

SAY YES

The quarterly newsletter of UNICEF Turkey

Autumn 2002



Back to School Add a Little Salt

The Polio Endgame Supply on Demand

Can We Bank on Your Support?



unicef

IN THIS ISSUE

CALLING THE SHOTS ON POLIO

The development of vaccines to prevent polio was one of the major medical breakthroughs of the twentieth century — thanks to Dr Jonas Salk, pictured here, whose research led to the develop-



ment of the inactivated polio virus (IPV) in 1952 and, following tests, the first immunisation campaigns of 1955.

Dr Albert Sabin developed a live oral polio vaccine (OPV) in 1961 which was even cheaper to produce than the relatively inexpensive IPV making it ideal for use by public health programmes on National Immunisation Days (NIDs). OPVs have the additional benefit of 'passive' immunisation of persons in close contact with immunised children.

NIDs conducted since 1995 led to the 'zero' incidence of the wild virus in Turkey and the rest of Europe which resulted in the region's 'polio-free' certification this year.

A WHO and UNICEF measles elimination campaign similar to the successful polio campaign is proposed as a new global initiative.

Common measles is the leading cause of preventable childhood deaths worldwide.

See **The Polio Endgame**, page 4

GIRLS' SCHOOLING

At the time of Turkey's Demographic Health Survey in 1998 over 50% of girls had never enrolled for secondary education, 40% had not finished their primary education and 25% had never enrolled at all. Why? The answer is a complex of traditional mores and harsh economic realities where the development potential of young women and girls sadly comes second in favour of the family's short-term survival.

The Ministry of National Education in Turkey (MoNE) and UNICEF are determined to ensure that the situation is rectified before 2005 by:

- raising awareness at the provincial, village and community and familial levels of the importance of girls' education in terms of personal, social and economic development;
- promoting the fact that, as primary carers of the future, failure to educate girls will be detrimental to the health and well being of future generations;
- promoting child friendly learning environments in primary schools to better accommodate girls.

By convincing parents to send their daughters to school and increasing the commitment of community leaders, it is expected that the depressing statistics above will be turned around and that all girls will eventually complete their compulsory education.

See **Back to School**, page 5

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IDS

UNsung HEROES

As UNICEF works to improve every aspect of children's lives around the world, the question of supplies is never far behind any initiative. Educational programmes need books, paper, pens, toys — even schoolrooms. There are vaccines, medicines, and surgical equipment to acquire for our health programmes. Dispossessed people in disaster areas and war zones need to be clothed, fed and sheltered — often within a question of hours or days.

And where does it all come from?

Last year the Ankara Regional Procurement Centre secured and distributed goods to the value of US\$15 million mostly for Iraq and Afghanistan. At the crossroads of Europe, Asia and Africa, Ankara RPC also services the Central Eastern Europe and Commonwealth of Independent States and Baltics region.

See **Supply on Demand**, pages 6 & 7



IODISED SALT

Minute quantities of iodine are needed on a daily basis to ensure healthy growth. Iodine deficiency disorders (IDD) are the cause of myriad health problems in countries such as Turkey where the element is scarce. Children and unborn foetuses are especially vulnerable to physical and mental retardation of their development.

The solution is to introduce iodine to the food chain through the simple, inexpensive means of iodising salt. In order to ensure universal consumption of requisite amounts of the trace element, iodisation of table salt was made compulsory in Turkey in 1998.

A recent survey by METU shows that although 64% of households now use iodised salt, there remains a need to:

- improve distribution of iodised salt;
- further educate families on the benefits of iodised salt;
- promote iodised salt content on packaging to maximise usage.

If the current rate of progress is sustained, it is expected that IDD in children will be eliminated by 2005.

See *Add a Little Salt*, pages 8 & 9

FUNDING

At UNICEF Turkey, we are confident that the goals we set for 2005 are well on their way to being met.

As always, we are looking to our donors for support to ensure that our projects and initiatives in Turkey are sufficiently funded in order to succeed.

A broad outline of our unfunded projects is featured on the inside back pages of this issue. We can also send you a copy of our Donor Funding Catalogue (see **Recent Publications** on page 12) which details the particular goals, objectives and strategies of each project and the budgets required to make them work for Turkey's children.

If you've already decided to make a contribution, the full details of UNICEF Turkey's National Committee Offices in Ankara and İstanbul are also printed on the back page (see **UNICEF Donors**).

They'll be happy to hear from you.

