

YALOVA CITY HEALTH PLAN

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Following documents are attached to The Yalova City Health Plan:

1. Yalova City Council Regulations
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Gratification

The Yalova City Health Plan has been prepared in order to enable the maximum level of participation by the community and various sectors. The platform for the preparation of the plan is the Yalova Town Council, it is where participation is made possible. In relation to this we would like to thank the following persons for making this platform possible, Nihat OZGOL the Town Council's President, the Local Agenda 21 Town Coordinator Mayor Yakup KOCAL and the Town Assembly and Local Agenda 21 General Secretary Mehmet ASLIYUREK; in addition for their support and contribution during the various stages of the plan; Yalova Town Assembly Coordinator Hasan SOYGUZEL, Province Health Director Dr. Suleyman BAYSAL, Person Responsible For Province Health Directorate I.T Sinan KARA, Province Social Services Director Serap SENOCAK, Province Social Services Social Service Expert Banu BINGOL, Province Environment Director Bora YALCIN, Yalova Municipality Environmental Protection Directorate Environment Engineer Aysegul SENGULU, Province Security Director Ali YON, Province Security Directorate Persons Responsible For I.T and Statistics Sahin PEHLIVAN and Nihat Uzun, Province National Education Director Ismail KOCACALIKOGLU, Province National Education Directorate Child Development Expert Semra Sahin, Yalova Municipality Buildings Director Ahmet BILGIN, Green Gulf Union Chemical Engineer Cigdem Safak, Industry and Commerce Office President Lutfullah AKINCI, Industry Society President Celal OZER and finally the members of the Town Assembly Work Commission.

Summary

The evaluation prepared after consultations with the town council's work commission includes an analysis of the town's health situation and the results indicate that the health situation is better than the national average. In addition after this analysis, the results show that the earthquake experienced within the town and other factors such as migration and the economic crisis in the country in general may have a negative effect on the data relating to health in the future.

For these reasons the main targets of the plan in view of protecting and developing health are to, increase social support, income, protect the environment, increase the standard of education, improve living conditions, develop town planning, reduce the use of cigarettes and crime prevention.

To achieve the targets listed in the plan the strategies listed below must be developed :

1. In order to create an environment where people can express their opinions and offer suggestions councils should be established for women, children, youths, the elderly and disabled persons and it should be possible to establish a district council with representatives sent from these councils.
2. Statistical data enabling the observation of matters that affect health should be collected.
3. Increase the level of consciousness
4. The enabling of control mechanisms to function once data relating to factors that affect health in a negative way has been collected.
5. Mechanisms must be established in order to make the sharing of information much easier.
6. The preparation of plans regarding the "structural" foundations of the town in order to create a healthy city environment by improving health and other town services.

As part of the project and as a result of the work of the town council "Health targets for everyone" will be harmonized. The level of "harmonization" can be observed through the achievement of the short, middle and long-term targets and their activity reports collected. The reports will be evaluated at the Town Council's General Assembly.

All of the parties involved in the preparation of the plan have agreed to display a 20% improvement in the data presented by WHO by the year 2007. This agreement has been recorded as a decision made by the town council.

INTRODUCTION

During the last 25 years of the last century the cities of the world have met enormous problems compared to those of the previous human history due to industrialization and advent of technology. These factors produce immigration and improper buildings in the cities. Turkey and its surroundings are also affected from these developments.

Today new changes and developments are happening in the world. Now, people's sensitivity and voluntary cooperation are very important in the solution of city problems and in health progress. Our city Yalova which claims to be a world city cannot be excluded from these developments. Within this framework Yalova City Council, which was set up in May 1998 and which helps central and local associations to formulate their work strategies, is continuing its functions.

In Yalova City Council General Meeting dated 14-15 October 2000, it was decided to form 16 Work Commissions. They would facilitate people's participation, voluntary cooperation and produce plans and projects that will help administrations in formulating their programs. In due course The Work Commissions have had periodical meetings and produced various projects for the development of the city.

As this work carried on, Yalova Municipality Health Directorate attended The Healthy Cities Project Meeting in Bursa during 28-29 November 2000. This was an informative and educational meeting. The details of this meeting has been presented to The Yalova City Council and it has been seen that Healthy Cities Project is in accordance with the ideals of Yalova City Council.

Within this context The Deputy President of Yalova City Council and The Mayor Yakup B. KOÇAL has sent a letter in December 2000 to WHO European Healthy Cities Project Office showing Yalova's intention and willingness to become a member. In February 2001 WHO European Healthy Cities Project Office replied positively. A delegation from Yalova has attended meetings in Poland (15-17 March 2001) and Portugal (25-27 October 2001) to evaluate the Healthy Cities Project, to see project work and to share experience of other cities.

As the work of joining to Healthy Cities Project was continuing, it has been decided by The General Meeting of Yalova City Council on 19 October 2001, by the Yalova Municipality Council Meeting on 30 October 2001 and by The Province General Meeting on 8 November 2001 to strengthen the Local Agenda 21 Work in Yalova and make it more effective. With Local Agenda 21 work participating mechanisms has started to develop and progress.

When we look at the principles of Healthy Cities Project they are in accordance with The Yalova City Council's aims of sustainable development and social progress. For this reason "Equity Principle" has been included in the "Aims Section" of Yalova City Council's Resolutions. Thus Local Agenda 21 and Health For All Principles are combined with Yalova people's willingness to progress physically, socially and environmentally.

Prior to the Health Cities Project, it has been found that projects for the development of the city lacks measurability. With The Healthy Cities Project specific targets and progress areas, which can be monitored by the society, are determined.

The adaptation of Health For All to Yalova City Council's General Meeting targets and also to projects produced by the Work Committees have been succeeded. In this way it is aimed that Health For All targets and principles should become a determining and high priority criteria in reaching the city targets and in the city life.

The level of progress of the city in 5 year period will become clear when compared to WHO'S indicators. Insufficiencies and inadequate performance will be determined and new strategies and targets will be formed. With Healthy Cities Project the development work of our town and progress will be made apparent and measurable and this will motivate people for participation. The joint work with other cities in the Healthy Cities Network will help our efforts. Being together with cities which share similar principles will be a source of encouragement and hope to Yalova people who had a terrible earthquake disaster recently .

SECTION 1

THE PRINCIPLES ON WHICH THE CITY HEALTH PLAN IS BASED

1.1 Equality

Everyone should be able to take advantage of the town's services, primarily health in accordance with their rights without regard of differences in religion, language, race, culture, class or views.

1.2 The Development Of Health

As part of health principles for everyone, factors that affect health in a negative way either directly or indirectly must be eliminated or reduced.

1.3 Action Carried Out Between Different Sectors

Factors that are economic, social, cultural or scientific and problems within city life which affect the development of health within the town should be discussed under democratic circumstances. This can be carried out with the contribution of different sectors in order to develop solutions.

1.4 Inclusion Of The Community

Action can be carried out by basing the activity on the concept "Production together and administration together" when producing solutions for city problems primarily health. The concept is important in enabling the town's citizens to become active and effective in developing solutions rather than being persons that complain and wait for services to be offered to them.

1.5 Supportive Environments

The development and establishment of the town's structural foundations in regard to the subjects of continuous development, clean physical environment, planned industrialisation, employment politics and social support.

1.6 Security

The town's health plan should be established by associations that reflect the entire population. The plan should be prepared under the observation of the community as part of the clarity principle and it should in usable form for the World Health Organization (WHO) report.

1.7 The Right To Have Peace

The creation of the utmost level of security in the town, and the continuous protection of the general peace within the community.

2. THE POLITICAL AND LEGAL FOUNDATIONS FOR THE TOWN HEALTH PLAN

2.1 National And International Legal Orders

National laws, legal decisions at the level of law that carry authority, Ministerial Assembly decisions, rules and regulations, administrations and other administrative decisions or orders that dictate the structure of health, the economy, education, security, the municipality and the industry and commerce sectors in coordination with the UN human rights agreement, Children's rights agreement or other related international agreements, constitute the national and international legal and political foundations of the Town Health Plan.

2.2 Local Orders

The rules and regulations of the Yalova Town Council and the Healthy Cities Project Group Administration Town Health Plan produced in regard to it constitute the legal and political foundations at the local level.

3. HEALTHY CITIES PROJECT APPLICATION PRIORITIES

3.1. The town's health profiles

The measurement information and statistics regarding the government associations and establishments within the profiles and the problems identified as a result of the questionnaires carried out take priority.

3.2 WHO Town Health Report

The developments regarding the subjects brought forward in the Town Health Profiles must be followed in accordance with the WHO report as one of the priorities of the Healthy Cities Project.

3.3 "Health For Everyone" Targets

The Healthy Cities Project applied by WHO and its national reflection in the National Health Targets And Strategies declared by the Turkish Republic Health Ministry are among the project's priorities.

3.4 Principles Of Local Agenda 21

"Continuous development" and "Civil contribution/inclusion" are among the most important targets of the Local Agenda 21 Project. They are an application priority for reaching the targets of the Healthy Cities Project.

