



addressing these goals will be designed for implementation in 1973, 1974, and subsequent years. It is now assumed that all programs in the area of family planning and population will be discussed fully within the Government of Turkey and then again with all interested international bodies and foreign governments which have evidenced an interest in providing assistance to Turkey for this sector. (See 2.D. below.)

## 2. Prior Years

From 1965, the year the Family Planning Law was passed and a Family Planning General Directorate within the Ministry of Health was established, the major effort and by far the largest budget contributions to the Family Planning program have come from the establishment budget of the Government of Turkey (Ministry of Health). The total expenditure by the General Directorate of Family Planning, 1964 through 1972, has been approximately TL 133.2 million, (equivalent \$12.5 million - adjusted for changed TL:\$ exchange rates). The budget for the Family Planning General Directorate in Turkish Fiscal Year 1972 (March 1972 to February 27, 1973) is TL 24.5 million (equivalent US \$1.8 million, or less than 5¢ per capita). These General Directorate FP figures do not include the larger investments of the entire Ministry of Health infrastructure through which the Family Planning General Directorate works. Major foreign contributions to Family Planning in Turkey from 1964 through US FY 1972 have been: (Figures are unofficial and approximate)

	<u>US Dollars</u>	<u>Turkish Lira</u>
Population Council	2,000,000	
IPPF (Turkish FP Assoc.)	<u>1/</u>	
SIDA (Sweden)	225,000	
Pathfinder Fund (AID)	100,000	200,000 <u>2/</u>
World Education, Inc. (AID)	100,000	1,300,000 <u>2/</u>
Ford Foundation	700,000	
Rockefeller Foundation	250,000	
CARE	50,000	

1/ Amount not known for all prior years; however, estimated at \$42,000 per year in recent years.

2/ Turkish Lira Fund from Special Project Fund, jointly programmed by USAID and Government of Turkey.

	<u>US Dollars</u>	<u>Turkish Lira</u>
AID - Loan (Vehicles)	2,100,000	
AID - Grant	175,000 <sup>3/</sup>	
AID/Gav. of Turkey		6,650,000 <sup>2/</sup>

3. Progress in Family Planning in Turkey, U.S. FY 1972

A. Political

- a. Beginning with the appointment of Dr. Akyol as Minister of Health in the first Erim Government (March through December 1971), publicity on family planning, initiated largely by Minister Akyol's personal efforts, began increasing to the point that family planning moved completely away from the obscurity of back pages to front page - often headline - news. The increase continued steadily during the tenure of Dr. Akyol's successor, Dr. Cavdet Aykan. (Second Erim Government, Dec. 1971 to April 1972) and appears to be continuing in the new Helen Government (beginning May 1972), in which Dr. Kemal Demir is the Minister of health, a post he held in 1965 when he and his Undersecretary, Dr. Nusret Eisek, were instrumental in pressing the liberal family planning legislation through the Parliament.
- b. To reinforce further positive attitudes towards family planning and to bring attention of the world population issues to persons in leadership positions, AID sponsored Family Planning Seminars/Tours of four weeks duration each for 6 small groups during US FY 72. In each group were from four to eight persons. Twenty <sup>were</sup> members of Parliament and the others were prominent Turkish persons each having a wide range of contacts. One of the groups was composed of eight Turkish women. Considerable favorable publicity was generated by these persons on their return to Turkey. The information and issues learned were discussed in the Senate and Legislature.

<sup>2/</sup> Turkish Lira Fund from Special Project Fund, jointly programmed by USAID and Government of Turkey.

<sup>3/</sup> U.S. Dollar grant figure does not include approximately eight man years AID Direct Hire, full time Population Advisors nor AID funded consultant services. (Approximately 12 man months of short term consultant services were financed by AID from June 1971 through July 72. See 4.E.) For additional listing of AID inputs see Attachment 2.

B. Long Range Planning

In March 1972, during the tenure of Minister Aykan, a comprehensive Program and Policy Statement was written, published and distributed within the Turkish Government as well as to the prospective donor community. This document was well received. In its nearly one hundred pages it identifies and rationalizes the national demographic targets and goals for a twenty-five year period. It identifies, in some instances in considerable detail, all activity areas which need to be studied and integrated if the existing national plan is to be strengthened and administered with a degree of effectiveness appropriate to the goals. The required resource needs are estimated. This document remains, in this new government, an important statement; however, the action program it contains is under review and final decisions on implementation will come later in 1972.