Can We Bank on Your Support? pp 10 & 11

EDITORIAL



There is global recognition that education is the key to human development, poverty reduction and peace. Yet, millions of children are denied their right to quality education. At any given time around the world, there are one hundred and twenty-five million children who have never seen the inside of a classroom. And most of those children are girls. The same is true in Turkey, where the majority of children not attending school are girls. UNICEF's work is geared towards ensuring that all children realise their right to a quality education, and that every learner,

boy or girl, has the opportunity to develop to his or her full potential. Girls' education is a priority for UNICEF because quality education for girls equals quality education for boys.

Education for girls not only helps the girls themselves but it also benefits the children they will bear in future life. The more educated the woman, the healthier and happier she and her family will be. More children will be better nourished and fewer infants will die prematurely. More girls and women will enjoy the full range of their rights and their families will be better off as a consequence. More women will marry later and have fewer children. We will see many of these women serving in leadership roles, being actively involved in financial decision-making and contributing to social policy from the unique perspective of their gender.

A good basic education can transform an individual, a family, a community, and eventually a nation. However, simply attending school is not enough. The quality of education the child receives at school — what he or she actually learns and how it is taught — is just as important as the access. Access without quality is no kind of access at all.

So we are faced with yet another challenge: to step up the quality of the 'input' in order to ensure the quality of the 'outcome'.

In Turkey, UNICEF and others, notably the European Union and the World Bank, are working with the Ministry of National Education on these issues of access and quality. Fuelled by political support and public demand, the signs are promising that before long not a single girl or boy in the country will be denied their right to a quality basic education.

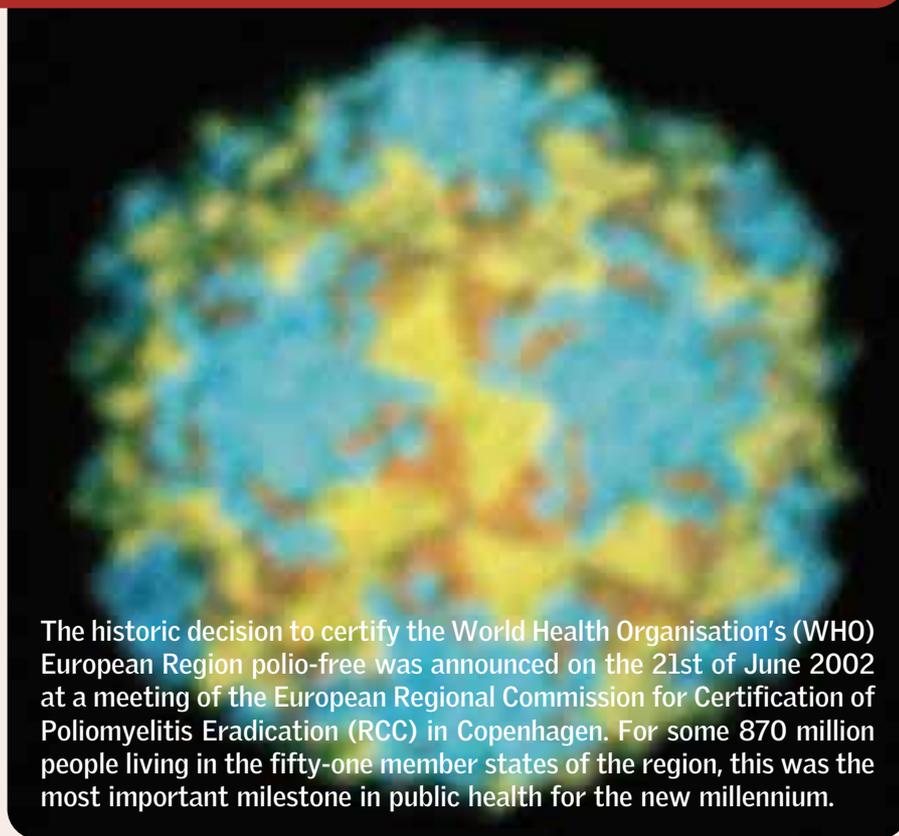
But let's step on the accelerator and reach that goal sooner rather than later.

A handwritten signature in blue ink, appearing to read 'E. McLoughney', written over a white background.

Edmond McLoughney
UNICEF Representative, Turkey

Note: We very much like to hear readers reactions to the newsletter, so please feel free to contact us with your comments and suggestions.

THE POLIO ENDGAME



The historic decision to certify the World Health Organisation's (WHO) European Region polio-free was announced on the 21st of June 2002 at a meeting of the European Regional Commission for Certification of Poliomyelitis Eradication (RCC) in Copenhagen. For some 870 million people living in the fifty-one member states of the region, this was the most important milestone in public health for the new millennium.