3.5 Communication Of The Results Of The Yalova Town Council

The Yalova Town Council's 2001 General assembly results communication has been produced by the work of the Town Council's Work Commissions and it expresses the public's mutual will. The matters within it constitute the local priorities of the Healthy Cities Project.

SECTION 2

1. SHORT TERM PROJECT TARGETS AND STRATEGIES

1.1 Targets and strategies

*The creation of an environment where people can express their problems and offer suggestions

- Women's Council
- Children's Council
- Youth Council
- Pensioner's Council
- Disabled Person's Council
- Establishment Of District Councils

*The collection of data and statistics that will enable the observation of factors that affect health

*Increase of consciousness

*The establishment of mechanisms that will enable information to be shared in an easier manner

- Preparation of a web site

*The integration of the Municipality District Services Office within the project

HEALTHY CITIES PROJECT SHORT TERM STRATEGIES ACTION PLAN

STRATEGIES	RESPONSIBILITY	CALENDAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003
Establishment of Women, Youth, Retired, Children and District Councils	LA 21 GENERAL SECRETARIAT		X	X	X	X	X																			
Development of People's Awareness	HEALTHY CITIES PROJECT OFFICE				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Preperation of Web Site	HEALTHY CITIES PROJECT OFFICE						X	X	X																	
Integration of Municipality Service Offices and the Project	YALOVA MUNICIPALITY								X	X																
Collection and Evaluation of new statistical data	YALOVA CITY COUNCIL AND HEALTHY CITIES PROJECT OFFICE											X	X	X	X	X	X	X	X	X						

**THE SECTORS MEDIUM AND LONG-TERM
DEVELOPMENT TARGETS AND STRATEGIES**

2.1. HEALTH

2.1.1 PRESENT SITUATION

When the health profile of Yalova is examined the most widespread causes for mortality are found to be preventable and controllable. The rough mortality rates are found to be below the national values. The earthquake on the 17th of August is the main cause for the rough mortality rates to be high during 1999. When the reasons for fatality in the year 2000 are reviewed cardiovascular diseases, respiratory diseases and diabetes mellitus are found to be mainly responsible.

Yalova can be seen to have a young population when the demographic data is examined. Health services must be developed in order to increase the number of elderly persons within the population.

Maternal and Paediatric Health Family Planning Centres have been established in 1997 after a ruling. The centre has been opened in order to increase the health level of women, mothers and children who are the most important section of the population that require health services. As part of reproductive health services, the other maternal and paediatric health services are to be offered in accordance with protective health services principles by the family planning services which are assisted by other health associations. According to the ruling one centre will be established within the main part of a province with a population of 100.000 and one centre in an administrative district with a population of 30.000, because of this only one Maternal and Paediatric Health Family Planning Centre has been opened in the central part of our province.

According to the ruling and standards specified by the Ministry a new centre cannot be opened unless the necessary materials, equipment, personnel and a building is assured. A centre has been established at Kazim Karabekir district in order to enable mother and child health and family planning services to reach the citizens despite the lack of materials the ownership of a building and personnel such as Doctors, midwives and those involved in other services. The fact that the centre is at a distance from the centre of the province causes difficulty for citizens when travelling there and the building itself is inadequate preventing the service offered from being at the level desired. Although the existing mother and child family planning services are attempted to be delivered to the different districts in an equal manner the services have only been able to reach the public through the available facilities at health clinics because of the present conditions. As mentioned previously, we do not have a suitable Maternal and Paediatric Health Family Planning building and our existing building is not at a suitable location. For these reasons the a new building is being planned by the municipality to be located at a more easily accessible area. By doing this the birth rates at places where there is a high population density and problems in delivering family planning services will be brought to the same levels as other regions.

According to the Public Health Protection law numbered 1593, district administrations must be in coordination with related associations and carry out meetings every month at the Province Public Health Protection association in order to take precautions in matters regarding environmental health. The province's environmental health problems are discussed and their solutions brought in to action at the association. It is necessary for environmental health services to be delivered in a more effective manner in order to prevent the occurrence of contagious epidemics in our province although they have happened

before. To achieve these objectives it is necessary to develop the public health laboratory in order to enable the testing of water and food samples, and also to plan the drainage, refuse collection and towns foundation system works.

"Article 1. of the Health Services Socialisation Law number 224; The Human Rights Universal Declaration states that benefiting from health services is a right and in order to enable this to be applied and organised in a manner that is in accordance with social equality, services related to medicine or the science of medicine are going to be socialised within a program prepared as part of this law"

The population within our province is denser in the Fevzi Cakmak and Baglarbasi district regions and the level of education of the citizens is lower when compared to other areas, the number of persons inhabiting a particular household are higher. The area has received a large number of people as a result of migration from the eastern and south-eastern regions and they have been found to have a preference for these areas because they have a low income.

The subject of education must be given great importance in order to increase health consciousness to enable the public to gain access to health services. Various efforts have been made in order to educate the citizens at Baglarbasi, Fevzi Cakmak, Gazi Osman Pasa, Ismet Pasa and Mustafa Kemal districts the matters of family planning. It is necessary to continue giving importance to educative work in order to obtain adequate results.

In accordance with law number 224 we have tried to deliver an equal standard of health services to every settlement unit here, but because of lack of facilities and as a result of differences between the facilities and settlements of these regions great problems have been experienced in delivering an equal standard of health service to these units. To overcome these problems it is necessary to strengthen the settlement units in the aspects of environment, economy, foundation and social structure.

Regarding the objective, the level of services delivered to the settlement units until now are only slightly below standard and in order to bring them to the utmost level it is necessary to strengthen the units in relation to economy, town foundations, environment and social structure. Our province must be supported in terms of personnel, equipment and finance (the existing number of personnel is 590 in Health Directorate, in order to meet requirements this number must be raised to 827).

As part of the objectives of the health sector, in order to offer better services to our citizens it is necessary to explain the services on offer and draw their attention to them, in view of this posters brochures and local newspapers have been used. In order to deliver information about these services to our province and the rest of the world the Health Directorate is preparing a web site, the works involved are reaching a conclusion and it is about to be published. As a result of this our citizens will have the opportunity to gain access to any information desired about the field of health.

Public education services will be organised in order to assist in the inclusion of the public in the work that we are carrying out, by these means our citizens can be informed about this subject and will be able to take part in the work carried out. It is necessary for the province governorship along with the municipality and other government establishments and private associations to work in a coordinated manner in order to educate the public not alone in health matters but also any other subjects.

2.1.2. TARGETS

1. Health Rights: Quality health services that are "reachable, acceptable and utilisable" must be offered to all of the sections of the community, the service network should be spread in order to eliminate regional and social differences in order to provide a consistent service.

-To double the number of applications to doctors by 2010

2. Reduction Of Risk Factors: To reduce the use of addictive substances such as tobacco, volatile substances and psychoactive drugs and factors that affect health in a negative manner such as insufficient activity and unhealthy eating habits by 2020 to minimal levels.

-To increase the number of non-smokers above the age of 15 to above 80% and ensure that this level is 100% for those below the age of 15 by the year 2010.

-To reduce the number of people above the age of 15 that consume more than 6 litres of alcohol a year by 75% and ensure that the level for those below the age of 15 is reduced by 100% by the year 2010.

-To reduce the use of narcotic substances by 80%.

3. Development Of Paediatric Health: To ensure that those born within the region, babies and children of preschool age are able to begin life in a healthy manner and remain healthy by 2020.

-To reduce the neonatal death rate by 30%, reduce the infant mortality rate to below 20/1000 and reduce the death rate of children below the age of 5 to less than 30/1000 by the year 2020.

-To enable all births to take place at health associations by 2010 and the regular care of pregnant women by 2020.

-To reduce the level of low birth weight births by 20% by 2020.

-Increase the number of babies receiving mothers milk alone within the first six months of life to 80% by 2015.

4. Development Of The Health Of Adolescents, Elderly And Disabled Persons: The objective is to enable the adolescents, elderly and disabled persons to be healthy individuals in order to play an active role within the community.

-The reduction of the number of pregnancies below the age of 18 by 30% by the year 2020.

Reduce the usage of psychoactive drugs, alcohol and tobacco and other harmful substances among the young by 30% until the year 2020.

-To increase the number of persons above the age of 70 that are independent, self-sufficient and active in the community by 50% by 2020.

-To increase the number of individuals who are disabled that are independent and active in the community by 50% by 2020.

5. Development Of Psychological Health: To develop the public's psycho-social health and enable people with mental health problems to be taken in to care and receive specialist help by 2020.

-To double the number of people that have mental health problems applying to receive help from health associations and counselling centres by 2020.

6. Reduction Of Transmissible Diseases: To control, eliminate or eradicate transmissible diseases that are important in hindering the health of the population. This can be achieved through programs involving steps by the year 2020.

-To eradicate Polio by 2003, and receive a Polio free zone certificate along with World Health Organization European region member countries.

-To reduce the incidence of Hepatitis B carriers by 80% until 2010.

-To reduce the incidence of Tuberculosis by 50% identify 70% of tuberculosis sufferers (active T.B) that require treatment, and ensure the full treatment of 85% of them.

