

UNITED STATES GOVERNMENT

# Memorandum

TO : Dr. R. T. Ravenholt, PHV/POP  
THRU : Mr. Robert Y. Grant, PHA/POP/NESA  
FROM : Marschal D. Rothe, PHA/POP/NESA *THOR*  
Warren E. Winkler, M.D. *THOR for WSW*  
SUBJECT: Johns Hopkins University Project Development Bureau Project  
--Ankara, Turkey

DATE: February 24, 1975

Attached are copies of the evaluation report on the Johns Hopkins University Grant (No. AID/csd-2956) for the Project Development Bureau which was established in 1973 at the Turkish Ministry of Health's General Directorate of Population Planning (GDPP). As you know, several proposals for extension of the Bureau now have been presented to AID, and we trust this evaluation will be of some value to the Agency as it makes a determination in this regard. We would suggest, however, that a number of issues -- some relatively new -- have arisen that would be important in considering any extension beyond June 30, 1975:

- (1) Will the Ministry of Health (meaning here the Undersecretary and Minister of Health) make a renewed and firm commitment to staff the General Directorate fully and properly?
- (2) If the national Contraceptive Distribution Project is implemented in some form, what role would the Project Development Bureau play in monitoring and supervising?
- (3) Because the nature of the PDB is so closely tied to the personality of the Resident Advisor, what type of individual does JHU propose as a replacement for Dr. Mosley?
- (4) And, lastly, is there sufficient justification for continuance of the PDB if its roles are confined to (a) identifying program needs that would require AID and other donors inputs, and (b) offering counsel and guidance in maintaining the momentum, if any, of the GOT program?

There may be other issues at hand but these have risen persistently as we attempted to draw conclusions from our evaluation and to weigh ramifications in future programming where the PDB is concerned.



An Evaluation

of

The Project Development Bureau, General Directorate of Population Planning, Ministry of Health, Government of Turkey -- Ankara, Turkey, January 1975

Undertaken to fulfill a requirement of Amendment No. 10 to Grant No. AID/csd-2956, with the Johns Hopkins University, dated March 29, 1973, the following evaluation was made during the period January 16-23, 1975 by a team composed of

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and

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Washington, D.C.

This evaluation has been conducted jointly by the team members, utilizing as closely as possible the criteria and report format suggested, and concurred in, by USAID/Turkey and by AID/W. The team in its investigations and interviews consulted jointly or separately with the following individuals:

Ministry of Health and Social Welfare, Government of Turkey

Dr. Osman Yaşar, Undersecretary, Ministry of Health

Mr. Tandoğan Tokgöz, Acting General Director, (GDPP)  
(Departed Jan. 20 for U.S.)

Mr. Uğur Aytaç, Division Chief, Administration (GDPP)  
(Departed Jan. 20 for U.S.)

Mr. Baki Durmaz, Division Chief, Education and Training (GDPP)  
(Departed Jan. 20 for U.S.)

Mrs. Nuran Üstunoğlu, Division Chief, Research and Evaluation  
(GDPP)

Mrs. Semra İnan, Acting Division Chief, Education and Training  
(GDPP)

Dr. Feruz Çoruh, Acting Director, pro tem, (GDPP) and General  
Director, Malaria Directorate

Mr. Husseyin Ertan, Chief, Print Shop (GDPP)

Project Development Bureau (FDB)

Dr. Kirk T. Mosley, Johns Hopkins University, Resident Advisor  
(Director of the Bureau)

Mr. Nezhir Suner, Interpreter/Translator

Mrs. Uran, Translator

Mrs. Rina, Secretary/Translator

Institute of Population Studies, Hacettepe University

Dr. Uğur Tuncer (formerly with the General Directorate of  
Population Planning)

Dr. Hüsnü Kisnisci, Director, Hacettepe Institute of Population  
Studies

Dr. Nusrut Fişek, Chairman, Department of Community Medicine

Ankara Maternity Hospital

Dr. Turgut Metiner, Director, Family Planning Services, (former  
Director General, GDPP)

United Nations Development Program (UNDP)

Dr. Nesim Shallon, Resident Representative

Dr. Michael Hyland (telephone conversation only on the eve of his  
departure), former Deputy Resident Representative

