelong Turkish 1” “Lifelong Turkish 2” “Lifelong Turkish 3” as well as teachers’ books were printed under the scope of PIKTES project “Integration of Syrian Children Into Turkish Educational System” and these were distributed in order to be used in 2019 – 2020 educational term.
- In March 2020, in collaboration with UNHCR, 35,000 Turkish language books (Lifelong Turkish 1-2-3” were printed and distributed to 55 provinces where the population of students of foreign origin were intense.
- Turkish Qualification Test was held on 3 May 2019 in order to determine the Turkish language levels of students of foreign origin settled in 81 provinces. Students from the 3rd and 4th classes have participated in the secondary education participated in this exam. Turkish language adaptation classes were opened in 2019-2020 educational semester in our schools for students who received scores below 60 as a result of Turkish Qualification In this scope, the Circular on “Foreign Students Adaptation Classes “ No. 2019/15 was published. This initiative aims at increasing the level of proficiency of foreign students in the Turkish language. A further exam was carried out, the Turkish Qualifications Test, for determining the level of achievement in the Turkish language of students being educated in adaptation classes in 81 provinces.

Besides, courses are organized by the Ministry of National Education within the body of public training centers in hundreds of fields, including Turkish language education, in addition to the formal education activities for Syrians under provisional protection. Between 2014-2020, 426,712 trainees participated in the Turkish Language For Foreigners Courses, 114,030 Syrian trainees participated in Vocation and Technical Courses and 685,789 Syrian trainees participated in general courses under the body of Public Training Centers.

4. What policies are in place to provide or support the education of all adult migrants and migrant workers’ children, not only those under international protection, in the national language?

Turkey has ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. Article 30 of the Migrant Workers Scope of the provisions as interpreted by the ECSR States party should promote and facilitate, as far as practicable, the teaching of the migrant worker’s mother tongue to the children of the migrant worker. 91 Convention reads as follows; “Each child of a migrant worker shall have the basic

right of access to education on the basis of equality of treatment with nationals of the State concerned.

Access to public pre-school educational institutions or schools shall not be refused or limited by reason of the irregular situation with respect to stay or employment of either parent or by reason of the irregularity of the child's stay in the State of employment.” This article is also part of our national legislation and the provision of international human rights treaties are prevail in case of any contradiction between the provisions of national legislation and the provisions of international human rights treaties.

The Ministry of National Education of the Republic of Turkey is responsible for everyone living in Turkey to benefit and to be benefited from education services. Within this scope, in the Regulation on the Training of Children of Migrant Workers, principles and methods on the duties of the respective persons as well as education and training of the children of migrant workers were regulated. To learn the native language and culture, to make cooperation with the relevant countries to preserve their identity, to organize courses to teach students their native language and to take necessary measures to teach Turkish for the students who do not speak Turkish were regulated with the relevant articles of the said Regulation.

The practice of compulsory education in our country involves the children of migrant workers at the same age. With Article 96 of the Law on Foreigners and International Protection No. 6458 entitled “Harmonization”, it was aimed to equip the foreigners to facilitate mutual harmonization and to equip them with the knowledge and skills to be independently active in all areas of social life without the assistance of third persons in Turkey or in the country to which they are resettled or in their own country.

The studies and proceedings for coordinating education and training activities for the foreigners, particularly for the students at the age of compulsory education in our country, for taking necessary measures, access to education and offering quality education services, for carrying out of the studies in coordination with the relevant units and institutions and for taking necessary measures in emergency cases shall be carried out in the coordination of a Deputy Undersecretary assigned by the Ministry of National Education and within the scope of the relevant provisions of (a) Primary Education and Training Law No. 222, (b) Basic Law of National Education No. 1739, (c) the Law on Foreigners and International Protection No. 6458, (ç) Law for Provincial Administration No. 5442, as well as the provisions of respective regulations, directives and the guide without prejudice to the provisions of private legislation in line with the explanations in the Circular.

The Circular of “Students with Foreign Nationality” No. 2010/48 was repealed and the conditions for registration has become more flexible.

5. What measures are taken to promote the teaching of the national language?

The responses related to this clause is given in combination with Article 19§12.

Paragraph 12: With a view to ensuring the effective exercise of the right of migrant workers and their families to protection and assistance in the territory of any other Party, the Parties undertake to promote and facilitate, as far as practicable, the teaching of the migrant worker's mother tongue to the children of the migrant worker.

Scope of the provisions as interpreted by the ECSR

States party should promote and facilitate, as far as practicable, the teaching of the migrant worker's mother tongue to the children of the migrant worker.

RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

1- How many students receive education in their mother tongue through schools or cultural/voluntary organizations?

Adaptation Programs for Formal Education were planned to teach the Turkish language for the Syrian students and migrants receiving training in our country at the age of education and to minimize psycho-social problems of the students by the Head of Department of Migration and Emergency Training established within the Directorate General of Life-long Learning.

Within this scope, Turkish courses are given via public education centres. Furthermore, 4.200 temporary trainers (Training Staff) were received to teach Turkish for the foreigners and they were given training for two weeks. The education staff who will teach Turkish to the foreigners shall use 490.000 Turkish training set which was delivered to the Syrian students purchased from Yunus Emre Institution.

On the other hand, Temporary Education Centres giving education in Arabic are located in the provinces where the students under temporary protection in our country live intensely and serve as an education centre for transition to a formal school for enabling them to adapt to the school and to learn Turkish.

There is a regulation about education in mother tongue in the Lausanne Peace Treaty Article 40. According to this: "Turkish nationals belonging to non-Moslem minorities shall enjoy the same treatment and security in law and in fact as other Turkish nationals. In particular, they shall have an equal right to establish, manage and control at their own expense, any charitable, religious and social institutions, any schools and other establishments for instruction and education, with the right to use their own language and to exercise their own religion freely therein."

Migrants who want their children to learn their mother tongue can benefit from Formal and Non-formal education institutions and Temporary Education Centers. Migrants are directed to the Schools and Public Education Centers for learning their language.

By the way, language teaching is carried out in all educational institutions within the Ministry of National Education. According to the Weekly Course Schedule of Primary and Secondary Schools; foreign language courses (English, Arabic, German or French) are compulsory for grades 2-8. Courses on the languages accepted by the decision of the Council of Ministers

(English, German, French, Arabic, Spanish, Italian, Japanese, Russian, Chinese etc.) are elective for grades 5-8 in secondary schools.

Statistical information about students receive education in their mother tongue through schools or cultural/voluntary organizations is not available.

2- What the level of fees in the private foreign schools is and whether assistance is available to those without the means to pay?

There is a regulation about government support in the Lausanne Peace Treaty. According to Article 41: “In towns and districts where there is a considerable proportion of Turkish nationals belonging to non-Moslem minorities, these minorities shall be assured an equitable share in the enjoyment and application of the sums which may be provided out of public funds under the State, municipal or other budgets for educational, religious, or charitable purposes. The sums in question shall be paid to the qualified representatives of the establishments and institutions concerned.

Support payments to be made in the 2020-2021 academic year for students studying in private education institutions:

- For students who will benefit from the support in primary and secondary education, between 4,165 and 4,849 TL support,
- For students studying in private vocational and technical high schools, between 5,000 and 8,000 TL will be given according to their departments' support.

3- What steps the government has taken to facilitate the access of migrants’ children to these schools?

The Law No. 2923 published in Official Gazette dated 19/10/1983 about The Law on Foreign Language Education and Training and Teaching Different Languages and Dialects of Turkish Citizens contains some regulations. According to Article 2 of this law: Without prejudice to the provisions of the international treaty, it regulates the principles that foreign languages to be taught in formal and non-formal education institutions of all degrees and types, both official and private, and schools that provide education and training in a foreign language.

The Regulation about The Ministry of National Education on Foreign Language Education and Training published in Official Gazette dated 31/05/2006 in No: 26184 contains some regulations. According to this Regulation, the purpose of foreign language education and training is as following: The aim of foreign language education and teaching in formal, non-formal and distance education institutions, in accordance with the general purpose and basic principles of National Education, taking into account the aims and levels of schools and institutions, individuals in foreign languages who are educated and trained;

a) Listening-understanding, b) Reading comprehension, c) Speaking, d) Writing

to enable them to gain skills, communicate with the language they learn and develop a positive attitude towards foreign language teaching. (Article 5).

As it can be understood, there are regulations in Turkish legislation to encourage foreign languages, that is, migrant children languages. In addition, Arabic lessons are given in imam hatip schools.

4- Availability of mother tongue language classes for migrant worker's children outside the school system?

Courses are organized at Public Education Centres in cooperation with the Association of Friendship of Syria. Planning and practice about courses are made by Public Education Centres whereas counselling and delivery of training materials are done by the Association. Furthermore, Paper of Cooperation was signed to organize Turkish language, adaptation courses as well as courses for improving vocational and social skills across Turkey for the foreigners in our country in cooperation with the Directorate General of Life-long Learning and the Directorate General of Migration Management and to certify successful trainees. Within this framework, in addition to the existing courses, a new course can be opened with the participation of at least twelve people in general by the Directorate General of Migration Management and the Directorate General of Life-long Learning.