C. Project Designing

When the document referred to in 3.B. above, was presented to USAID it was accompanied by a letter requesting AID assistance in examining the many activity areas and in preparing detailed program plans which could be translated into project proposals for donor consideration. In May AID provided consultants to study existing FP delivery systems and models in Turkey and advise on the design and implementation of a Provincial model. The preliminary report of these consultants is presently under study by the Ministry. A second team of consultants came in June to study education and training programs for doctors, para-medical and program personnel - both in school and in service - and to make recommendations for improved and new programs. The reports of these consultants, in draft, are also now under study by the Ministry. Two more consultants to cover the whole media-field as related both to pre and in service training, and to public information programs, are scheduled to arrive in early September 1972.

D. Government of Turkey and Donor Coordination

Of concern for some years has been the lack of coordination within the GOT, within the donor community and between the GOT and donors. Under the direction of the Ministry of Health a small donor luncheon was held in January 1972. There was not then immediate follow-through; however, after the publication of the Ministry's Program and Policy Statement in March 1972 the issue again became paramount and the USAID Director in a meeting with the Undersecretary proposed the regularization of such meetings, perhaps with different donors in turn taking the responsibility for hosting. Thus, USAID, on June 30,

1972, hosted a luncheon meeting with an attendance of over twenty suggested by the Ministry. Guests from the Turkish community included representatives of the Ministry of Health, the Family Planning General Directorate, Hacettepe University's Institute of Population Studies, the Hacettepe Medical Faculty, the Ankara Maternity Hospital, the Ministry of Finance and the Turkish Development Foundation (a voluntary organization). Representing the donor community were officials from the UNDP, the West German Embassy, the United Kingdom Embassy, Ford Foundation and AID. (See ANKARA 4732, July 5, 1972). An exceptionally frank, comprehensive and stimulating discussion lasted three hours. USAID believes a constructive atmosphere is established and hopes to stimulate its continuation.

E. Para-medical involvement in IUD Service Delivery

There has been an assumption at the higher levels of the government and the Ministry of Health that IUD insertion is a medical procedure which can therefore be done only by a medical doctor (In Turkey, this is further narrowed by a Ministry regulation that only a medical doctor with special IUD training is authorized to insert IUDs). This policy is now under review. It is recognized unofficially that in a Muslim society many women can not allow a man to give her a medical examination, particularly any sex related examination. In fact, mid-wives in some parts of Turkey do IUD insertions quote after thorough training unquote and quote under a doctor's supervision unquote. If, following the present review, a more liberal policy is adapted it can be expected that the government will mount a large mid-wifery training program, perhaps assisted initially by an institution such as Downstate Medical Center, N.Y.

F. Conventional Latex Contraceptives.

Conventional latex contraceptive devices will be placed on Import Liberalization List II, January 1973. This will have the effect of freeing importation of condoms and other latex devices which, to the present time, have been under a \$10,000 annual import quota restriction. Also, in the last half of calendar 1972, the GOI has indicated it will raise the quota as high as is needed to meet legitimate applications from private importers. Up to this time, the quotas have caused the commercial traffic to move outside of legal channels with the result that the products are high priced, supplies erratic, and conventional marketing promotion impossible. (e.g. Quality brands of condoms now selling in Iran for approximate 8¢ US for three sell in Turkey for 33¢ for three.) With this change we expect supplies to increase, advertising to begin and prices to drop to a level similar to Iran's.



in other countries the Ministry intends to expand the contraceptive "cafeteria" approach nationally.

J. Private Sector

Oral contraceptives are manufactured and marketed throughout Turkey. At present there are seven to eight brands available, and no pharmacy in the smallest of towns offers fewer than three choices. The cost of a monthly cycle is approximately 62ç. Foam tablets are manufactured and marketed. Latex products are not manufactured in Turkey (see 3.J. above); however, a number of firms are in contact with manufacturers in England, Germany, and Japan and are understood to be exploring both importation and joint-venture manufacturing in Turkey. While the condom is usually an under the counter item, it is sometimes displayed on store shelves and in one instance was noted in a window display. Two to six brands are usually available. Oral contraceptives are openly displayed, sometimes being featured in windows displays. While legally a prescription is required, orals are probably sold to whomever asks. Except for the high prices noted, the pharmacies are doing an excellent distribution job nationally. Most women, however, remote their villages, do get to town bazaars during at least two market days a year.