"This is a tremendous achievement in the global effort to eradicate polio. To get where we are today required the full commitment and cooperation of each of our fifty-one Member States, the hard work of public health workers in the field and the firm support of international partners in coordination with WHO" declared Dr Marc Danzon, WHO Regional Director for Europe.

The European Region has in fact been free of polio myelitis for over three years. Europe's last case of indigenous wild poliomyelitis occurred in eastern Turkey in 1998, when a two-year-old boy who had not been vaccinated was paralysed by the virus.

Eradication

The path to a polio-free Europe began in 1988, following the call of the World Health Assembly to eradicate polio. A partnership was set up by WHO, Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF to free the world of the disease.

Success in Europe was achieved through unprecedented coordinated national immunisation campaigns. Sixty million children under five years of age

received two extra doses of polio vaccine every year between 1995 and 1998. Since 1997, there were special door-to-door mass vaccinations in the high-risk areas. Supplementary vaccination campaigns continued in high-risk countries through 2002.

The synchronisation of immunisation days between neighbouring countries has become a model for the eradication of polio globally.

Certification

An independent panel of experts who make up the RCC has been engaged in the formal certification process in Europe since 1996.

Before certification could be declared, the RCC had to scrutinise surveillance data and the evidence of national certification committees. In addition, the RCC received firm commitments from all ministries of health that immunisation and surveillance of the disease would continue.

"Excellent surveillance for acute flaccid paralysis is an essential tool in regional certification and in the global initiative to eradicate polio. It provides the exact location and age of every child stricken with polio, guiding immediate

immunisation responses," said Dr David Fleming, Acting Director of the CDC.

"In Europe and elsewhere we have worked to reach children living in some of the most difficult conditions imaginable, including conflict-affected areas," said Philip O'Brien, UNICEF Regional Director for Central and Eastern Europe. "This unprecedented effort, which has been rewarded today with European certification, must be continued until we reach children everywhere with polio vaccine."

Sustaining surveillance will be vital in guarding against the ongoing threat of importations.

In Turkey, polio eradication activities have been ongoing since 1989. In 1995, in order to halt circulation of the virus, National Immunisation Days (NIDs) were initiated and 6.5 million children have been immunised each year since.

In addition, all cases of immediate paralysis in childhood have been closely monitored through clinical and laboratory tests in order to find out whether the polio virus was the cause.

No case of polio has been reported since November 1998 in Turkey.

MEMBER STATES OF THE WHO EUROPEAN REGION

Albania; Andorra; Armenia; Austria; Azerbaijan; Belarus; Belgium; Bosnia and Herzegovina; Bulgaria; Croatia; The Czech Republic; Denmark; Estonia; Finland; France; Georgia; Germany; Greece; Hungary; Iceland; Ireland; Italy; Israel; Kazakhstan; Kyrgyzstan; Latvia; Lithuania; Luxembourg; The Former Yugoslavian Republic of Macedonia; Malta; Monaco; The Netherlands; Norway; Poland; The Republic of Moldova; Romania; The Russian Federation; San Marino; The Slovak Republic; Slovenia; Spain; Sweden; Switzerland; Tajikistan; Turkey; Turkmenistan; Ukraine; The United Kingdom; Uzbekistan; Yugoslavia

BACK TO SCHOOL



The Summer is over and children almost everywhere are going back to school. In Turkey, sixteen million children resumed studies on the sixteenth of September. However, there are many who didn't and most of those are girls. Economic hardship and the traditional view that a girl's education is unimportant are major factors. The latest figures from Research Planning and Coordination at MoNE show that the schooling rate for women is 85.4%.

This year, more than ninety-five million signatures were collected globally by the 'Say Yes for Children' campaign and subsequently delivered to the 2002 UN Special Session on Children demonstrating the popular desire for 'A World Fit for Children'. Turkey submitted sixteen million of those signatures — the highest number per capita of any population in the world — a tremendous measure of the weight of popular support for the Campaign's objectives in this country.

Accordingly, world leaders renewed their commitment to create 'A World Fit for Children' during the UN Special Session on Children.

Among the ten imperatives of the campaign, 'Educate Every Child' was identified as the top priority in Turkey as well as being the top global priority. It is easy to conclude from this that worldwide, commitment to education is stronger today than it has ever been: education is seen to be the key to human development, poverty reduction

and the promotion of peace. However, for millions of children who are still denied their right to a quality education, this commitment remains to be proven.

UNICEF's work is geared towards ensuring that all children realise this right and that each child has the opportunity to develop to his or her full potential. "For UNICEF, girls' education is a top priority. Our goal is quality education for all children, and we believe that a focus on girls is the best way to reach that goal" said Edmond McLoughney, the UNICEF Country Representative.