No fee is demanded from trainees and a certificate of completion is issued at the end of the course.

5- Whether any non-governmental organisations provide teaching of migrants' languages, and whether they receive support?

Two practices can be mentioned as an example to the studies realized in cooperation with non-governmental institutions and other institutions. Within the framework of a Protocol of Cooperation on Organizing of a Vocational Training and Language Course signed between the Directorate General of Life-long Learning of the Ministry of National Education and the 94 Courses are organized at Public Education Centres in cooperation with the Association of Friendship of Syria. Planning and practice about courses are made by Public Education Centres whereas counselling and delivery of training materials are done by the Association. Furthermore, Paper of Cooperation was signed to organize Turkish language, adaptation courses as well as courses for improving vocational and social skills across Turkey for the foreigners in our country in cooperation with the Directorate General of Life-long Learning and the Directorate General of Migration Management and to certify successful trainees. Within this framework, in addition to the existing courses, a new course can be opened with the participation of at least twelve people in general by the Directorate General of Migration Management and the Directorate General of Life-long Learning. No fee is demanded from trainees and a certificate of completion is issued at the end of the course.

On the other hand, Temporary Education Centres giving education in Arabic are located in the provinces where the students under temporary protection in our country live intensely and serve as an education centre for transition to a formal school for enabling them to adapt to the school and to learn Turkish.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 27

RIGHT OF WORKERS WITH FAMILY RESPONSIBILITIES TO EQUAL OPPORTUNITY AND TREATMENT

Article 27 – Right of workers with family responsibilities to equal opportunity and treatment

Paragraph 1: With a view to ensuring the exercise of the right to equality of opportunity and treatment for men and women workers with family responsibilities and between such workers and other workers, the Parties undertake:

1. to take appropriate measures:

- a) to enable workers with family responsibilities to enter and remain in employment, as well as to reenter employment after an absence due to those responsibilities, including measures in the field of vocational guidance and training;
- b) to take account of their needs in terms of conditions of employment and social security;
- c) to develop or promote services, public or private, in particular child daycare services and other childcare arrangements;

RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Employment, vocational guidance and training

1. Information about the measures included in the Development Plan and the National Employment Strategy for employees with family responsibilities, and information on the work done on this issue.

In the "Woman" section of the 11th Development Plan (2019-2023), the main objective is defined as; to prevent all kinds of discrimination against women and to ensure that women benefit from rights, opportunities and opportunities equally in all areas of social life and become empowered.

The policies and measures in line with the main objective of the Plan and the aim of strengthening the position of women in economic life are as follows:

In the "*Employment and Working Life*" section, under the policy title "*Practices that facilitate women's participation in the labour market and increase their employment will be developed*" the following measures are included;

- Opportunities for vocational training and skill development for women, especially in technology production such as coding and software will be strengthened in a way to increase female employment in the labour market.

- Practices that harmonize work and family life, especially facilitating access to care services, will be dynamically implemented to increase women's participation in the workforce and employment.

In the "**Woman**" section, under the policy title "*Active participation of women in economic, social, cultural life and decision-making mechanisms at all levels will be encouraged, in the way of strengthening the equality of opportunity for men and women on the rights, especially beginning from the local level*" the following measures are included;

- Researches and projects will be carried out and trainings will be provided to empower women in economic and social life
- The consultancy and guidance services in business development processes will be provided to female entrepreneurs, and women will be given priority for subsidies offered in this field, in order to develop the economic activities of women.
- Mechanisms aiming to develop the economic activities of women in digital environments such as websites, portals and applications will be established, and training programs and seminars will be organized to ensure the empowerment of women entrepreneurs in e-commerce.
- Subsidies in the fields such as education, entrepreneurship and consultancy for the cooperatives established by women will be expanded, and the establishment of cooperatives by women will be facilitated through making necessary legal arrangements.
- The practices such as training, internship and on-the-job training will be continued effectively in order to increase the active participation of women in economic life, by taking into consideration the different labour needs of the provinces.
- Support mechanisms will be provided in order to increase women entrepreneurship in rural areas.
- Activities will be carried out in order to lead the girls to the professions in the fields of science, technology, engineering and mathematics, by taking into consideration of newly emerging occupational fields within the framework of the changing needs of the labour market.