K. AID-Loan Fund Family Planning Jeeps: (Loan 277-E-068, 1966)

528 vehicles were distributed throughout the 67 provinces of Turkey in late 1971. Minister Akyol sent a letter instructing each Provincial Health Director to use the vehicles in renewed, revitalized, and redesigned family planning programs. There are not yet official reports from all the Provinces on the use of these new vehicles; however, through field trips of both MOH and USIAD personnel, as well as personnel of other agencies, we have learned that the Provincial Health Directors in some Provinces have taken positive actions and have strengthened their FP programs. This is not to say that budgetary and personnel problems have been solved across the nation. They have not, however, in some provinces women can now more easily obtain the government FP services.

4. USAID and AID FY 1972

- A. An Adult Literacy/Family Planning Project was implemented in FY 72. The AID contractor is World Education, Inc. The Turkish counterpart agency is the General Directorate of Adult Education in the Ministry of Education. The Family Planning General Directorate of the Ministry of Health assists. This is essentially a research project; during the 1971/72 winter the new level one (first year) functional literacy materials were tried out in approximately forty classes in five

Provinces. Additional trial classes were taught by the military and by voluntary agencies whose teachers participated in the project's training classes. The materials used are being revised, based on the evaluations of the first year, and will be tested again in the 1972/73 literacy program. Also, the new curricula materials for the second level (second year) will have their first field trial.

- B. Also implemented in FY 1972 was an action-research delivery systems pilot program covering a rural area comparable in size and composition to a country in one of the larger middle American states. Over 50 villages are included and more than two thirds of these received full contraceptive cafeteria services delivered monthly by educators and medical personnel including physicians. This is an AID/Pathfinder Fund project through a voluntary organization, The Turkish Development Foundation. The final field survey measuring results and other KAP type elements will be undertaken in fall 1972, run through the Hacettepe Institute of Population Studies' computers, evaluated and reported by the end of calendar 1972. The program has been well monitored including an interim appraisal carried out by the administering Turkish agency and US specialists in May 1972; however, while some conclusions seem apparent, final judgement of this interesting model and its several elements must await the final evaluation by the independent evaluation agency, Hacettepe Institute of Population Studies.
- C. A new book by Drs. Haluk Aker and Warren Winkler, ORAL KONTRASEPTIVLERDE UYGULAMA VAKALARI (ORAL CONTRACEPTIVE CASEBOOK) was written during 1971/72. This book has been accepted by the Ministry of Health which will arrange for distribution in government channels. Other distribution will be arranged through pharmaceutical and other private channels, libraries, universities, etc. The English language copy is being prepared for distribution in August to all AID posts, family planning organizations, libraries, schools, etc. The idea for this new, up-dated, and especially-adapted-for-Turkey (and other L.D.C.) oral casebook came from a pill casebook prepared by Dr. James Russell in the mid-sixties.
- D. In FY 72 AID sponsored Family Planning/Population seminars were held in the US for twenty members of Parliament and twelve other Turkish leaders. (See J.A.S. above.)
- E. USAID Direct hire staff numbers four: two Americans and two Turks. (One US Social Sciences/Family Planning Advisor, one US Communications-media/Family Planning Advisor, one Turkish Communications-media and Training Specialist, and one Administrative Assistant-Secretary.) The largest proportion of the time of this staff is spent with the General Directorate of Family Planning

staff of the Ministry of Health in the development of new project activities. Because of the newness of the activity both to the Government of Turkey and to foreign donors, coordination has been informal (see 3 D. above) and the advisors maintain their knowledge of the sector and the various actions of others through extensive and frequent contacts with the representatives of other interested agencies. The communications advisor and specialist work more directly with the communication and education specialist of the Family Planning General Directorate in the planning and designing of new media materials, and also maintain extensive contacts with public and private media agencies in Turkey and abroad.

F. Also during US FY 1972 the Mission participated in a number of centrally or regionally funded AID projects. These are:

- a. Global Study of Contraceptive Marketing (Westinghouse)
- b. Home Economics Family Planning Education (American Home Economics Association)
- c. Social Workers Family Planning Education (International Social Work association)
- d. University of North Carolina Programmatic UNC-7 (Institutional Development - Dr. Rolf Lynton)

G. Representatives of other contractors administering AID centrally and regionally funded projects have also visited Turkey in US FY 72. Attachment 3 contains the complete list of visitors, their organizations and the dates of their visits.