7. Reduction Of Nontransmissible Diseases: The objective is to reduce the incidence of important nontransmissible diseases and early deaths in connection to them as well as physical disabilities along with the inability to carry out tasks by 2020.

-To control hypertension as part of the reduction of the total cardiovascular risk within the population, double the number of people receiving regular hypertension treatment, reduce the prevalence of hypertension by 10% through the primer protection method, reduced the number of deaths caused by hypertension by 20%, reduce complications by 30% and increase hypertension awareness by reducing the number of patients unaware of having hypertension to 10% by the year 2020.

-Reduce the number of people dying from heart problems below the age of 65 by 15% by the year 2020.

-To at least double the number of people able to receive diabetes treatment, reduce the number of deaths related to diabetes by 20%, those related to diabetic gangrene amputations by 50%, other complications by 30% and reduce the number of people unaware that they suffer from diabetes to 10% by the year 2020.

8. Development Of Reproductive And Sexual Health: The reduction of health problems originating from reproductive and sexual health problems by 50% by the year 2020.

-Reduction of maternal death rates by at least 50% by the year 2020.

-To increase the usage of effective birth control for women between the ages 15-49 to 70% by 2020.

2.1.3 STRATEGIES

1. Health Rights

-The effective use of costs by increasing the amount of funds available from local resources for health services.

-Giving priority to those groups that are unable to take advantages of health services or those that receive inadequate services. The structure and facilities of health clinics along with its available workforce must be strengthened in order to reach this objective.

2. Reduction Of Risk Factors

-To educate the population about healthy lifestyles and enable them to take care of widespread teaching programs concerning these matters.

-By making cultural, social, artistic and sports activities readily available at a local and national level the community can be protected from harmful habits.

-The application of healthy eating should be made widespread and the education regarding it's importance should begin at a young age.

-The law forbidding the usage of tobacco in public places, workplaces and schools should be applied and made widely effective in order to protect non-smokers from the harmful effects of smoking.

-Areas that sell tobacco should be inspected in order to prevent youths from gaining easy access to tobacco products.

-The elderly should be educated about the importance of healthy eating and the intelligent use of medicinal treatments.

3. Development Of Paediatric Health

- The first step is to strengthen health associations so that pregnancies can be identified during their early stages, to offer quality care services before, during and after the birth of the child and enable high risk cases to receive advanced treatment as early as necessary and also for them to be followed afterwards.
- Health associations must be strengthened in respect of workforce and also physically in terms of facilities available for care services before, during and after the birth.
- The public should be educated about children's health and how they should be cared for before during and after their birth.
- The growth and development of children between the 0-6 age group should be followed in a routine manner.
- All newborn children should be checked for phenylketonuria along with other frequently observed genetic disorders and metabolic diseases.
- Prenatal diagnosis and treatment centres should be made more widespread for patients that have high mortality and morbidity rates. The centres should be organised to make it simpler for people to gain treatment from these centres. Care should be given to the new born in maternity wards by personnel that have received specialist training.
- The number of fully equipped units for the newly born should be increased.
- The infant friendly hospitals and secure motherhood programs should be reviewed, support groups for the provision of maternal milk should be established.
- The existing laws must be reorganised in order to enable the enrichment of the fundamental food sources available, groups under risk should be offered additional food resources. The use of salt containing iodine should be made widespread among the public.

4. Development Of The Health Of Adolescents, Elderly And Disabled Persons

- Education offered by bodies that offer varied and organised education services, widespread education and peer education models should be used to educate adolescents about harm caused by cigarettes, alcohol and drugs teach them about reproductive health, transmissible diseases, self-knowledge, gaining confidence and mental health.
- The number of development centres available for vulnerable disabled persons and adolescents should be increased and their facilities developed. The elderly should be educated about healthy eating, chronic diseases and intelligent medicine use.

5. Development Of Mental Health

-To make the understanding that mental health and protective mental health services and activities are important is widespread and show that it is a part of general health and that mental health services can be used without any sort of hesitation.

-The education of parents and teachers about child development and education and early diagnosis of psychological problems as part of protective mental health services.

-Education programs should be developed and applied to enable the capabilities of individuals to deal with problems to be increased.

6. Reduction Of Transmissible Diseases

-The control of transmissible diseases should be made a part of fundamental health services and should be carried out in coordination with the sectors in order to make it possible to give the subject the attention and importance necessary.

-Initially the health clinics and then the laboratories and diagnosis facilities of health associations should be developed in terms of facilities available. Public health laboratories should be capable of working in a more efficient manner.

-People suffering from transmissible diseases that are unable to pay for treatment or do not have social security should be offered free treatment.

-The education of health personnel before and after graduation regarding the control of transmissible diseases should be evaluated and developed

-Extensive education programs for the public regarding protection from transmissible diseases and general hygiene.

-A diagnosis system should be developed for all transmissible diseases which relies on laboratory work.

-The level of vaccination against measles in the newly born, DBT, Hepatitis B and BCG should be consistent and increased to 95% at the town health clinic level. Any vaccinations lacked by children in the 5-6 age group should be given and the vaccination of children at school stage should be strengthened.

-The use of unsuitable antibiotics, antidiuretic and other drugs should be reduced when treating diarrhoea. We should continue to offer free oral rehydration fluids and allow enough information to be given about home treatment methods at public education services regarding diarrhoea.-The amount of unsuitable antibiotics and other medicines used in the treatment of acute respiratory infections (ARI) should be reduced. The offering of free medicines should continue apart of the ARI program and alternative treatment methods should be developed. Information should be given about home treatment methods when educating the public about ARI.

7. Reduction Of Nontransmissible Diseases

- To enable coordination and cooperation between associations that offer primary and secondary level health services so that they can diagnose treat, observe and dispatch sufferers of nontransmissible diseases.
- The organised servitude education of health personnel that treat nontransmissible diseases.
- In view of reducing nontransmissable diseases the community must be educated, areas for group activities should be created and the sectors involved in social services should be in cooperation with each other.
- Patients diagnosed with diseases included in the control program that are unable to pay for treatment should be able to continue receiving treatment through the development of a financial support mechanism.
- Education services and inspections regarding the use of cigarettes that cause cancer, healthy eating and industrial factors should be carried out for primary protection.
- The availability of oral and dental health services and the provision of protective services should be given importance.

8. Development of reproductive and sexual Health

- High risk pregnancies should be prevented.
- The standard of service offered for family planning guidance and service should be developed applied and made widely available.
- Cooperation between sectors should be promoted in order to enable reproductive health services to be offered. Politicians, directors and community leaders should have an understanding of family planning and should offer support.
- Secure motherhood and sex education should be on offer continuously to the whole community, primarily adolescents and individuals at reproductive stage.
- The necessary equipment and materials must be available at first degree health units. At 80% of the units at least three different kinds of recyclable contraceptive methods should be on offer.
- Adolescents, families, teachers and those that communicate with adolescents and all individuals within the community should be educated about adolescence and adolescent reproductive health.

MEDIUM AND LONG-TERM (5 YEAR) HEALTH DEVELOPMENT TARGETS ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	ASSOCIATED ESTABLISHMENT	RESOURCE
EDUCATION	<ul style="list-style-type: none"> • Tobacco, alcohol and reduction of substances that are addictive • Balanced and sufficient nutrition • intelligent medicine use among the elderly • Childs health and care before, after and during birth • Methods for coping with stress • General rules for hygiene • Transmissible diseases (diarrhoea, acute respiratory infections, HEPATITIS-B, tuberculosis) reduction • Nontransmissible diseases (Cerebro-vesicular diseases, heart disease, respiratory system diseases, diabetes mellitus, cancers, hypertension) reduction • Oral and dental health • Family planning • Disasters and accidents • first aid 	<ul style="list-style-type: none"> • Public Education ❖ District Meetings ❖ Conferences, seminars etc. ❖ Courses • School and workplace education • On the job training ❖ Health Personnel ❖ Teaching Personnel • research • Campaigns • Competitions • Web site • Local media publishings • Posters, brochures, books, magazines etc. printed documents • Social and cultural activities 	<ul style="list-style-type: none"> • Province health Directorate • Municipality • National Education Directorate • Social Services province Directorate • YG-21 • Universities • Commerce office • K-77 Search and Rescue Society 	<ul style="list-style-type: none"> • Municipality • Government Budget • YG-21 • Volunteer establishments and benefactors
INFRASTRUCTURE	<ul style="list-style-type: none"> • Health Services personnel, The meeting of education and foundation requirements 	<ul style="list-style-type: none"> • Construction of health clinic ❖ Süleymanbey District • Hospital construction ❖ 200 Bed Government Hospital ❖ 200 Bed SSK Hospital • Health vocational secondary school construction • 112 Emergency help centre building rehabilitation 	<ul style="list-style-type: none"> • Ministry of Health • Labour and Social Security Ministry 	<ul style="list-style-type: none"> • Government Budget

2.2 ENVIRONMENT

2.2.1 AIR QUALITY

In order to gather data on air pollutants and their distributions in Yalova two stage study was planned and performed by Marmara University Environment Engineering Department. First stage started at 1998 and completed at the end of 1999. Second stage of the project has started at the beginning of 2000 and still continue. Summary of the results are as follows:

- a. Emission inventory study indicated that wood and low quality coal have been used as the main fuel type for domestic heating.
- b. Both industrial and domestic heating emissions were considered in the dispersion modelling. SO₂ and PM concentrations are found to be originated from domestic heating , while industrial sources were found to be important for NO₂ concentrations.
- c. Measurements were shown that particulate matter (PM) pollution is the major factor in overall air pollution in the area. Fig1,2 and 3 show the maximum of 24 hour averaged yearly concentration distributions of SO₂, NO₂ and PM.
- d. VOC measurements have indicated that , VOC pollution is important around the chemical plants. Contributions from vehicles were also worth to mention

2.2.2 WATER QUALITY

A. Drinking Water

Potable (drinking) and usage water demand in Yalova is supplied by Gökçe Dam and a chemical treatment plant. The raw water in Gökçe Dam is purely a surface water and is polluted by neither domestic nor industrial wastes.