On the other hand, nine separate measures have been successfully implemented by the responsible institutions as stated in National Employment Strategy and Action Plan (2017-2019) within the policy named "*The participation rate and employment of women in the labour force will be increased, unregistered employment will be reduced*" under the axis "*Increasing the Employment of Groups Requiring Special Policy*". These measures are listed as;

- Studies will be carried out to obtain gender-based migration data from rural to urban areas.
- Programs will be implemented to ensure the adaptation of women migrating from rural to urban in the labour market.
- Participation in the economic and social life of women who are victims of violence, staying in a guesthouse, ex-convict, widowed or divorced will be supported.

- Incentive arrangements for increasing women's registered employment will be promoted and the practice will be expanded.
- By determining the areas of women's entrepreneurship at the regional level, measures will be taken to encourage women entrepreneurship with the support to be given.
- Legal obstacles in the public sector in spreading child care services will be removed.
- The private sector will be encouraged in order to expand institutional child care services.
- Investments in care services will be expanded to include care for the elderly, sick and disabled.
- Women entrepreneurship will be supported.

Active labour market programs are being held by the Turkish Employment Agency (İŞ-KUR) in order to facilitate women's participation in the labour market and support their sustainable employment. From 2002 until the end of October 2020, 2,109,763 women (52.2% of the total participants) benefited from active labour market programs.

Between 2002 and 2019, 933,035 women (56.3% of the total participants) benefited from vocational training courses organized for those who do not have a profession or who want to improve their vocational skills and/or change their profession.

Between 2009 and 2019, 770,629 women (48.9% of the total participants) benefited from the on-the-job training programs, which were organized to ensure the reinforcement of theoretical knowledge by practising in the workplace, to facilitate entry to the labour market and train qualified workforce together with employers.

Within the scope of the “*Social Integration and Employability of Disadvantaged People Project*” (2016-2017), which aims to ensure the integration of people who require special policies into the labour market and to combat all forms of discrimination in the labour market, grant support of approximately 23 Million € has been distributed to the total of 137 institutions/organizations.

Approximately 5 Million € of grants have been distributed to 30 different projects that support women's employment. The target group of the project includes individuals with disabilities, people who are poor or at risk of poverty, including people living in slum areas, ex-convicts/prisoners and prisoners and detainees, parents of working children, displaced persons, victims of violence, substance addicts, other disadvantaged people. In addition to women victims of violence, as a subcategory in all of these target groups, “women” were included as a particularly vulnerable group.

With “*The Project of Supporting Employment Policies Sensitive to Gender Equality*” (2019-2022), which is being carried out in cooperation with ILO, the creation of more and better jobs for women is aimed. In this context, studies will be carried out with the ILO, social partners, private sector enterprises and various non-governmental organizations.

“Engineer Girls of Turkey” Project has been implemented in cooperation with the private sector, NGOs and UNDP in order to ensure that women take part in engineering with an aim to invest in

our future. The project provides opportunities for scholarships, internship, mentoring support and employment to university students.

Projects have been also carried out in the field of childcare for women to better balance the women's work-family balance and to promote the registered employment of women. In this context, we supported more than 25,000 working mothers in the *"Supporting Registered Employment of Women Through Home-Based Child Care Services"*. Thanks to this project, 15.000 women have been covered by the social security system for the first time.

In 2020, *"Supporting Registered Employment of Women through Institutional Childcare Services"* and *"Supporting Registered Employment of Women through Promoting Educated Child-Caregivers"* Projects were initiated to support the registered employment of women through institutional childcare services and educated child-caregivers. The financial supports provided to working mothers by these projects have increased.

In addition to these projects, the *"Support for the Registered Employment of Women Project"* (WOMEN-UP Project) has been designed and started to implement to support women's employment and entrepreneurship. In this context, 4,000 women entrepreneurs employing at least additional 4,000 women workers will be financially supported.

In order to support women's cooperatives, the MoFLSS has been organizing regional meetings. In 2020, we reached 35,000 women through a total of 731 workshops, trainings and information meetings held in all provinces. The MoFLSS has supported the establishment of 175 new women's cooperatives. Furthermore, "Financial Literacy and Women's Economic Empowerment Seminars" have been organized at the local level and successfully reached nearly half a million women.

These projects have been also supported by social security premium and tax support specifically designed for women employees.

2 Information on the proposed types of continuing vocational training and education available on the labour market, the overall participation rate of persons in training, the percentage of employees participating in vocational training

Vocational training courses and on-the-job training programs within the scope of active labour services, which are implemented in order to increase employment improving the skills of the workforce, are organized by taking the diversity of the target group into consideration.