The collateral benefits of ensuring that girls receive an education reach far beyond the immediate benefits to the girls themselves:

- Educated females have greater opportunities and life choices. They have a greater voice in family and community affairs and are more likely to participate in political, social and economic decision making.

- Educated girls are more likely to marry and have children at a later age — because they choose to.
- An educated girl will have a better chance at finding a job and contributing to the family's economy, benefiting individual and household earnings, and helping to stimulate economic growth.
- Educated mothers are more likely to send all their children, both boys and girls, to school.
- Educated girls tend to have fewer and healthier children — child mortality rates drop.
- Educated girls have healthier pregnancies, reducing maternal mortality rates.

In UNICEF's experience, this focus on girls has proven to be at least as beneficial to boys as well. Calling all parents to take action now, Mr. McLoughney said that "it is our responsibility as mothers, fathers, teachers, imams, politicians, and for people in authority at all levels to make sure that girls enroll in schools and complete their compulsory education".

SUPPLY ON DEMAND

Access to basic social services such as education, health, water and sanitation in times of peace and times of war is a fundamental right of children everywhere. This is the heart of UNICEF's international mandate for the protection of children's rights and in countries the world over, UNICEF supplies reinforce this principle by ensuring that children have these necessary services. During the course of 2001, procurement of supplies throughout the world reached an unprecedented US\$596 million.

Overseeing global procurement for UNICEF, Supply Division (SD) is one of the largest, most technically advanced procurement agencies in the United Nations system. SD operates from its central office in Copenhagen, UNICEF headquarters in New York and from Regional Procurement Centres (RPCs) based in Ankara and Pretoria.

In order to reinforce flexibility and speed its response to need, UNICEF continues to decentralise procurement through its Country Offices. The result is that eight of the top twenty supplier countries are also countries where UNICEF supports programmes for children. High quality standards are maintained and reciprocal benefits to local economies of increased production and job-creation are a bonus.

Country Offices can purchase goods such as water and sanitation equipment, information technology, office and educational materials and print to the value of US\$50,000 without prior authorisation from the Director of Supply Division. However, for more substantial resources with commensurately larger budgets, Country Offices rely on the services of SD and the RPCs.

During 2001, the RPC in Ankara continued to expand, providing a wide range of supplies to UNICEF Country Offices in the Middle East and Asia. The total value of procurement by the Ankara RPC almost reached the US\$15 million mark.

The Oil for Food Programme

Last year, the greater part of the Ankara RPC's activities were focused on the Oil for Food Programme (OFFP). The OFFP provides an oil for food formula designed as a "temporary measure to provide for the humanitarian needs of the Iraqi people" in the face of continuing Sanctions.

The major strengths of UNICEF's activities in Iraq include the ability to conduct and disseminate the results of credible studies and surveys, capacity building and flexibility to respond to changing and emerging needs. Ankara

RPC has a vital role in servicing this response to need.

Under the 1996 Memorandum of Understanding (MOU) between the UN and the Government of Iraq, the OFFP operates and monitors initiatives in:

- Water and Sanitation;
- Primary Education;
- Nutrition;
- Primary Health Care;
- Children in Need of Special Protection;

Last year, the total value of supplies procured for the programme through Ankara RPC totalled US\$10.5 million.

Back to School in Afghanistan

At the end of 2001, following twenty years of war and a subsequent three years of drought, the people of Afghanistan were imperilled by the onset of a harsh winter and the disruptive effects of further military action. UNICEF was one of the first



United Nations agencies to deliver emergency supplies to the beleaguered country, initially focusing on the most vulnerable women and children.

Anticipating the severe effects of the coming winter on the newly homeless population Ankara RPC obtained 7,500 semi-winterised tents within the space of six weeks. Other essential supplies procured within Turkey included: 180 tonnes of high-energy biscuits; cooking utensils; winter boots and jackets; blankets, school kits and generators.

ARPC continues to procure educational items for the new Afghan administration's Back to School campaign (BTS) which is organising an entire curriculum and educational structure from scratch.

In order to avoid the severe Winter conditions, school year in Afghanistan traditionally begins in Spring. In early 2002, over 7,000 tonnes of educational materials including books, blackboards, pencils, jotters, teaching aids and tents for use as temporary classrooms were delivered to virtually every school in the

country. By opening day, 93% of 3,000 schools were supplied with materials — UNICEF's most extensive logistical effort ever in support of education.

Between 1.5 and 2 million children returned to school. For many of them, it was their visit to a formal classroom in six years. BTS is currently in its second phase, procurement having reached the US\$3.8 million mark, and Phase III will be completed by the end of March, 2003 when supplies of school kits will have been distributed through the Kabul Centre.