Mrs. Lorraine Herm, Communications Program Officer, Development  
Support Communication Service, UNDP

United Nations Fund for Population Activities (UNFPA)

Dr. Marco Cittone, Coordinator

United Nations Children's Emergency Fund (UNICEF)

Mr. Amer el-Atki, Country Director

U.S. Agency for International Development, Mission to Turkey (USAID/T)

Miss Marjorie Belcher, Acting Director

Mr. Paul A. Cooper, Executive Director

Mr. William Nance, Assistant Program Officer, Program Operations  
and Evaluation Office

American Embassy

Mr. Erilğrul Gur, Economic Section (former Communications  
Specialist, USAID/T, assigned to Population Office)

Others

Mr. Robert Bettera, University Overseas Program Intern, MAPH,  
University of Hawaii School of Public Health, assigned to  
GDPP, Ankara

Dr. Sadri Alam (by telephone only) Director, Yözcagat Project,  
Yözcagat Province

The Evaluation Team addressed itself to the following points, outlined in the criteria format framework previously agreed upon by AID/W and USAID/T:

I. Grant Goal

A. Summary of Goal:

"To develop Turkish (Family Planning) Institutional Capability in Project Development," in order to expand and improve the family planning services provided by the Ministry of Health (MOH) in Turkey.

B. Verifiable Indicators:

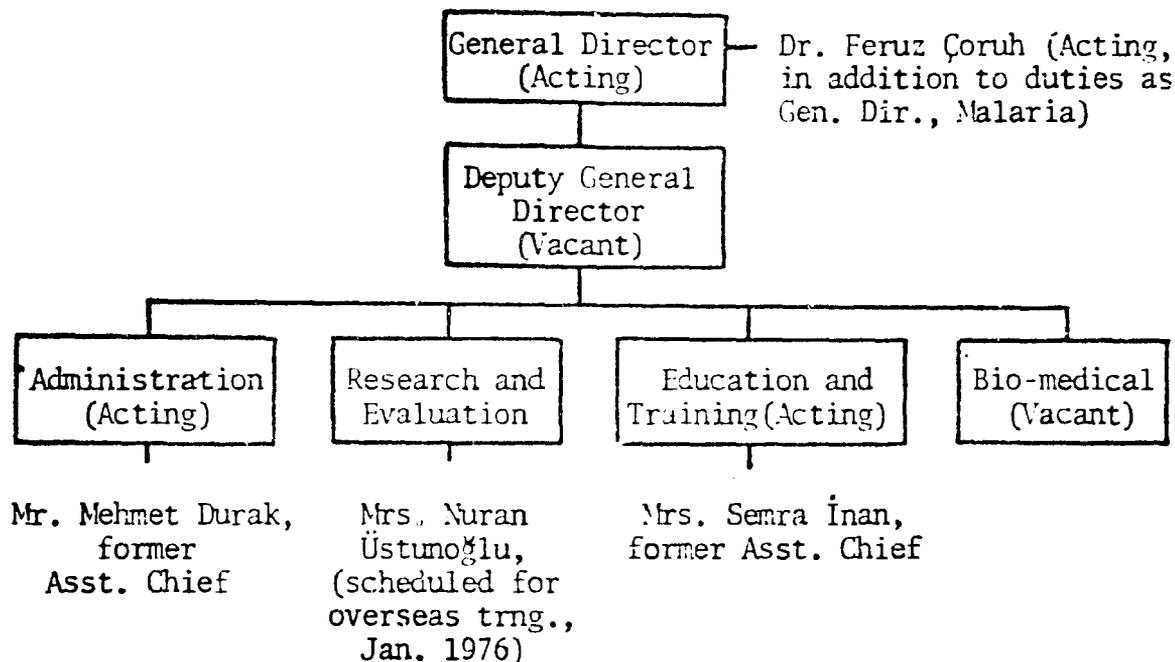
1. Evaluation: The extent to which the GDPP is able to carry on project development at the end of the Grant which is scheduled to end March 30, 1975. (A request has been received for extension through June 30, 1975.) From the outset of their assessment the evaluators were concerned with the quality and quantity of the knowledge and skills the Project Development Bureau (PDB) has been able to transfer to the General Directorate of Population Planning (GDPP), the commitment of the MOH leadership, the support and continuity of the Ministry of Health, the likelihood of MOH commitments at the conclusion of the Grant.