With the *"Supporting Women's Employment Project with the Mother at Work Project"*, it is aimed to include women who are more disadvantaged than other people in the labour market and who have children but cannot work due to care obligations. The project has been put into practice as of September 2018 and *"Mother at Work"* units have been established in 81 provinces. The project has been implemented in vocational training courses and on-the-job training programs with at least 50% employment guarantee. After that, the trainees are directed to employment guaranteed vocational training courses or on-the-job training programs. Women who attend courses and programs are paid for the days attending the course or program.

In addition, **"Child Care Support"** is implemented to increase the employment of women in decent jobs and to support family life. With this practice, women who attend the courses and

programs to be organized in the industrial sector and have children between the ages of 2-5, have started to provide monthly 400 TL care support during the course/program period as of 1 October 2018.

Individual consultancy services are also provided to women who apply to the Turkish Employment Agency (İŞKUR) within the scope of the job and vocational counselling service. In this context, the table regarding the number of female clients and individual interviews with these clients for the 2016-2019 period is presented below.

Job and Vocational Counseling Activities for Women

Year	Number of Individual Clients	Number of Individual Interviews
2016	1.148.856	1.615.868
2017	1.251.197	1.748.352
2018	1.586.817	2.491.850
2019	1.791.471	2.751.987

Job and vocational counselling services are provided for women in Violence Prevention and Monitoring Centers (ŞÖNİM) and women's shelters in order to develop their job search skills, find a job, eliminate professional adaptation problems, improve their professional skills, change their profession/job and direct them to vocational training programs. The number of women benefiting from the services provided in this scope over the years is presented in the table below.

Number of Women Benefiting from Job and Vocational Counseling Services for ŞÖNİM and Women Shelters

Years	Number of Beneficiary Women
2019	312
2018	684
2017	764
2016	613

In addition to this, another program implemented for women is “*Job Clubs*”. From 2017 to the end of 2019, a total of 54,429 people have benefited from the Job Clubs, 62.1% of the participants are women. Active cooperation is carried out with women's shelters, Violence Prevention and Monitoring Centers (ŞÖNİM) and NGOs in the work of Job Clubs. Within the scope of the trainings, theoretical and practical information is given to the participants on subjects such as self-knowledge, labour market, job search channels, CV preparation and interview techniques. A total of 399 women participated in the Job Club activities held at the Violence Prevention and Monitoring Centers between 2017-2019. Within the scope of the Job Club activities, efforts are continuing to improve cooperation with NGOs operating for women.

With the programmes financed by the Human Resources Development component of EU Pre-Accession Assistance (IPA) resources (85% EU, 15% of Turkey financed) 104,226 people attended *employment-oriented training* and *vocational and technical education activities*, 235,568 people participated in *vocational guidance* activities, 37,453 people attended to *entrepreneurship training* and 76,354 people participated in the *basic skills training* programs.

Within the scope of the vocational training of employees, a cooperation protocol was signed between the Ministry of Family, Labor and Social Services, the Ministry of National Education and the Ministry of Environment and Urbanization on 13 April 2016. The aim of the protocol is to improve the professional qualifications of the employees in the construction sector, which is one of the risky sectors in terms of occupational accidents, and ensure that these people have Professional Competence Certificate.

Courses on vocational training of employees are held depending on the demands from employers or the labour market. Employees can participate in these courses opened in the workplace in order to improve their professional knowledge and skills. In these vocational trainings, employees' lack of experience is eliminated, they gain qualifications and their adaptation to the labour market is ensured. Employers are able to train the people they employ without any costs and thus eliminate the shortage of qualified staff.

Those who are successful in these courses are ensured to have a certificate and in accordance with Law No. 5510, general health insurance, work accident and occupational disease premium payments are covered by İŞKUR. Those who complete the courses are given vocational qualification certificates approved by the Ministry of National Education or the university.

As of 2016-2019, 1,193 courses were organized for the vocational training of employees, and a total of 31,783 people, 5,702 women and 26,081 men attended these courses.

Conditions of employment, social security

3. Whether there are conditions available to employees with family responsibilities that may facilitate the reconciliation of working and private life, for example, telework.

Important regulatory steps have been taken towards ensuring flexibility and assurance in the labour market in 2016 in Turkey. With Law No. 6715, the opportunity to work remotely including teleworking and working from home, among flexible working forms, has been provided. With the same regulation, the legal legislation that authorized private employment agencies to establish temporary business relationships was implemented.

