

## **To Enhance Health of Society as a Tool of Public Policy Is Conditional Cash Transfers: Sample of Turkey**

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### **Abstract**

Since 1990s, Conditional Cash Transfers to be implemented in the world and it is known as one of the methods of combating poverty. On the basis, it is aimed to make human capital better, through investing on education and health, feeding topics.

This approach includes paying cash to individuals under risk factors or need to be empowered as mothers in family, in case of realizing necessities of conditions as enhancing maternal and children health. In Turkey, Conditional Cash Transfer Programs were started with the support of World Bank and put in to practice at the end of 2001 and gradually in 2003 and since 2004 it has been implemented throughout the country. Turkey has targeted to reach individuals who are in the poorest 6% in Conditional Cash Transfer application. This program, funded by World Bank loans between 2002-2009, then since 2009 is continuing with Turkey's own resources.

As there is no data in the field covered by the study, it is taken into consideration Turkey Demographic and Health Survey data was reanalyzed. It was aimed to evaluate the identifier variable to track of variable frequencies for 1993-1998-2003-2008 year's data before and after the CCT application. Also evaluated terms of 1998-2008, 1998-2003, 2003-2008 separately from each other. These terms evaluated separately, because Turkey lived the worst economic crisis of its history in 2001. In study, it has been focused on the poorest 20% of population because at the same socio-economic zone there may interpersonal interaction will be high, then considered to be replace in the poorest 6% of individuals in the poorest 20%.

To get robust results, data sets was weighted firstly and before passing analyse process, prepared new categorical variables and prepared complex sample files from main data.

BCG, DBT, Polio and Measles vaccination rates were evaluated. In evaluation two different perspective was used. One is showing pure improvement in public population. In another perspective, how level changed in risky groups. Generally, there is improvement for poorest part in whole public. However, if we looked at changing for risky groups, there are blurry results about benefit of conditional cash transfers. In that perspective results were like that:

In poorest socio-economic part of society, while vaccination rate of BCG 46%, vaccination rate of DPT 50.9% and Polio vaccination rate 28.2% increasing, vaccination of measles rate decreased as 11.9% in 1998-2008 term. These percentages realized in poor part as 40.3%, 54.1%, 32.0 % and -5.3%.

In 1998-2003 term, in poorest socio-economic part of society, while vaccination rate of BCG 10.3%, vaccination rate of DPT 34.3% and Polio vaccination rate 9.3% increasing, vaccination of measles rate decreased as 3.8%. These percentages realized in poor part as 31.4%, 48.6%, 24.6% and 19.3%. It seems that vaccination rates were affected in positive way in poor part more than poorest part of society.

In 2003-2008 term, in poorest socio-economic part of society, while vaccination rate of BCG 39.8%, vaccination rate of DPT 25.3% and Polio vaccination rate 20.9% increasing, vaccination of measles rate decreased as 7.8%. These percentages realized in poor part as 13%, 10.8%, 9.8% and-

30.4%. It is observed that there is decreasing in vaccination rate of measles for poor and poorest groups. However, ratio of decreasing is less in poorest part than poor.

To sum up, the poorest 20% slice and second (poor) 20% slice' usage levels of vaccination services are similar in 1998 and 2008, but there are differences in 2003 and 2008 years. This difference was advantage for childrens vaccination rates in the poorest 20% slice.

**Keywords** : Conditional Cash Transfers, Public Policy, Inequality, Child Health, Turkey.

**JEL Classification Codes** : I140, I180.

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