Raw water is physically and chemically treated so that physical, chemical and biological compositions of the outlet water will be in the range of WHO Drinking Standards. Physical, chemical, toxic and microbiological parameters are analyzed in both raw and drinking water daily and weekly. In case a value is out of the standard range; the turbidity is removed by appropriate coagulant dosage or operation conditions of the process.

Disinfection is carried out by gas chlorination in the treatment plant therefore, pathogenic organisms and organic matter content of water is removed by chlorination. Free chlorine is kept in the level of 0,5 ppm so that disinfection can continue along the municipal pipeline. Although organochloro compounds in potable water are not desired for negative effects on human health, alternative disinfection methods are not applicable and feasible for our treatment plant in current situation.

In addition, free chlorine and coliform bacteria content of drinking water is controlled in various sampling points in centrum especially hospital, schools, mosques and public buildings. If a contamination is observed as a result of these tests, disinfection is also performed by chlorination in the storage tanks of the municipality.

PERCENTAGE OF PARAMETERS THAT ARE NOT IN ACCORDANCE WITH WHO'S CRITERIA IN YALOVA DRINKING WATER-2001

(100 analysis are taken as a basis)

PARAMETER	RATE
PH	9%
Temperature	0%
Color	2%
Turbidity	5%
Conductivity & TDS	0%
Total Hardness	0%
Total Organic Matter	0%
Dissolved Oxygen	0%
Free Chlorine	6%
E.Coli& Fecal Coli	0%
Aluminum	2%
Ammonium	0%
Manganese	0%
Total Iron	0%
Calcium	0%
Magnesium	0%
Silicate	0%
Heavy Metals	0%
Chloride	0%
Nitrite	0%
Nitrate	0%
Sulfate	0%
Phosphate	0%

B. Streams

Yalova streams have been investigated and the study has shown that the flow rates of streams have been increased at rainy seasons and decreased at the end of the summer. The quality of stream waters is decreasing around settlement areas. The main source of this pollution was domestic waste water.

In the stream, amount of pollution have not been increased gradually and accumulated due to flow regime.

Monthly samples were taken from 5 stream and 14 specified location via the mobile monitoring station obtained from Ministry of Environment(June-December 2000).As a result, the quality of stream waters is normal at the source compared to settlement areas. Thus we can say clearly,streams are polluted from domestic waste water discharges.

C. Sea Water

İzmit Bay located on western part of Marmara Sea is one of the most polluted semi-enclosed basin in Turkey.It is also one of the most industrialized and populated region of Turkey.It has been receiving more than 300 industries effluents around bay together with the mostly untreated domestic waste water from small cities and also from Yalova and İzmit.These discharges have led to a general evaluation of nutrient and organic matter level in the bay waters.

For the determination of waste loads and effects of waste waters on the coastal water quality of Yalova second stage of Research and Work was initiated in 2000 and this work still continues.

2.2.3 WASTE WATER

Domestic wastes of Yalova have been collected by a sewage system and discharged into the western part of the bay without any treatment by deep sea discharge system.

In Yalova there are acrylic, chemicals(organic and inorganic), marble, food, processing, paper, textile, packing, and fibres plants and factories .

A project was initiated on June 2000 to determine the differences with project performed 1997 and also the effect of strong earthquake occurred on August 1999. The earthquake destroyed many coastal cities like Yalova . After the earthquake PAH concentration increased in the bay waters and also sediment and biota.

Results obtained from this study showed that both flow rates and waste loads decreased to low values compared to previous project results.Main reasons for this situation are,high drought season,economic situations (one of the medium sized industry stopped production), industries are very careful of pollution problems in the region. Ammonium removal problem has been solved by industries

In the beginning of project,much of the industrial treatment plant showed less efficiency and were under standards. Later,the efficiencies of these plants have been increased during the monitoring period.

.As a result distribution of total waste from the area is minimized to the İzmit Bay waters comparing to the previous project measurements.

2.2.4 SOLID WASTE

the main types of produced solid waste presently generated in the area are as follows: municipal solid waste, industrial wastes demolition & construction wastes, clinical wastes.

In general the MSW generated in the province can be characterised as follows.

- low content of most recyclable materials.
 - Paper :5.8%
 - Plastics :10.9%
 - Textile :3.4%
 - Glass :3.2%
 - Metals :8.6%
 - Organic matter : 62.4%
- High content of organic (biodegradable) matter, in particular food and putrescible wastes.
- Relatively high content of plastics
- Very high moisture content (especially in summer) and ash content (in winter)
- High average density (>300kg/m³) and a very low calorific value.
- The MSW collected by some municipalities in the East of Province also includes a certain amount of non-hazardous industrial waste.
- The estimates of current quantities and forecast of future quantities of MSW requiring disposal in Yalova are summarized below.

2000	2010	2020
53.000 t/y	71.000t/y	95.000t/y

- Some industrial companies produced hazardous waste mainly sludges from waste water treatment plant. All hazardous wastes are taken to Izaydas hazardous waste treatment facility in İzmit.

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- The quantities of demolition and construction wastes generated are very difficult to estimate. In Yalova this type of wastes arises on the one hand from the demolition of buildings damaged during the earthquake and, on the other hand, from new construction activities.
 - Clinical waste is not segregated from non-hazardous waste and both are collected and disposed of together by the municipality. The total quantity of clinical waste in Province amounts to 127 t/y.
 - The waste collection services provided by Yalova municipality is similar to that used in European Union.

- Activities to separate and recover recyclable materials both formal and informal are practised extensively throughout the province. At the temporary housing site, separate containers for glass, paper, tins and plastics are provided. This collected recyclable material is segregated according to classes at the recycling unit.

At the two-month period, the amount of collected recyclable material was 16 tons: 69.5% paper, 2.2% glass, 24.8% plastics, and 3.44% metals. Currently, the project area is about 10% of the population.

Scavenging from the wastes delivered to the municipal dump site.

- MSW, demolition and other types of solid waste are not disposed in an environmentally sound manner. Wastes are disposed in an uncontrolled manner at 9 different dump sites. In Yalova municipality, dump site partial rehabilitation construction project completed on 5 June 2001.

- Under current legislation, the municipalities in the province have recently formed an Association (YA-KAB) which envisages the development of a joint system and facilities for the management of MSW.

2.2.5 NOISE CONTROL

Sources of noise pollution can be grouped as follows: Vehicles, urban (construction, mobile seller, speakers, several electrical equipment). Noise abatement efforts require information. For these reasons, noise measurements at different locations are planned by using a mobile noise-meter. The measurements will be used to create a noise distribution map.

2.2.6 PRIORITIES

- To decrease PM, SO₂, NO₂ emissions.
- To raise stream water quality especially at the settlement area.
- To apply effective solid waste collection, transport and disposal services in all the province area.
- To decrease noise level arising in the traffic.

2.2.7 STRATEGIES

- To encourage good quality fuel consumption for domestic heating and using appropriate burning technology.
- To encourage alternative energy sources like sun, wind, geothermal energy.
- To organize an effective control mechanism to prevent air pollution.
- To protect and save forestry area.
- To explain maximum and minimum daily concentration of some important air pollutants.
- To set up air pollution measurement stations.
- To organize a training program about health and air pollution relationships.
- Continuous control of industrial waste water treatment plant effluents.
- To set up a mobile station for water quality measurements also supply personnel for effective use of this laboratory.
- To prepare an inventory for industrial and municipal waste water treatment plant.
- Advanced treatment should be added to existing biological waste water treatment facilities because of the Marmara sea determined as a sensitive region.

- Completion of master plan for rural domestic waste water treatment system.
- Using environmentally-sound chemical in agriculture and widely using ecological agriculture.
- Collection of recyclable materials from municipal solid waste and participation of public to segregation at source project.
- To generalize Environmental protection training program at the primary school level.
- Arrangement of new effective and equitable environmental tax legislation.
- Constructions and operations of new sanitary landfill site.Rehabilitation of existing dump sites.
- To supply similar and qualified collection system in all the province.
- To supply credit for investment of environmental improvement project.
- To make an inventory study for hazardous waste and treatment plant sludges.
- To make study about waste stock.
- Arrangement of campaign for public conscious about noise control
- Banning of horn and loudspeakers.