Remote work, which is among the flexible working forms, was not included in Labor Law No 4857 before 06/05/2016 when Law No 6715 came into effect. However, the assured flexibility model changed the title of Article 14 of the Labor Law No. 4857 as “Working on call and working remotely” with Article 2 of the relevant Law and introduced the concept of remote working to the Labor Law.

Part-time work is the oldest and most widely applied flexible working style. Part-time work arranged and defined in Law No 4857 as “*of the normal weekly working time of the employee if full-time employment of employees determined less significantly compared to the equivalent worker with the contract is a partial term contracts*”. In the Regulation on Working Times

Regarding Labor Law, it is evaluated that the work done up to two-thirds of the comparable work done with a full-time employment contract in the workplace will be defined as part-time work.

In this context with Law No. 6663, which entered into force as of 10 February 2016, working women were allowed to work part-time for 2 months for the first child, 4 months for the second child, and up to 6 months for the third child and others. Until the child reaches the compulsory primary education age, civil servant and working parents have been granted the right to work part-time for each child.

In the "*Women's Empowerment Strategy Document and Action Plan*" (2018-2023), which was prepared and implemented by the MoFLSS with the contribution and participation of all relevant parties, the issues of strengthening women's economic positions, supporting women's entrepreneurship, reconciling business and family life has been included as a policy area.

The studies on the subject between 2016-2019 are as follows:

- The Income Tax Law No. 6663, which entered into force as of 10 February 2016, introduces the following regulations regarding the personal rights of female employees and their parents.
 - The implementation of evaluating the time spent on an unpaid leave of civil servants due to birth in gradual progression has been introduced.
- Regulation of paid part-time work rights of employees due to birth;
 - With the regulation made, from the end of maternity leave, provided that the child survives, it has been made possible to work part-time for 2 months for the first child, 4 months for the second child, and 6 months for the third child and others.
 - One month is added to these periods for multiple births.
 - The right to work part-time for 12 months is granted in case the child is disabled.
 - For the workers, wages and bonus payments for the working periods will be paid by the employer.
 - The daily amount of half-time allowance for unworked periods is the gross amount of the daily minimum wage and is paid from the unemployment insurance fund.
 - Civil servants and workers will be able to start their current unpaid maternity leave at the end of their paid part-time work period.
 - A total of 79.493,962 TL was paid to 32,348 people who applied for part-time allowance between 2016 and 2020.
- Regulation of the part-time working rights of working parents;
 - Until the child reaches the compulsory primary school age, civil servant and working parents have been granted the right to work part-time for each child. In terms of business and human resource planning in the public and private sectors, one of the parents will be able to benefit from this right once for each child.

- Regulations regarding premature birth and leave rights in case of maternal death for workers;
 - With the regulation, in premature births, female civil servants have the right to extend maternity leave as much as the period of preterm birth.
 - As with civil servants, in the event of the death of the worker mother at birth or after birth, it was ensured that the father also benefits from remaining maternity leave rights.
- Leave rights have been regulated for the adopters;
 - In the case of adoption, it has been ensured to benefit relatively from the said permissions.
- With Law No 6663 the following secondary legislation arrangements have been introduced in order to ensure the unity of implementation in the use of leaves to be given to employees due to birth and adoption:
 - With the “Public Employees General Communiqué No. 6”, the use of leaves to be given by civil servants due to birth and adoption, including part-time leave, was regulated.
 - With the “Regulation on Partial-Term Work to be Performed After Maternity Leave or Unpaid Leave”, the leaves to be given to workers due to birth and adoption has been regulated.
- Within the scope of the "Program for the Protection of the Family and Dynamic Population Structure", the following issues have been legalized within the framework of the goal of harmonizing work and family life;
 - “Private kindergartens and day-care centers are exempt from income tax for five taxation periods starting from the first taxation period”
 - “Private kindergartens and daycare centers are exempt from corporate tax for five fiscal periods from the fiscal period in which they are active”.
- In accordance with the new arrangements in the Income Tax Law; the amount which the employer pays directly to the nurseries and kindergartens, not to exceed 50 percent of the monthly gross minimum wage for each child of female employees, will be exempt from income tax.

In addition to these; various projects are implemented in order to support women's employment and help ensure work-family life balance;

- ***The Project on Supporting Registered Employment of Women through Home Childcare Services (NANNY):*** In order to facilitate the return of women with young children to work life and support the registered employment of babysitters, beneficiaries who employ insured caregivers for childcare and meet other conditions of the project received 320 Euros per month. 11,327 mothers, 11,327 children and 15,232 babysitters benefited from the project with a total budget of 49.6 million Euros. Furthermore, 15,000 women have been covered by the social security system for the first time. The Project

was implemented between March 2015 and November 2017 in Antalya, Bursa, Izmir, Ankara and Istanbul.