Emergency procurement through the Ankara RPC was valued at US\$3.5 million for Afghanistan last year.

At Home

On an ongoing basis, the Ankara RPC works locally with the Turkish Government to obtain medical supplies and vaccines for the Ministry of Health.

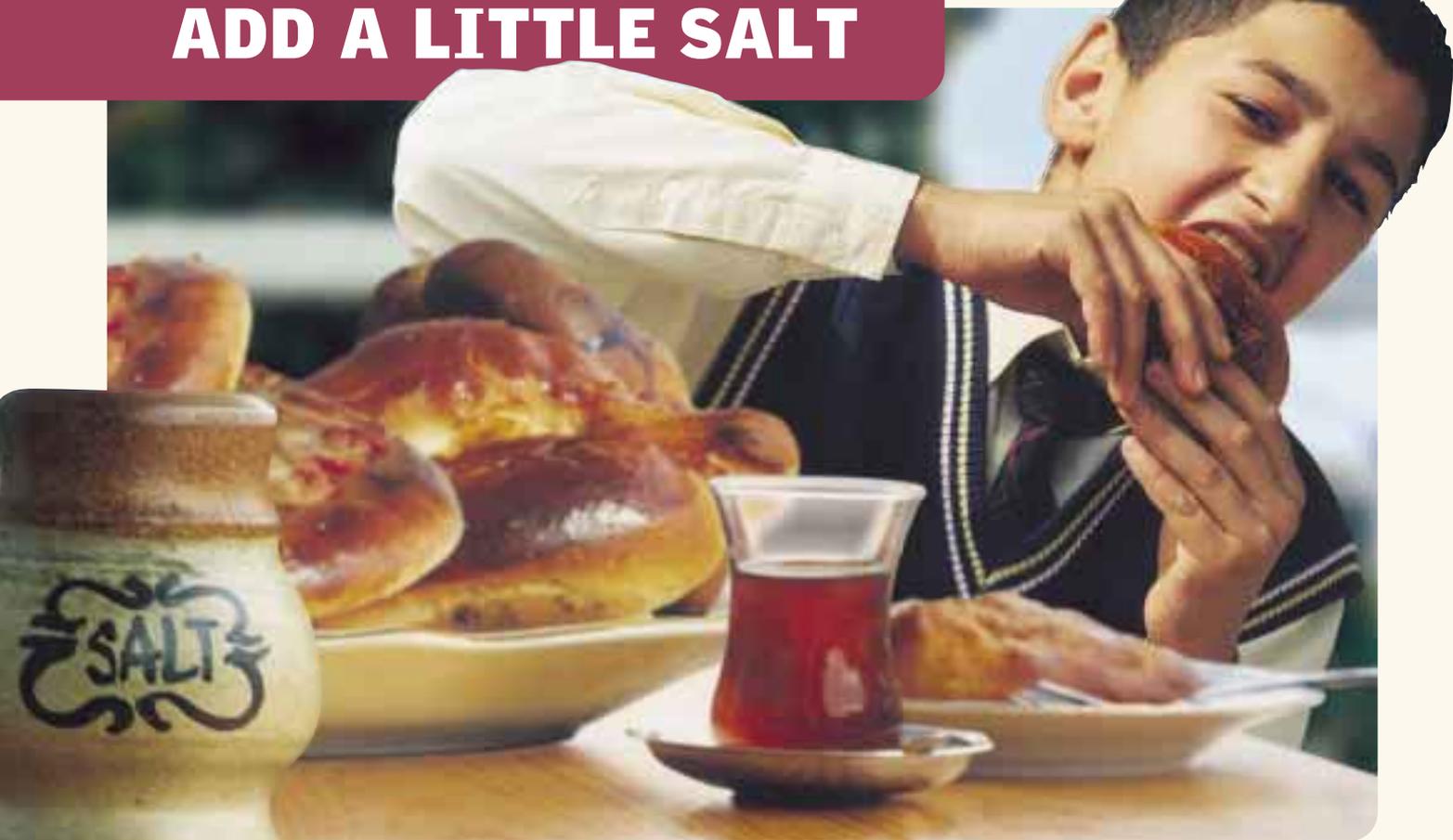
Since all items procured by the Ankara RPC are made in Turkey, efforts were made to improve understanding of UNICEF procurement procedures by the corporate sector here. Many new suppliers such as manufacturers of educational and building materials have been added to the list of qualified suppliers as a direct result of the initiative.