MEDIUM AND LONG TERM ENVIROMENT IMPROVEMENT OBJECTIVES ACTION PLAN

Objectives	STRATEGIES	ACTIONS	RELATED ORGANIZATION	SOURCE
CONSCIOUS	<p>To encourage good quality fuel for domestic heating Using appropriate burning technology & alternative energy sources Protection & development of forest To avoid discharging of hazardous wastes to sewerage system Effective oeration of existing waste treatment plant Using environmentally-friend chemicals in agriculture Collection of recyclable materials from MSW. Horn & loudspeaker banning</p>	<p>Training of public Quarter meetings Conferance&seminers Kurslar Scholl&office traning Personel traning Tecnical Personel TraningPersonei Inspectetion&controls Campaign Competetions Web page Local newspaper&radio Posters,books,magazine&other printed paper Social &cultural activities</p>	<p>Dirctorate of Environment Directorate of Health Municipalities Directorate of Education Chamber of commerce and industry Universities</p>	<p>Municipality Public Budget LocalAgenda-21 VolunTERS</p>
INFRASTRUCTURE	<p>To supply personel,training and infrastructure needs for environmental protection and improvement project</p>	<p>Formation of environmental data base Set up air pollution measurement stations Construction of domestic waste water tratment plant Completion of master plan for rural domestic waste water treatment system Rehabilitation of existing dump sites Construction of sanitary landfill site Set up mobile station for measurements of effluents To supply credit for investment of environmental improvement project</p>	<p>Ministry of Environment Ministry of Health Planning Organisation Treasury İller Bankı Municipalities Unions</p>	<p>Public Budget</p>

2.3 SOCIAL SUPPORT

2.3.1 The Existing Situation

Kazimiye village (the 7 streets where families that have migrated from Mus live), Gaziosmanpasa district, Ismetpasa district, Mustafa Kemal Pasa district, in general the areas that remain between the Bursa and Elmalik roads have received a large number of people as a result of internal migration. In these areas there are shanty town formations and structural foundation problems (insufficient drainage for example). The families have low socio-cultural and economic conditions, there is unemployment and a low number of people able to read and write. The families have many children.

Fundamental problems such as low levels of education, low incomes, lack of job opportunities and inability to take advantage of health and social services causes the section of the public that live in the shanty towns to be problematic. With the migration from the countryside to the city the section that live in these areas experience problems adapting. When rapid industrialisation and variation within the community are added, these people gradually begin to move away from their values and become distant to themselves and their environment, they end up with extensive personal and family problems. Despite the situation there are insufficient facilities available for these people to take advantage of support and counselling services.

It is also unlikely that this section will be able to solve their problems because there is a lack of experience in joining groups or organisations to make a contribution to the community or make themselves heard.

The socio economic situation of people affects their health throughout their lifetime. For this reason health politics should be closely connected to the factors which define social and economic conditions.

2.3.2 TARGETS

1. To provide a social support mechanism for the people that live in regions of low socio economic conditions.

-The number of people able to read and write should be increased.

-Inclusion in to education services of all levels should be increased.

-Production capabilities in different fields should be developed, particularly for women.

-Work opportunities should be secured in fields that involve production methods that will increase income.

-Multi dimensional community and cultural areas of interest must be created and developed.

-The status of women must be increased, this may be achieved by reducing the workload in the home and enabling them to increase their capabilities and knowledge in various other fields through programs.

-Along with services to increase the income of families there should also be services to increase knowledge and family guidance services to protect it's completeness in a healthy manner.

2.3.3 STRATEGIES

2. In disadvantaged areas in the socio economic aspect, social support should be strengthened. The standard of living of the people that live in the shanty town areas must be improved, existing problems must be solved by the assistance of the government, benefactors and volunteer organisations or establishments. The lifestyle differences observed within the town should be reduced.

For these objectives to be achieved "community centres" offering the services listed below should be opened in the regions.

- Family consultancy and guidance service

- Youth services

- Children's services

- Women's services

- Elderly services

- Legal advice service

- Disabled services

- Community progression service.

MEDIUM AND LONG-TERM (5 YEAR) SOCIAL SUPPORT DEVELOPMENT TARGETS ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	RELATED ORGANIZATION	SOURCE
INFRASTRUCTURE	<ul style="list-style-type: none"> • -Increase of the number of people able to read and write • -The increase of inclusion in to education programs of every level • -The development of production capabilities of women in different fields • -Increase in the number of job opportunities in production fields that will increase income • -The creation and development of multi dimensional areas of interest in the community and cultural fields. • -Programs to increase the status of women by enabling them to develop their knowledge and capability within various fields with the reduction of the work load in the home • -Along with services to increase the income of families, the increase of consciousness, education and family guidance services along with services to protect the family's health as a whole. 	<p>-The opening of community centres</p>	<ul style="list-style-type: none"> • -Municipality • -Public Education Centre • -Apprenticeship Education Centre • -Working Children's Centre • -The bar • -Social Services Province Directorate • -Province Health Directorate • -Province National Education Directorate • -Public Community Organizations 	<p>-Government Budget -Voluntary Organizations</p>

2.4 CHILDREN'S HEALTH

2.4.1 THE EXISTING SITUATION

The earthquake that happened on August the 17th 1999 in the Marmara region has caused economic, social and psychological damage. The national values for Yalova province indicate that there are 9462 heavily damaged, 7917 with a medium level of damage and 12685 buildings with slight damage, 2493 people have died and 4472 people have been injured. 74 children in our province have lost their relatives (41 female 33 male) the number of children that have lost their father is 22 and the number that have lost their mother is 13, the number of children that have lost both parents is 28, the number of children that have lost the whole of their family is 11.

The number of children found to be working on the streets has increased to 328, four of these children are female and the remaining 324 are males. The number of children identified to be at risk from working on the streets is 157, 52 of these are female and 105 male. 56% of the children working have been found to have started working after the earthquake.

From the earthquake onwards the children that have been harmed have been given economic support, a creche, social support, and a shelter by social services, the child protection establishment, government establishments, volunteer establishments and other organisations. 202 children that work on the streets have been reached by the rehabilitation centre for children that work on the streets financed by ILO/OPEK and they have been given health, education, nutritional and economic support.

Many families have experienced difficulties regarding their economic, social situation and lifestyle. Education has been delayed and psychological problems have begun in people that have had losses especially those that have lost close relatives. The foundations of a healthy adulthood are established during life before birth and childhood. Within this period of time the slow rate of growth and lack of emotional support increases the likelihood of poor physical health and reduces physical, psychological and emotional functions. For these reasons we have begun work to establish a children's council for Yalova to enable children to express their problems, draw attention to them and enable the transfer of funds to create resources.

By contacting the province National Education Directorate (60) children continuing education, after contacting the Working Children's Centre (6) children, (3) children from the National Lottery Primary School, (6) disabled children from the National Lottery Care And Rehabilitation centre (3) are to be, (6) working children from the apprenticeship education centre, (7) children that have been in disagreement with the law and 4 children from the Province social services directorate which supports these children through financial aid have been selected to take part in the council.

A guidance association has been established consisting of people from various establishments, associations and civil community representatives in order to assist the Children's Council by observing the work carried out, supporting them, creating resources and answering questions that they may not know.

2.4.2 TARGETS

1. All children are equal.

No child can be discriminated against because of race, colour, language, religion or sex. (Children's Rights Agreement (CRA) articles: 2,14,20,22,28).

2. Child development and mortality.

Every child that comes to the world has the right to live, develop in the best way possible and have an identity. The government shares this responsibility with the family. (CRA articles: 5,6,7,8,9,10,20).

3. Food and shelter.

Every child has the right to be fed well and have a warm home and family. (CRA articles: 9,20,21)

4. Self expression.

Every child has the right to express their opinions in a free manner, and has the right to freedom of thought. The child's opinions should be considered in matters that concern them. (CRA articles: 12,13,14)

5. Disabled children.

Children that are physically or mentally disabled have the right to receive special protection from the government, to be observed, and brought up to be respectable individuals that have self confidence. (CRA article: 23)

6. Children's Health.

Every child has the right to be protected from and vaccinated against diseases, and also to be cared for and be able to take advantage of social security and insurance systems selected by the government. (CRA articles: 24,26)

7. Education.

Children have the right to be able to develop their physical and intellectual skills as much as possible by being aware of their rights under equal opportunity circumstances. (CRA articles: 28,29,30)

8. Play.

Children have the right to play freely under suitable circumstances in order to enable the completion of personality and character development. (CRA article 31)

9. Working children.

No child can be made to work below the age defined by the countries laws. Even if the child is at an age to be able to work the employer must offer the child an education, and protect the right of the child to rest and play. (CRA article 32)

10. Violence and exploitation.

The child has the right to be protected against any kind of violence or exploitation. (CRA articles: 32,33,34,35,36,37)

11. Accidents, child crimes and narcotic substances.

Every child has the right to be protected from weapons, war, narcotic substances and danger. In the event of a natural disaster they have the right to be among the first rescued. (CRA articles: 33,38)

2.4.3 STRATEGIES

1. To reach the Childs feelings, thoughts and problems and enable them to express their problems by themselves.
2. To create movements in response to the problems and their solutions by capturing the attention of families, education associations, establishments and the electorates attention.
3. To increase the knowledge of children's rights.
4. Allow the development of the children's skills and potentials.
5. To form a database regarding the environment that children are in (family, school, work, streets, districts and friends etc.)