- In October 2019, *The Project for Promoting Registered Women's Employment (INST-CARE)* was launched to ensure that 10,250 women, who have young children and at risk of moving away from employment due to their childcare responsibilities, participate in registered employment, return or remain in the labour market by supporting them in corporate child care. In this context, working women were paid with monthly support of 100 Euros for 24 months. The Project was implemented in Ankara, Antalya, Bursa, Elazığ, Istanbul, Izmir and Malatya.
- Within the scope of *the Support for Registered Women's Employment Project (EDU-CARE)* registered employment of 3,700 working mothers and trained child caretakers in Ankara, Istanbul and Izmir provinces was supported. The project started in November 2019. With this project, providing additional financial support to 6,000 childminders was planned provided that they complete their education. 300 Euros will be provided to beneficiary mothers for 32 months. In addition, one-off educational support up to 200 Euros will be given to 6,000 childminders.

During the COVID-19 pandemic, the payments made by İŞKUR continued and contributed to the protection of women's employment under the Half-Work Allowance after childbirth and adoption. The continuity of on-the-job training programs was supported by introducing the opportunity to work remotely for certain sectors and workplaces suitable for remote work in this process.

It was aimed to provide distance vocational training and in this way contribute to the employability and qualification of the workforce. In line with this goal, the first attempts were made within the framework of research and development activities to establish a distance education platform within İŞKUR.

Furthermore, the Remote Work Regulation setting out the procedures and principles of remote work was put into force on 10 March 2021 to better balance the work and family life of Women during the outbreak.

EUROPEAN SOCIAL CHARTER REPORT

ARTICLE 31

THE RIGHT TO HOUSING

Article 31 - The right to housing

Paragraph 3: With a view to ensuring the effective exercise of the right to housing, the Parties undertake to take measures to make the price of housing accessible to those without adequate resources.

Scope of the provisions as interpreted by the ECSR

An adequate supply of affordable housing must be ensured: through the appropriate measures for the provision of housing of an adequate standard, and through housing allowances, which is an individual right. Legal remedies must be available in case of refusal of the allowance.

RESPONSES TO THE FURTHER INFORMATION REQUESTS OF THE EUROPEAN COMMITTEE OF SOCIAL RIGHTS (ECSR)

Legislative Framework

Social housing

1- Information request on any existing case-law related with TOKI's activities and processes with respect to excessive waiting periods for the allocation of social housing and on the average waiting time for social housing

Time extension can be given by TOKI for the below-mentioned reasons;

- the termination of the business by the TOKI Administration due to financial difficulties or bankruptcy of the construction company,
- the duration of the lawsuits filed regarding these transactions,
- bureaucratic works and transactions that are not caused by the contractor,
- the periods between the supply tender and the assignment of the job to the new contractor,
- plan cancellation or changes,
- additional manufacturing and manufacturing changes,
- infrastructure problems arising from local governments.

In accordance with the 8th sub-paragraph of Article 15 titled "Conducting mediation Activity" of Law No:6325 on Mediation in Legal Disputes, a "Mediation Commission" was established within the Administration TOKI. The secretariat of the Mediation Commission is carried out by the Legal Consultancy Department of TOKI.

As mentioned in the previous report, activities and processes of TOKI are subject to judicial processes. If someone would like to apply for the judicial process against TOKI, he/she can

apply to the Mediation Commission of TOKI. If the Mediation Commission does not solve the claim application, he/she can appeal to the court.

In 2015, delivery periods for TOKI social houses were determined as 36 months in real estate sales contracts. Due to the late delivery of the houses, 21,289 of the lawsuits filed against TOKI were lost. TOKI has paid 130,479,519.35 TL compensation in 6 years (2009-2014).

Due to late delivery, defective and incomplete works, (2,746 in 2015 and 2,047 in 2016) total 4,793 lawsuit filed against TOKI were lost in 2 years (2015-2016) and (0,497,915 TL in 2015 and 8,137,525 TL in 2016) total of 18,635,000 TL compensation paid in these 2 years.

By the way, regarding the lawsuits filed by those who could not receive their houses on time, with the decision of the 13th Civil Chamber of the Court Cassation, the basis of 2010/2081 numbered 2010/9729, for all delays that occur since the delivery date declared in TOKI's contract; the rental fee payment will be paid to beneficiaries.