It is expected that Turkey's competitive manufacturing capacity, well-established logistics infrastructure and its location at the crossroads of three continents will be continue to be an advantageous supply and delivery source for UNICEF.

Children in Sakarya Province, Turkey, help to distribute bedding supplies following the second Marmara earthquake in November, 1999.



ADD A LITTLE SALT



When used instead of normal salt, iodised salt is no different in terms of taste or appearance and it is the most effective way to ensure that children and adults obtain regular amounts of this vital element. (UNICEF does not advocate finishing the entire plate on your own, Haydar!)

A teaspoonful of the trace element iodine is all that anyone needs in a lifetime. However, a deficiency at critical stages of development remains the world's single most important and preventable cause of mental retardation. Iodine deficiency will cause learning difficulties in a child — even a marginal deficiency will reduce mental development by as much as 10%. — and continue into adulthood where it will affect the ability to work effectively.

Because the body is unable to store iodine, tiny amounts are required on a regular basis through the consumption of animal products, fruit and vegetables. Since the element is found in soil, Iodine Deficiency Disorders (IDD) will occur if a diet is based on the produce of regions where the element is scarce.

The solution to the problem of IDD is both simple and inexpensive: food fortification through iodised salt. Since salt is universally consumed on a regular basis, iodised salt has proven to be a highly successful and sustainable intervention. The specially treated salt is no different to regular salt in terms of taste and appearance and the technology required to treat salt with iodine is simple and cheap to run. It is the only long term, sustainable solution which will guarantee an entire population the requisite quantities of iodine in their diet to keep them healthy.

Compulsory Iodisation of Salt

The Iodine Deficiency Disorders and Salt Iodisation Programme was launched in 1994 in cooperation with UNICEF Turkey. The objectives of the Programme are to:

- eliminate IDD amongst children and reduce them by a third amongst adults by the year 2005;
- cooperate with salt producers to ensure that all salt produced and consumed in the country is iodised;
- inform and train the public;
- preserve the content of iodised salt in production and consumption;
- develop an active monitoring system for the programme.

Compulsory iodisation of salt has been required by law since 1998 in Turkey. However, although the quantity

of iodised salt on the market is known, there have been insufficient statistics about its usage to date since it is still not uniformly available throughout the country and of course usage varies according to individual tastes.

Who is using Iodised Salt?

Together with UNICEF, the Ministry of Health, Mother and Child Health and the Family Planning General Directorate, The Middle East Technical University, Ankara (METU) conducted the 'National Household Iodised Salt Consumption Survey'. The objective of the survey was to measure usage throughout various strata of society, using a nationally representative sample group.

Because properly iodised salt is not always labelled as such and regular salt has on occasion been wrongly labelled as being iodised, checks using test kits were used to verify samples used by surveyed households. Initial results yielded encouraging signs that the Salt Iodisation Programme has been effective.

Of those households which took part in the METU Survey, 64% use iodised salt. In urban areas, usage is 70%

whereas it is roughly half of that in rural areas. Overall, usage varied between as much as 34 years and a very few months.

On a regional basis, the timescale of the scheme appears to be a factor: in Marmara, where usage is highest at 77%, the scheme has been operating for the longest period, whereas usage is less than half of that again in the southeastern provinces of Anatolia where the scheme has been operating for a comparatively short time.

Distribution is another factor: 96% of households in Kırklareli in the north west used iodised salt, for instance, whereas only 6% of the sample group from Adıyaman in the southeast did — a marked difference.

Education plays a part: when asked the reasons why they use iodised salt, 30% said it was generally healthier, 25% specifically mentioned prevention of goitre and 14% could not say. Of those who do not use iodised salt, 36% did not know what it is for, 24% found it expensive and 18% said that it is useless. More than half of the non-user households were unaware or did not know enough about the benefits.

Patterns of Consumption

A clear picture of eating habits and methods of food preparation is crucial to understanding how people may be encouraged to use iodised salt. Salt is introduced at the earliest links of the food chain and traditional as well as modern methods of animal husbandry determine not only the type of salt consumed but also the quantity.

The varied characteristics of cuisine from one region to another in a country as large as Turkey are also worth noting. While it is relatively easy to ascertain the nature and quantities of salt used by manufacturers, foodstuffs such as pickles, tomato paste and breads which are commonly prepared at home are less easy to analyse. It is fairly certain, however, that the majority of households use non-iodised food industry salt in the preparation of such foodstuffs.

Analysis of individual preferences and knowledge of the benefits helps to fill the picture of those who still need further encouragement to use iodised

IODINE DEFICIENCY DISORDERS

Human beings, especially unborn foetuses and young children, need iodine for the production of thyroid hormones. Even a moderate deficiency of this essential trace element will affect the production of hormones and therefore the functions and development of various systems in the body. The most pronounced effect of iodine deficiency will be on the brain.