##### 5. Summary Notes

In March 1971 there was a change in the government of Turkey and a new Health Minister appointed. In December 1971 there was another change and another Health Minister appointed. In April 1972 there was another change; however, in an ensuing "transition" of a few weeks during which a Prime Minister designate was attempting to form a government, the Ministers held their posts. Finally, in May 1972, the present Kelen Government was installed and Dr. Kemal Demir appointed Health Minister. The Undersecretary (Deputy Minister) level personnel changes tend to follow Ministerial changes. In this political environment programs regarded as especially important, especially sensitive or both as is sometimes the case with Family Planning, tend not to be substantively altered. New starts of magnitude or long duration require the Minister's attention, and when Ministerial tenure is short there

just is not time for the personnel at the General Directorate level to prepare comprehensive programs, obtain approval at higher levels and ultimately the Minister's attention and approval, and then to begin working with the Ministry of Finance, the State Planning Office and the several donor agencies in the bureaucratic processes required actually to implement a major new activity. It is to the credit of the existing General Directorate that it has been able to hold essential personnel and continue its staff role within the Ministry as well as its liaison with the 67 Provincial Health Directors who have the establishment field personnel through whom family planning education and services must be offered. The result in 1972 is a very uneven national program with some Provinces (particularly the 27 Provinces covered by the National Health Program) having moderately effective programs and some provinces having almost no programs at all. Even knowing how effective the Provincial programs are has become much more difficult since the end of 1970 when the enforcement of a new personnel law made IUD incentive payments illegal. This has had not only the obvious effect of lessening the MOH personnel's interest in inserting IUDs but also removes the incentive for reporting.

The latest reports from international sources are that in Turkey in calendar 1971 approximately 270,000 women were using IUDs and orals. Other research in Turkey indicates that at least as great a number are using condom, foam, douche and coitus interruptus with the last being probably the most used method in the country. (One should hesitate to assume - as we have been inclined to do - that in all cultures those practicing coitus interruptus are likely condom customers. Coitus interruptus has been described in Islamic literature for many centuries and may, in fact, be related with sexual practices considered desirable. This needs study.)

We know of no family planning consultant, of whatever discipline or persuasion, who has been in Turkey and has not observed that Turkey's first, and probably simplest, task is to go after the "easy customer". The people - based on several KAP studies - are receptive. What is lacking is not so much motivational propaganda but educational propaganda and ready access to services and commodities. We do assume that abortion in Turkey is now the contraceptive method and that almost all who resort to abortion would switch to good contraceptive methods if they know of them, trusted them and could obtain them easily and cheaply. We know that the desired family size norm has been decreasing since the late fifties and that contraceptive education and service programs do not meet the demand. We are also much aware that we do not know why the desired family norm has decreased, and would encourage family planning researchers and decision makers to explore this area thoroughly so that the later, more difficult program decisions can be based on sound rationale.

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Finally, there are the often noted bureaucratic constraints. The Ministry of Health has been, since 1970, seriously considering re-organization of the Ministry. Presently there are about twenty General Directorates of which the Family Planning General Directorate is one. Advisors of international agencies and experts within the Ministry have at various times suggested reducing the number of General Directorates to six. Always current has been the recommendation (or rumour thereof) for the merger of Family Planning and Maternal Child Health Directorates. This would give the new, integrated directorate (and consequently the family planning bureaucracy) a line organization in the Provinces. Upon the MOH ~~REORG~~ re-organization plans we can only speculate; however, personnel of the Ministry work in a situation in which they are forever aware of possible re-organization and the consequences for themselves.

The Ministry of Health infrastructure of Turkey is impressive, probably most particularly in the Nationalized Provinces (Eastern 25 Provinces; Edirne Province, the westernmost, and Nevsehir in the centre of the Anatolian Plain). The goal is complete nationalization of medicine sometime in the early eighties; the target date varies. Lack of medical personnel is not the constraint it is in so many countries (there are 13,850 medical doctors; 8,000 nurses; 11,400 midwives; and 10,000 other para-medical personnel in the country. There are seven medical colleges). Physical facilities in the cities and towns are adequate to provide most medical services. At this time, it is through this infrastructure that the medically related family planning program must find the best way to deliver. To this large issue are directed the energies of the Family Planning General Directorate and the many local and foreign agencies assisting them. It should be possible within five years for Turkey to have the successes reported for Korea in its report, The Korean Family Planning Program, February 10, 1972.

HANDLEY

Enc: a/s above, one of each to each post and one of each to AID/W.

1. Table. Alternative Population Projections (Turkey) 1970 to Year 2000.
2. Table. AID-funded Family Planning Activities in Turkey. (Unofficial summary)
3. June 1971 through 1972 USAID/T-Family Planning, Division visitors' list.

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