MEDIUM AND LONG-TERM (5 YEAR) CHILDREN'S HEALTH DEVELOPMENT TARGETS ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	RELATED ORGANIZATION	SOURCE
EDUCATING and MAKING CONSCIOUS	<ul style="list-style-type: none"> • All children are equal • Child mortality and development • Nutrition and shelter • Self expression. • Disabled children • Childrens health • Education • Play. • Working Children • Violence and exploitation • Accidents , child crimes and drugs 	<ul style="list-style-type: none"> • Public Education <ul style="list-style-type: none"> ❖ District Meetings ❖ Conferences, seminar etc. ❖ Courses • School and Workplace Education • Campaigns • Competitions • Web Site • Local media publications • Posters, brochures, books, magazines etc. printed documents • Social and cultural activities <ul style="list-style-type: none"> ❖ Excursions ,picnics,theatre,sport competitions 	<ul style="list-style-type: none"> - Municipality - Province Security Directorate - Province National Education Directorate - Province Health Directorate (mother and child health) - province social services directorate - Province population and citizenship directorate - Province Youth and Sport Directorate - Il environment directorate - Apprenticeship education centre directorate - National lottery care and rehabilitation centre directorate - National lottery vocational education centre directorate - Guidance research centre directorate - Bar Ministry - Municipality police - Working childrens centre - Society for the support of modern life - Turkish psychologists society 	Province social services directorate. Unicef. YG 21 Government budget volunteer establishments

2.5 EDUCATION

2.5.1 THE EXISTING SITUATION

When the level of education and schooling in Yalova is examined it is found to be above the national average. There have been set backs in education because of the earthquake but at the same time there has been an increase in the number of schools. The set backs that may have occurred after the earthquake have been eliminated in a short length of time.

The problem that we have primarily identified is education requirement of the young girls and women along with the whole of the adult population that are lacking in the socio-economic aspect, who have not taken advantage of the education facilities and have passed the compulsory education age.

There are 8 children that are at the compulsory education stage which are not registered at a school and 191 students that are registered at a school but do not continue to go to school.

The number of people in the population that do not know how to read or write (according to age group)

	15-25	26-35	36-45	46 and above	Total
Yalova	46	52	122	102	322

The number of people in the population that do know how to read and right but do not have a diploma

	15-25	26-35	36-45	46 and above	Total
Yalova Centre	11	6	32	-	49

Low education levels result in the individual being distanced from social life and can cause unemployment. The inability of people to develop themselves and be active in community life results in them being unsociable and stressful. It results in them being unhealthy individuals during the present time and in the future and causes them to raise children that are unhealthy also.

2.5.2 TARGETS

-To reach people in areas of low socio-economic levels those that are not able to read or write to a high level, primarily girls and women by the year 2003.

-To reach all children at school age that are not continuing school by the year 2002.

2.5.3 STRATEGIES

1. Increase of consciousness

Direct reading and writing programs

Applicable adult reading and writing programs

Reading and writing programs within skill and vocation courses.

Programs to allow the gain of skills that bring an income and can be a vocation

Social and cultural programs

Fundamental health

Hygiene, agriculture

Communication

Nutrition

Child care

Environment

These programs are to be developed as a result of work carried out to research the field and identify the necessary requirements.

MEDIUM AND LONG TERM EDUCATION OBJECTIVES ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	RELATED ORGANIZATION	SOURCE
MAKING CONSCIOUS	<ul style="list-style-type: none"> • Direct Reading-Writing Programs • Adult Reading-Writing Programs • Simple Reading-Writing Programs • Reading-Writing Programs in Vocational Courses • Vocational Courses producing Income • Social and Cultural Programs • Basic Health • Hygiene • Agriculture • Communication • Nutrition • Child Care • Environment • New Programs After Corresponding Field Studies. 	<ul style="list-style-type: none"> • Training of public • District meetings • Conferance&seminers • Courses • Campaign • Local newspaper&radio • Posters,books,magazine& other printed paper • Social &cultural activities 	<ul style="list-style-type: none"> • Dirctrorate of Education • Public Education Centre • Society for the Support of Modern Life • Chamber of Artisans and Tradesmen • Directorate of Health • Directorate of Security 	<ul style="list-style-type: none"> • Municipality • Public Budget • LocalAgenda-21 • Voluntary Establishments and benefactors

2.6 SECURITY

2.6.1 EXISTING SITUATION

Freedom from anxiety is one of health's fundamental prerequisites- and the acquiring of it is the rightful objective of citizens that try to attain a maximum level of health.

The existence of freedom from anxiety and security within the community will assist in the protection of human health. Factors that affect crime are education, alcohol, drugs and social factors.

The most important problems identified by Yalova Province Security Directorate are traffic, drink driving and crimes committed against individuals.

2.6.2 TARGETS

1. The reduction of accidents, violence, and injuries related to disasters, physical disabilities and deaths by important margins and make this reduction continuous by the year 2020.

-To reduce the number of accidents per 100 million vehicle km by 30%, and increase the ability to reach health services after accidents by 35% by the year 2020.

-To decrease crimes related to family, sexual and organised violence that may result in injury, physical disability and mortality by 25% by the year 2020.

2. To enable the adolescents, elderly, and disabled persons to be healthier and play a more active role in the community.

-To reduce adolescent deaths caused by violence and accidents by 50% by the year 2020.

-The reduction of the use of psychoactive drugs, alcohol and tobacco among youths by 30% by the year 2020.

2.6.3 STRATEGIES

-The education of citizens in order to prevent crime involving traffic and security.

-To increase career development personnel will be trained.

-Security services will be developed in order to develop the technical foundations necessary for the era that we are in.

MEDIUM AND LONG-TERM (5 YEAR) SECURITY DEVELOPMENT TARGETS ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	ASSOCIATED ESTABLISHMENT	RESOURCE
EDUCATION	<ul style="list-style-type: none"> -Traffic -Terrorism -Drugs -Security -Human rights 	<ul style="list-style-type: none"> -Training of personnel <ul style="list-style-type: none"> *Vocational courses and courses and seminars regarding the branch will be carried out by the General Directorate -Training of students <ul style="list-style-type: none"> *Periodic training will be carried out at the educative stage by the associated office -Citizen awareness <ul style="list-style-type: none"> *Citizens will be made aware through security meetings, published flyers-brochures and through written and visual media. -The education of government associations and establishments, special security organizations and commercial 	<ul style="list-style-type: none"> -Province Security Directorate -National Education Directorate -YG-21 -University 	<ul style="list-style-type: none"> -Government Budget -YG-21 -Voluntary organizations and benefactors
INFRASTRUCTURE	<ul style="list-style-type: none"> -Structural foundation, the satisfaction of equipment requirements 	<p>A system should be established to offer our citizens police services via the internet. Vehicle requirements should be met.</p>	<ul style="list-style-type: none"> -Province Security Directorate 	<ul style="list-style-type: none"> -Government budget

2.7 STRUGGLE AGAINST CIGARETTE USAGE

2.7.1 EXISTING SITUATION

Within the world 3.000.000 people are still dying as a result of cigarettes. This means that one person among us dies as a result of it every 10 seconds. The value for the U.S is 435 000 and it is the cause for one out of every five deaths. Deaths related to cigarette usage are continuing to increase and it is expected to rise to 10.000.000 within the next two decades. It is the cause of 30% of cancers, 75% of deaths caused by chronic obstructive lung disease, 25% of deaths caused by a type of heart disease. Those insensitive to these values often argue "people that don't smoke cigarettes die as well from other causes", yet the death rate for persons that do smoke cigarettes is double the values for persons that do not. Persons that smoke die on average 5-8 years earlier than those that do not. It has been calculated that every cigarette smoked "steals" 5,5 minutes from a smokers life. Tobacco usage other than for cigarettes also carries similar risks. Those who smoke cigars or pipes are at a lower risk but are also candidates for the same diseases.

General population, age 15 (SB-PIAR, 1988)

Male: 53%; Female: 24%; Total: 44%

Teachers (Kocabas A, Tokat 1986)

Male: 54%; Female: 29%; Total: 47%

Practitioners (Ardic S, Eskisehir 1989) (TTB, Turkey 1999)

Male: 62%; Female: 44%; Total: 54%

Male: 44%; Female: 34%; Total: 42%

PIAR 1988, Turkey

Those who have not gone to school

Primary

Middle

Secondary

University

Percentage Of Smokers

26%

47%

52%

45%

59%

Cigarettes are a transmissible type of health problem. According to WHO, in developed countries cigarette smoking is a primary public health problem that is at epidemic level. The number of smokers in developed countries are reducing as a result of health campaigns but the numbers are gradually increasing in developing or third world countries.

There are legal orders in order to enable the prevention of cigarette smoking in our country, but these orders are not found to be effective at application stage. The 4207 number "Prevention Of The Harm Caused By Tobacco Products Law" is listed below.