2-Information about the data on the demand for social houses constructed by TOKI and on the number of the beneficiaries who are granted such houses.

As of September 2019, the number of housing units in which TOKI started the production process in 3,724 construction sites in 81 provinces reached 847,954 and the number of social facilities reached 14,782 since 2003.

As of September 2020, 980,990 houses have been built by TOKI in 81 provinces and 4,082 construction sites since 2003.

Within the scope of TOKI's "50,000 Social Housing Project" in 2019, the number of houses that were tendered and in the tender process reached 49,150, and the project works of 6,676 houses continue.

With the coordination of the Ministry of Environment and Urbanization and the support of the Ministry of Treasury and Finance, "100 Thousand New Social Housing projects Every Year" have started in 2020. It is aimed by TOKI to produce every year new 100,000 houses with social and technical equipment within the scope of the Social Housing Program.

Within the scope of the "100,000 Social Housing Project", the number of houses that were tendered and in the tender process was 36,022 and the number of houses whose project works are ongoing was 37,451.

The number of residences, whose land and technical studies are continuing, reached 25,231. The number of residences, whose land and technical studies are continuing, reached 25,231.

In this context, the number of houses drawn in 7 months of 2020 for the 100,000 Social Housing Project was 89,627.

Housing benefits

3- Information on any existing case-law related with remedies for those who were refused support by social housing projects

The current demand for housing produced by TOKI largely outpaces supply. Every citizen who does not own a house has the right to apply for social housing. In case the demand exceeds the number of housing provided, rights holders are identified by a draw in the presence of a notary.

Implementations of the poor groups' projects are executed under the coordination of TOKI and the Ministry of Family, Labor and Social Services while TOKI only undertakes construction of the houses in those projects.

The concerned social solidarity foundations realize applications and all the following procedures. These projects seek the condition that the applicant him/herself, his/her spouse and the children under his/her custody have no real estate registered in his/her name with the land registry office. It is necessary that the applicants are not subject to the Social Security Organization. (In housing sales toward the poor groups, there is a condition of residence for the purchaser or his/her family until pay-off of the debt for the contracted house.)

In TOKI's social housing projects, disadvantaged groups (disabled, martyrs and disabled people, retirees) are given priority in certain ratios.

In housing sales realized by lottery:

- Martyr families, War and Duty Invalids and Widows and Orphans are offered a quota of 10% of the number of dwellings,
- Citizens with disabilities of at least 40% are offered a quota of 5% of the number of dwellings,
- Additionally, retired citizens are offered a quota of 25% of the total number of dwellings. In accordance with Law no. 7179 of 25/06/2019; in the scope of the rights granted to the ones performing their active military service as soldiers, the opportunity to benefit from the housing constructed by TOKI has been provided for those who do not have registered housing.

As mentioned in the previous report, due to the very high demand for TOKI properties, houses were sold to applicants through a lottery supervised by a public notary. If someone could not get the right for buying a house at the lottery, he/she gets his/her all advance payments back and he/she can apply next lottery for getting a social house.

All actions and processes of TOKI, as mentioned before, are subject to judicial proceedings but applying for the lottery does not establish a legal right that he/she will surely get the right for buying a house. Before the application, all applicants know that they will get the right to buy a social house as a result of the lottery which will be done in front of the notary. If someone has not got the right for buying a house by lottery there is no limit for new applications.

4- Information on whether nationals of other States Parties lawfully residing or working regularly in Turkey can apply for access to social housing projects by TOKI and, if not, whether other forms of house support or housing benefits are available to them.

TOKI, as a governmental organization, provided social houses for only Turkish citizens without any discrimination based on their origins and ethnics. Foreigners lawfully residing or working regularly in Turkey can apply for access to other forms of house support or housing benefits available to them. They are entitled to equal treatment with Turkish citizens regarding eligibility for non-profit housing by applying to cheap mortgage opportunities from state banks or private banks in order to buy a house in Turkey. In the last 5 years, (2015-2020) a total of 154,871 houses were sold to foreigners. Only in 2020, a total of 40,812 houses were sold to foreigners.

In accordance with Article 35 of the Land Registry Law No. 2644, amended by Law No. 6302, which entered into force on 18 May 2012, the condition of reciprocity for foreigners who wish to buy property in Turkey is abolished.

Persons with foreign nationality can buy any kind of property (house, business place, land, and field) within the legal restrictions.

With this amendment, citizens of 183 countries in Turkey, "regardless of the condition of reciprocity" are granted the right to acquire immovable property.