IN THE WOMB

Abortions; stillbirths; congenital anomalies; neurological cretinism; myxoedematous cretinism; psychomotor defects; increased neonatal mortality.

IN CHILDHOOD AND ADOLESCENCE

Juvenile hypothyroidism; impaired mental function; retarded mental and physical development; diminished academic performance.

IN ADULTHOOD

Goitre and complications thereof; hypothyroidism; impaired mental function.

salt. Over 40% of those aged between 20 and 64 years use it. The figure is relatively higher for the sub-group between 40 and 64 years, possibly because they are more sensitive to health issues. Over 65s tend to be most resistant to using iodised salt.

iodised salt. Working people are more likely to use iodised salt than the unemployed, which follows, since employment tends to be related to levels of education. This is an important issue since most of the respondents were women, the majority of whom were not employed.



Logo designed to emphasise iodised salt content and its benefits on packaging. The byline reads: "For healthy and clever generations — USE IODISED SALT".

There is a strong linear relationship between education and iodised salt usage: the higher the level of education, the more likely an individual will be to use

Spreading the Word

Issues of production and distribution are foremost in the initiative to ensure that iodised salt is universally available. After that, educational programmes geared to make people aware of the detrimental nature of iodine deficiency and the advantages of iodised salt are paramount.

It is clear from the fieldwork that if the importance of iodised salt is explained properly, there is immediate acceptance. Understanding the need to use iodised salt will induce the customer to demand it and hence manufacturers will have to supply it.

Programmes to be launched in Primary schools will reinforce efforts to increase popular awareness. It is hoped that cooperation with the Social Solidarity Fund which provides food to school-age children will prove beneficial. Children can be persuaded to take samples of iodised salt home, helping the parents and children who are the most vulnerable group to become aware of the hazards of IDD.

CAN WE BANK ON YOUR SUPPORT?

THE FAMILY AND CHILD TRAINING PROGRAMME

Ensuring every child's right to reach their full potential

Effective childcare practices are vital to a child's healthy development. The child may be physically healthy and socially and mentally alert only if it's development is ensured at home, in the neighbourhood and at school.

The child must be regarded holistically — as a whole being. Childcare services tend to be delivered on sectoral lines such as welfare, health, education and social protection. Cooperation between sectors is essential if gaps in services and duplication of work are to be avoided and resources maximised.

Total cost US\$1,100,000

UNICEF has been active in Turkey since 1951 when our first mission was to deliver free milk to schools. Guided by the Convention on the Rights of the Child, the focus of our activities has since evolved into a more holistic approach to child survival, development and protection. We are working with the Turkish Government to ensure that projects and services to benefit children reflect their needs as whole beings whose survival, growth, psychosocial and cognitive development are intertwined and interdependent.

Significant progress has been made over the past decade in Turkey such as:

- a dramatic fall in maternal and infant mortality rates;
- a reduction in child labour of 50%;
- the extension of compulsory education from 5 to 8 years which resulted in a 30% increase in school enrolment when it was introduced;
- polio-free certification for Turkey in 2002 after three polio-free years.

The challenge remains to sustain this rate of progress and go still further. We are committed to ensuring the best for children at all stages of their develop-

ment. Six of our unfunded programmes and projects are outlined here.

Your support is vital to the success of these and future projects by UNICEF in Turkey.

In order to guarantee basic rights for all of Turkey's children, UNICEF not only depends on the support of Governments and UNICEF National Committees but also the support of individuals and private organisations.

To find out how to make a donation, see **UNICEF Donors** on the back page.

ADVOCACY CAMPAIGN FOR GIRLS EDUCATION

Ensuring education for all

Gender gaps in education in Turkey are significant, particularly in eastern Anatolia and the southeast. Although education is free, books, uniforms and materials cost. Many families suffering severe economic hardship need the contribution from a child's labour. When both parents work, older children, usually girls, have to look after the younger ones.

Girls' education is traditionally seen to be unimportant and many families are reluctant to send their daughters to co-educational schools or schools which are a long distance away once they reach puberty. This project aims to raise awareness of the importance of education for girls and to convince parents to send their daughters to school.

**Total cost over three years
US\$320,000**



BREASTFEEDING PRACTICES

The best start in life for every child

Breastfeeding is one of the most effective ways of preventing infant mortality and it should be initiated immediately after birth.

