

Urban Basic Service for Mothers and Children in Peri-urban Neighborhoods Turkey

Keywords: [Women & Gender equality](#)

[Social Exclusion/Integration](#)

Background

High rates of urbanization and a rapidly increasing mass of urban poor justified an Urban Basic Services (UBS) programme in Turkey.

The Ahatli Project on UBS started in mid 1989, in a pilot area of Antalya City. The rationale in which the project was based was an ever-increasing concentration of children and mothers in urban areas, with low-quality of life indicators. Drawbacks in the development policies, traditionally emphasizing the rural setting and building of massive engineering projects led to single out as a prime goal of this project, a self-sustaining model of participatory development, sustained by intersectoral collaboration.

The mother and child health and establishment of a social infrastructure for participation were the initial components which evolved in 1990 into a multi-focal project, with additional components of environmental upgrading and income generation.

Antalya project officially finalized in 1994. After five years of implementation the project is matured to serve as a model for urban area based projects in Turkey and being followed by Ankara project which is still being implementing in the squatter areas of Ankara Turkey.

Narrative

Concerned about the situation of mothers and children in Antalya squatter areas, the Governor of Antalya, his wife, a Professor of Public Health herself, and the Health Director of Antalya initiated jointly with UNICEF, the Ahatli pilot project in 1989. The primary goal of the project was to create a self-sustaining model of participatory community development.

A Rapid Anthropological Study (RAS) has laid the founding blocks of a grassroots development initiative by identifying the potential men and women actors and training them in micro-planning in the summer of 1989. Upon the completion of the RAS, a core group of 30 women, later to be called the Human Development Volunteers (HDAs) continued to be active. Facilitated by two Health Centre doctors and a Social Worker, the women volunteers took big strides in improving themselves and their immediate environment, while a majority of men remained indifferent.

The establishment of the Urban Information House (UIH), manned by one Social Worker, has fostered the gecekondu women's access to urban institutions such as hospitals, schools, the governorate and the municipality, from which they are normally intimidated. The UIH has also been the symbol of community dynamism, as it became the meeting place of HDVs and the community leaders.

In 1991 an "Intersectoral Committee for the Children of the Gecekondu (Squatter)" was formed and chaired by the governor at the city level. Parallel to this committee a "Field Implementation Committee" is also established which included the Health Centre doctors, school teachers, community leaders and HDVs.

The Environmental Upgrading and Mother and Child Health components of the project have been strengthened by the HDVs who monitored also certain indices and help to change the existing traditional health practices.

The project run on a modest level of funding ranging between US\$ 70-150,000 per year. Qualitative inputs are also noteworthy and proved already the signs of the sustainability since the external aid was finalized by end of 1994.

Using the existing legal frame in the country, the Ahatli Health Centre Association is established with the aim of raising funds for essential drugs. The Agricultural Development Cooperative of Ahatli, which was not functioning for years is strengthened so as to attain self-sufficiency of income-generation activities.

Impact

- 70% of decisions are taken by women
- weekly meetings by community members
- 80% of decisions met in those meetings are followed-up
- 180 women are trained on monitoring their environment
- 45 activities are initiated and finalized
- 450 women graduated from literacy courses
- 75% immunization rate accomplished
- Pneumonia cases reduced to 30%
- Proportion of contraceptive users increased to 70%
- Average ante-natal consultancy increased to 4.7
- Compliance to drug prescriptions increased to 74%
- Malnutrition cases decreased
- 620 women/girls trained by Non-formal education courses
- 70% of women generating income after training
- 300 jobs found for women
- 90% of households now receive potable water
- 80% of households have sanitary latrines

Sustainability

As of 1996, five basic components (Social Infrastructure, Primary Health Care, Growth Monitoring, Nutrition, Environmental Upgrading, and Income

Generation) of the project are still being taken care of the community members and especially the HDVs.

Although the external aid is cut-off as of end 1994, the number of HDVs reached to 300 and they are still monitoring their environment regarding health problems, growth monitoring, receiving birth certificates, channeling the children to schools, and prevention of environmental pollution, etc. Garbage control and use of environmental resources are also being monitored by HDVs.

A library for toys is established for the use of kids, and the adult illiterates are given literacy courses organized by the Non-formal Education Directorate upon the request of the community members.

Under the organization of the Cooperative the women are producing school uniforms and generating income.

The project by the support of the governorate is expanded to other squatter areas of Antalya and being also implemented in the city of Ankara.

For the institutional framework, the necessary managerial bodies are established at the city and field level, changes in the legislative structure are achieved regarding the establishment of Community Centers, and the urban-peri urban differences are included in the monitoring of the community dynamics surveys being held in the metropolis of the country.

Indicators

Under 6 various components a total of 35 indicators are used to measure the change in the project areas. 6th component is only being used in Ankara project since the number of street children in this city is quite remarkable.

SOCIAL INFRASTRUCTURE

- Frequency and nature of decisions taken by core groups of women & men
- Proportion of decision taken by women
- Frequency of meetings at field level
- Follow-up after meetings
- Number of women trained by social worker
- Number of activities initiated and finished

MOTHER & CHILD HEALTH

- Immunization coverage rate
- Prevalence of ARI and DD by degrees
- Number of mild ARI and DD treated at home
- Number of pills, IUD, condom users
- Prevalence of anemia in pregnant women
- Average number of ante-natal consultation per pregnancy
- Number of accidents due to indoors or outdoors
- Number of visits to Health centre
- Compliance to drugs prescriptions
- Number of children with parasites

GROWTH MONITORING

- Standard weight & height for age of infants and preschool children
- Number of children with mild, moderate and severe malnutrition
- Children visits by midwives, community volunteers

INCOME GENERATION

- Number of households below poverty level
- Number of activities carried out by the intersectoral core group
- Number of girls and women graduated from training courses
- Units of locally produces good sold by women
- Number of girls and women generating income before and after training
- Number of jobs found

ENVIRONMENTAL UPGRADING

- Number of families which have and use clean potable water
- Number of families which have sanitary latrines
- Incidence of environment related causes of morbidity
- Number of trees planted and survived

GECEKONDU CHILDREN

- Number of children receiving care through day-care centre
- Trained and placed number of street and working children
- Number of women/parent attending workshops
- Number of vocational courses
- Number of children with certificates and decent business
- Number of extension workers trained.

IMPACT : 380,000 beneficiaries by 1995.

The other indicators on sustainability and success are described above and in previous questions.

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