Law Number : 4207

Date of acceptance : 7/11/1996

National Newspaper Published In : Dated: 26/11/1996 Issue: 22879

Objective

Article 1- The objective of this law is to make protective organisations and precautions in order to protect individuals against the harm caused by tobacco and tobacco products and prevent advertisements and introductory promotional campaigns.

Areas where the use of tobacco products is prohibited

Article 2- Places that provide health, education-training and cultural services and closed sports stadiums, every type of vehicle involved in communal transport and their waiting rooms, associations and establishments that provide government services and the use of tobacco is also prohibited in enclosed spaces where 5 or more people work.

In these sorts of areas different places should be assigned for the smoking of tobacco or tobacco products. Suitable air conditioning should be provided in order to prevent the transfer of smoke to areas where smoking is prohibited, and other precautions may be taken such as isolation for example.

Other Prohibitions

Article 3- The use of tobacco or tobacco products, their brands or indicators in advertisements or introductions or their use in a promotional manner is prohibited under any circumstances.

Tobacco or tobacco products can not be sold to persons below the age of 18.

Warnings

Article 4- In areas where the smoking of tobacco or tobacco products is prohibited, the prohibition and the results of not conforming to the rules and regulations should be indicated by a minimum 10cm type size and should be written or posted up in areas that can be viewed by everyone. Qualified persons or superiors in these areas are responsible for these warnings to be made.

On the packets of tobacco or tobacco products produced in or imported to Turkey the warning "Legal warning: Harmful to health" should be written in an easily readable manner. Tobacco or tobacco products that do not carry this warning can not be imported and can not be sold.

The second paragraph does not apply for tobacco or tobacco products sold in shops outside customs or brought in to the country with passengers.

The Turkish Radio And Television Association and private television associations must broadcast at least 90 minutes worth of programs or advertisements in order to warn and educate the public about the harm caused by tobacco and tobacco products.

2.7.2 TARGETS

1. Reduction of cigarette usage
2. The collection of detailed statistical data regarding cigarette usage in Yalova

2.7.3 STRATEGIES

1. Work to educate the public about the harm caused by cigarettes.
2. The preparation of statistics for cigarettes in order to enable their comparison with data regarding health.

MEDIUM AND LONG-TERM (5 YEAR) ANTI-SMOKING ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	ASSOCIATED ESTABLISHMENT	RESOURCE
MAKING CONSCIOUS and AWARE	Making people aware of the damages of smoking and emphasizing its dangers	<ul style="list-style-type: none"> • Training of public • District meetings • Conferance&seminers • School and Workplace Education • Courses • Campaign • Competitions • Local newspaper&radio • Posters,books,magazine& other printed paper • Social &cultural activities 	<ul style="list-style-type: none"> • Directorate of Health • Municipality • -National Education Directorate • Directory of Social Services • LA 21 • The University • Chamber of Commerce • Healthy Cities Project Office 	<ul style="list-style-type: none"> • Municipality • Voluntary Establishments and benefactors • Healthy Cities Project Office
RESEARCH	Getting smoking statistics that will be compared to health data	Data Collection	<ul style="list-style-type: none"> • Healthy Cities Project Office • Voluntary Establishments and benefactors 	<ul style="list-style-type: none"> • Municipality • Voluntary Establishments and benefactors • Healthy Cities Project Office

2.8 TOWN PLANNING AND MIGRATION

2.8.1 EXISTING SITUATION

Yalova province has experienced waves of migration from the 1950's onwards as a result of structural reforms carried out then, and more recently because of the terrorism problem in the south and south eastern regions.

25% of the existing living environments have been established illegally and lack city foundations. The buildings and living environments established in a legal manner lack identity, lack the values that bring pleasure to life, they are unhealthy, unsafe, closely built up in the same areas and polluted.

The differences between regions are increasing along with inequality in the distribution of wealth and ability to take advantages of services.

In addition before and after the earthquake on 17.08.1999 increases and reductions in the population number in connection to it the town, social and technical foundation projection calculations do not indicate the existence of a healthy city.

2.8.2 TARGETS

1. The plans should be made to prevent the natural structure of the environment from being harmed.
2. The education, health, commerce, socio-cultural active and passive "green" zones should be planned, developed and organised in the particular areas in order to meet the requirements necessary for the population that is to live there.
3. The reduction of physical barriers that may prevent disabled persons from travelling in their particular environment.
4. To find out the requests of the community when making decisions about the use of land.

2.8.3 STRATEGIES

1. The application of the 1/25.000. measure environment organisation plan.
2. The demands of the public must be taken in to account at planning stage.
3. The public should be educated about the harming of physical and social facilities.

MEDIUM AND LONG-TERM (5 YEAR) CITY PLANNING AND IMMIGRATION ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	ASSOCIATED ESTABLISHMENT	RESOURCE
MAKING CONSCIOUS	<ul style="list-style-type: none"> • Determining peoples demands in planning • Making people aware so that physical and social facilities dont get damaged 	<ul style="list-style-type: none"> • District meetings • Local newspaper&radio • Posters,books,magazine & other printed paper • Social &cultural activities 	<ul style="list-style-type: none"> • Municipality • LA 21 	<ul style="list-style-type: none"> • Municipality • LA 21
RESEARCH	<ul style="list-style-type: none"> • Application of 1/25000 scaled envirnmental plan 	Revision of Existing Plans	<ul style="list-style-type: none"> • Municipality 	<ul style="list-style-type: none"> • Municipality

2.9 HOUSING

2.9.1 EXISTING SITUATION

Yalova province is in close proximity to Istanbul Turkey's largest metropolis. It has an important advantage regionally and nationally with regard to Istanbul when considering transport facilities. In addition it also has many beautiful cultural and nature aspects. With the application of projects of national importance the regional and commercial importance of Yalova will increase further.

When the matters mentioned above are considered, it is necessary to enable the choice of suitable sites for the establishment of industrial areas in order to make it possible for the town to be established on healthy foundations.

Because of Yalova's geopolitical location it receives a large number of people because of migration from the countryside. Existing plans lose their effectiveness as a result of migration to areas where development is concentrated, other problems also occur in the development and construction of the town.

These are;

- Disorganised structural development, inability to take advantage of the necessary foundation services because of "crooked" structural development (drinking water, drainage, electricity, telephone, parks, car parks etc)

- Cultural differences occurring as a result of uneven development

- Disorganised development prevents works to be carried out on the structural fabric of the town (parks, roads social)

In addition the earthquakes on 17.08.1999 in Marmara and 12.10.1999 in Duzce have resulted in the widespread damage of settlement units. Among the most important causes for the effects of the disaster to be high is the fact that the town planning and application is not based on scientific research and observations, and also mistakes may have occurred when making administrative and planning decisions.

18% of the housing in Yalova has been found to be demolished or damaged because of the earthquake. 35% of the houses have a medium level of damage, 32% have a minimal level of damage and 15% are not damaged.

Buildings that have been constructed by "crooked" development are also included in the values depicting the damage occurring to buildings because of the earthquake. The level of "crooked" or uneven structural development in Yalova is therefore 28%. Organised development is 72%. The results display is therefore 72%. This shows that 28% of disorganised development is caused by the lack of building plans.

51% of the buildings in disorganised areas are single storey, 38% two storey, and 11% of various floor numbers. The abodes are between 50 m² and 100 m². Under the present circumstances 7 people live in each household. The average values for Turkish families are 4 in accordance with the rules and administrations. For these reasons there is a high concentration of people in the areas of uneven development. The excess in population number makes various factors in the application of building works vague, and bring problems at the planning stage.

The problems that migration brings were mentioned above. The inequalities that the problems bring are;

- The workforce is at minimal levels and the number of peddlers and beggars.

- The level of education is low

- The level of income is at minimal levels

The problems of the elderly, weak or disabled persons are not being solved
Social harmony and friendship is not being found to occur
It is causing social exclusion

Unhealthy environments are important because of the health problems caused today and the problems that they may cause in the future.

2.9.2 TARGETS

The prevention of the construction of unsuitable homes by 2005

The preparation of building plans for the areas where the unsuitable buildings are found to exist by 2005

The rehabilitation of unsuitable homes or their demolition by 2015

The creation of new healthy living environments by 2005.

2.9.3 STRATEGIES

The prevention of the increase of unsuitable buildings

The immediate demolition of unsuitable buildings should be made possible

The community housing areas should be opened for settlement

MEDIUM AND LONG-TERM (5 YEAR) HOUSING ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	ASSOCIATED ESTABLISHMENT	RESOURCE
MAKING CONSCIOUS	<ul style="list-style-type: none"> • Prevention of unsuitable and Illegal Housing • Demolition of unsuitable Housing 	<ul style="list-style-type: none"> • Illegal Construction Control 	<ul style="list-style-type: none"> • Municipality 	<ul style="list-style-type: none"> • Municipality
RESEARCH	<ul style="list-style-type: none"> • Application of 1/25000 scaled environmental plan 	<ul style="list-style-type: none"> • 1/25000 Environment and City Development Plan 	<ul style="list-style-type: none"> • Municipality 	<ul style="list-style-type: none"> • Municipality

2.10 TRANSPORT

2.10.1. EXISTING SITUATION

One of the problems occurring after the earthquake is related to the transport network.