With all the nutrients a baby needs to stay healthy and grow, breastmilk is the ideal food for the first six months of life, protecting it from diarrhoea and acute respiratory infections (the main causes of infant death) and stimulating the immune system. It contains hundreds of health enhancing antibodies and enzymes which make the child less prone to childhood allergies, cancers, gastrointestinal illnesses, pneumonia, asthma, diabetes and infections which could damage their hearing. Breastfed children tend to have higher IQs and studies show that it promotes neurological development.

Yearly cost US\$750,000

EMERGENCY AND DISASTER PREPAREDNESS

Ensuring children are first to be protected

Since 1950, there have been nineteen earthquakes in Turkey measuring over 7 on the Richter scale. In 1999, the devastation caused by the earthquakes in the Marmara region highlighted the need for systems which could cope with such emergencies and minimise their after effects. In anticipation of another such emergency, the Turkish Emergency Management Administration was established to make the necessary preparations for effective countrywide management and co-ordination of search, rescue and aid activities in the aftermath.

The project aims to support and build on Government initiatives to develop and implement an Emergency and Disaster Preparedness Programme.

Yearly cost US\$1,100,000

IMMUNISATION PROGRAMME

Protection against disease for every child

In Turkey, immunisation rates for Tuberculosis, Diphtheria, Pertussis, Tetanus, Hepatitis B and Measles are all below regional level. These diseases can easily kill children yet all are preventable with immunisation.

The programme aims to vaccinate 90% of babies under one year old and eliminate Measles, the leading cause of preventable childhood deaths worldwide. Of all health interventions, measles immunisation saves more lives per unit cost.

Although Turkey is now polio-free, it is critical that vaccination against the disease continues since the virus is still a potential threat from neighbouring countries. It is equally vital to use this experience against other preventable diseases.

Total cost US\$5,495,000

PROTECTION OF CHILDREN LIVING AND/OR WORKING ON THE STREETS

Protecting the rights of every child

The phenomenon of children living and/or working on the streets goes well beyond economic privation.

The number of children living and working on the streets has markedly increased in recent years. Some run away from abusive homes only to find themselves in an even more abusive environment. Many who work, or are forced to work on the streets, live with their families. Exposure to disease, malnutrition and physical and sexual abuse is a major risk. Most fall out of the education system and many of them are forced to resort to criminal activities in order to survive.

The project aims to provide a safe environment for such children and to equip them with the skills necessary to reintegrate into society.

Total cost US\$91,500

PLEASE REMEMBER THAT NONE OF THESE VITAL ACTIVITIES WOULD BE POSSIBLE WITHOUT YOUR MUCH NEEDED SUPPORT

Along with our partners in Turkey, UNICEF is determined to secure a bright future for all Turkish children.

Every penny, each red cent — her kuruş — is appreciated and UNICEF Turkey will make sure that your contribution counts in our mission to confront and address the issues facing Turkish children in the twenty-first century. With the highest number of annual births in Europe, the need to ensure that basic health, welfare and education services are maintained for future generations has never been more pressing.

Your generosity will empower us to meet that need.

unicef

unicef TURKEY



GOALS FOR 2005

- To reduce the Infant Mortality Rate from 42.7‰ to 20‰.
- To reduce the Maternal Mortality Rate by 50%.
- To increase the rates of exclusive breastfeeding.
- To eliminate Iodine Deficiency Disorders in children.
- To expand the Family and Child Training Programme (FACT) to reach 3 million families.
- To reduce female illiteracy to half of the 1999 rate.
- To improve the health and development of adolescents.
- To significantly minimise the ratio of children in need of special protection.
- To build local capacity in social monitoring and planning for children and women.
- To ensure that Turkey's legislation is fully compliant with CRC/CEDAW.
- To have a sustainable, interactive Child, Women and Youth Information Network.
- To respond to the needs of children and women during and after emergencies.

RECENT PUBLICATIONS

Copies may be obtained free of charge on request from **UNICEF Turkey, Birlik Mahallesi No.11, 2. Cadde, 06610 Çankaya, Ankara, Turkey**

Donor Funding Catalogue

A brief description of unfunded UNICEF projects in Turkey detailing budgetary requirements for donor reference.

We The Children

Landmark report by the UN Secretary-General, Kofi Annan.

Say Yes, February 2002

First issue of this newsletter featuring the 'Say Yes for Children' Campaign.

Say Yes, Spring 2002

Featuring the UN Special Session on

Children and an interview with Minister Responsible for Women and Children, Hasan Gemici.

Turkey's Children

General information about Turkey, outlining progress made in healthcare, education and children's rights by UNICEF and its partners.

Say Yes, July 2002

Reporting on the UN Special Session, the FIFA/UNICEF Alliance and the Turkish Children's Rights Coalition.

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