The settlement has 3 main roads that connect the izmit-bursa road. Traffic problems occur because the mentioned roads are not sufficiently wide.

There are traffic jam situations. Because of the lack of pedestrian crossings and roads accidents are found to occur. The elderly and weak experience these problems to a higher degree. In addition traffic jams are found to obstruct the passage of the fire brigade, ambulances and security forces and also cause psychological problems for those caught up in their vehicles. Planning works must be carried out in order to identify the prevailing situation, widen the existing roads and make the areas for pedestrian traffic much safer.

During the planning works the creation of pedestrian roads and cycle routes have been requested by community groups. In order to achieve these objectives 10km of road in central Yalova has been closed to traffic and opened for pedestrian usage.

In addition Gazipasa road has been made a pedestrian road and cycle route from beginning to end.

The plan is to connect the Research And Development Institute in the centre of the town to central Yalova through a pedestrian road. This plan has been applied in building works and the necessary work has been initiated.

2.10.2 TARGETS

1. To enable the car-traffic-car park and circulation system to provide service effectively in a complete manner.
2. To make physical transport simple for children, the elderly and disabled persons.
3. To make access to the pedestrian road network possible for the elderly, weak, and disabled persons.
4. The increase of cycle routes

2.10.3 STRATEGIES

1. To carry out works to encourage the public to walk or cycle.
2. The elimination of problems that may prevent the use of bicycles or walking.
3. The car parks should be planned far away from the town centre
4. Public transport should be organised in order to enable comfortable use by disabled persons or those that are elderly.

MEDIUM AND LONG-TERM (5 YEAR) TRANSPORT ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	ASSOCIATED ESTABLISHMENT	RESOURCE
MAKING CONSCIOUS	<ul style="list-style-type: none"> • Encouraging walking and cycling 	<ul style="list-style-type: none"> • Public Education <ul style="list-style-type: none"> ❖ District Meetings ❖ Conferences, seminar etc. ❖ Courses • Campaigns • Competitions • Web Site • Local media publications • Posters, brochures, books, magazines etc. printed documents • Social and cultural activities 	<ul style="list-style-type: none"> • Municipality • National Education Directorate • LA 21 	<ul style="list-style-type: none"> • Municipality • LA 21 • Voluntary Establishments and benefactors
CONTROL	Problems that will prevent the use of pedestrian and bicycle roads	Municipality Police Control	<ul style="list-style-type: none"> • Municipality 	<ul style="list-style-type: none"> • Municipality
INFRA STRUCTURE	<ul style="list-style-type: none"> • Planning autoparks at a distance from the city centre • Arranging transport to be comfortable for the elderly and the handicapped 	Arrangement of City Planning	<ul style="list-style-type: none"> • Municipality 	<ul style="list-style-type: none"> • Municipality

2.11 ECONOMIC DEVELOPMENT AND EMPLOYMENT

2.11.1 EXISTING SITUATION

The economic livelihood of Yalova relies mainly on the agricultural sector that involves floristry and the cultivation of plants in greenhouses. The majority of income is obtained from agriculture and tourism. In addition there are many industrial plants that constitute the provinces industry, there are 7 textile sector sites, 3 chemistry sector, 2 energy sector, 2 paper and 4 large agriculture sector plants.

The Artisans And Artistry Office active in Yalova has 4.187 members. 233 workplaces have been closed after the August 17th earthquake and 191 new workplaces opened. In the year 2000 195 workplaces have been closed and 97 new workplaces opened. The Artisans and Artistry Office union formed by the inclusion of 17 different vocational groups has 17.000 members.

According to the data for 2001 (1479) of the businesses in Yalova are personal, (1096) limited, (38) collective, (5) consortiums, (128) incorporated, (226) are structure cooperatives, (31) motor vehicle cooperatives, (3) cooperative unions, (19) agricultural development cooperatives, (6) water products cooperatives and (3) small artists cooperatives, one of them is a foundation. According to the latest data 1197 businesses and cooperatives are closed, and 60 businesses and cooperatives are being liquidated.

After the August 17th earthquake the loan repayments of small and medium sized businesses have been deferred, and loans with low interest rates have been secured. In addition the Social Aid And Cooperation foundation has given 25 billion TL aid for providing shelter and other help. These examples have enabled economic life to remain a fraction more active.

The August 17th earthquake has caused important employment problems within the town. As a result of the economic stalemate after the earthquake, production had been frozen at the Yalova Acrylic Fibres Industry Incorporation employing 1.500 people. The employees had been given unlimited leave without wages. Unemployment can be seen to be one of Yalova's important problems when the unemployment levels formed after the closure of small businesses are considered in addition. In parallel with the increase in population, it is also necessary to include those to join the workforce in the future. 1404 people have applied to the Turkish Employment Establishment in Yalova during the final 6 months of 2001 and 695 have been settled in work.

As the unemployment values for the province have increased the level of income of individuals and families has decreased. This carries a level of risk that can threaten health at the present time or in the future at the individual or community level. With the intention of reducing this risk Industry And Commerce sector representatives, associated establishments or bodies, vocational groups and civil community groups have established various work commissions within the Yalova town council in order to develop short and long-term projects that will increase employment opportunities.

2.11.2 TARGETS

1. The number unemployed must be established and employment capacities defined: By the year 2003 data for the number of unemployed must be obtained and the employment capacity within the town defined.
2. Development and application of projects that will create employment areas: By the year 2004 feasibility reports for the suitability of the projects to the particular environment must be carried out along with preparative work, this can be carried out by the contribution of members of the particular sectors.
3. Increase of the quality of the workforce: Persons that have not moved in to working life and do not have any qualifications must gain a vocation and those that are already in working life should be able to develop the particular skills that they have.

2.11.3 STRATEGIES

1. Preparation of workforce statistics

- The local workforce market should be subjected to statistical analysis in order to enable the observation of workforce requirements.
- Local employment capacities should be rationally identified and the workforce requirements should be directed towards the existing employment capacities.

2. New employment projects

- Work to establish the "Information Technology Organised Industrial Zone" and the "Floristry Organised Industrial Zone" should be continued and completed.
- Yalova Technology Development Zone must be established.
- Preparative work and studies must be carried out in order to set up a stock exchange for floristry.
- Necessary endeavours must be made in order to build buildings for the workplaces in the commercial areas of the permanent housing estates.
- Internal livestock farming activities should be encouraged along with agricultural production as an alternative activity.
- The development of protected vegetable and fruit cultivation in greenhouses.
- In order for to Yalova to develop in to a tourism centre in respect of health, education, hot springs, nature, the sea and sports all of the excursion, recreation and other activity areas must be identified in view of preparing a Tourism Master Plan.

3. The training of workforce

- Work should be carried out in coordination with education associations in order to develop commerce and industry.
- Programs such as information technology, floral plants, tourism, health and law directed towards employment should be opened within the present and future universities.
- Children that work who have acquired education opportunities, once completing middle school should be directed towards the industrial plants in and around Yalova in the field that they desire in order to meet the need for technicians.
- Vocational training work should be given more importance in order to increase the quality of communal living in every way.

MEDIUM AND LONG-TERM (5 YEAR) ECONOMIC DEVELOPMENT TARGETS ACTION PLAN

STRATEGIC OBJECTIVES	STRATEGIES	ACTIONS	ASSOCIATED ESTABLISHMENT	RESOURCE
VOCATIONAL EDUCATION	-Workforce training	<ul style="list-style-type: none"> -Courses <ul style="list-style-type: none"> *Courses to gain a vocation *Training within vocation -Schools <ul style="list-style-type: none"> *Programs leading towards employment *Guidance services -Seminars <ul style="list-style-type: none"> *Vocational direction and introduction courses *Development seminars -On the job training -Work placements 	<ul style="list-style-type: none"> -Industry And Commerce Province Directorate -Municipality -National Education Directorate -Social Services Province Directorate -University -Commerce Office -Public Education Centre Directorate -Apprenticeship Education Centre Directorate 	<ul style="list-style-type: none"> -Government budget -Municipality -Voluntary associations and benefactors
INFRASTRUCTURE	<ul style="list-style-type: none"> -Workforce statistics -Employment projects 	<ul style="list-style-type: none"> -The collection of workforce data -The establishment of the Information Technology Organised Industrial Zone and the Floristry Organised Industrial zone -Establishment of the Yalova Technology Development Zone -The establishment of a stock exchange for floristry -The building of the intended workplaces in the permanent housing estates -Making internal livestock farming widespread -Making the cultivation of plants and vegetables in greenhouses more widespread. -The development of the Tourism Master Plan 	<ul style="list-style-type: none"> -Industry And Commerce Province Directorate -Yalova Municipality -YG-21 -Commerce Office -University -Tourism Province Directorate -Agriculture Province Directorate -Floristry cooperatives 	<ul style="list-style-type: none"> -Government budget -Municipality -Commerce Office -YG21 -Private sector