Although perhaps not fully indicative of the MOH's interest in that project, it was unfortunate for the Team that its arrival and initial interview

assessments coincided with the departure of the GDPP's Acting General Director and the heads of its Administrative and Education/Training divisions all for language and population-related studies of 15-18 months duration in American institutions. (The head of a third division, Research and Evaluation is scheduled for a departure on extensive training in January 1976.) The slot of director of the (fourth) Bio-medical division remains unfilled, as it has been for over three years.

Findings: To some extent the effect of these absences will be ameliorated by the assignment of replacements. The two division heads will be replaced by their deputies, but the Deputy General Director and Bio-Medical Director posts still remain vacant. Also, the new Acting General Director will continue in his other position (Director of Malaria) while assuming population responsibilities as an additional duty. This suggests a near-vacuum of seasoned leadership in the GDPP especially where the design, initiation, funding, implementation and evaluation of projects are concerned.

This abbreviated table of organization illustrates the situation as of 23 January 1975:



2. Staff Continuity: The continuity of the GDPP Project Development Staff after completion of the Grant.

Finding: Of prime concern is the long-term absence of the Acting General Director although the Team was given some assurance by the Undersecretary, Dr. Osman Yaşar, on January 23, that the matter of replacing the present General Director, Malaria (who has additional duties as Acting General Director, Population Planning) with a full-time person was under consideration. Dr. Yaşar, however, did not seem concerned about the lack of leadership at the Divisional level.

The long-term training of these officers is a need expressed by most of those concerned with the GDPP, including representatives of the UNFPA and the Johns Hopkins University, both of whom facilitated the funding and arrangements. Still, the timing, while perhaps not fully predictable in all its ramifications, was unfortunate in terms of the GDPP's time frame of achievement and the PDB's related goals.

The timely repatriation of these staff leaders and their continued association with the population program were assured by several officials, but -- given the fluidity of GOT personnel assignments, the possible policy changes and re-ordering of priorities -- this cannot be regarded as iron-clad evidence of their future utility.

3. Project Approval Effectiveness: The effectiveness with which the GDP has developed project proposals and moved them through the approval process.

Finding: There is evidence that the GDPP has become more involved during the past two years in developing project proposals and steering them through the approval process. (See Proposal Flow Chart Attached) The degree to which the PDB was able to assist in and expedite this development will be dealt with in Section II.

During the past two years, in the case of at least five project proposals, the GDPP seems to have been involved, with varying degrees of PDP input, in re-designing the original proposals. It is difficult for us to gauge the degree of reliance upon its own planning resources or on the resources of the donors involved.

4. Effectiveness of FP Services: The effectiveness of the projects enacted in expanding and improving family planning services.

Finding: It is both too early and beyond the scope of this evaluation to judge the effectiveness of those GDPP projects enacted in expanding and improving general family planning services in the country.

C. Means of Verification:

Through evaluation of the GDPP staff and programs at the conclusion of the Grant period.

D. Assumptions:

1. That both parties to the Grant act in good faith in meeting their obligations
2. That the decision to carry out the Grant was made on valid information.

Finding: Both parties to the Grant (i.e. the GDPP and PDB) claim to have acted in good faith in meeting their obligations, but there are several important exceptions.

Mr. Tandoğan Tokgoz, the Acting General Director, told us before his departure that "both parties could not fulfill their obligations". He was not explicit but may have been referring obliquely, Dr. Kirk T. Mosley suggests, to the fact that Dr. Mosley's arrival on the scene from the U.S. was delayed until several months after the starting date of the PDB Grant. Moreover, the Johns Hopkins University could have provided additional short-term consultants had it been requested.

On the other hand, and this was several times conceded, the GDPP did not live up to its agreement to provide ongoing strong leadership in the administrative training education, research/evaluation and bio-medical areas. This deficiency has become apparent by its failure in designating one or more individuals to serve in the "opposite number" capacity with Dr. Mosley. The latter decision could have taken the form of filling the Deputy Director General position which is still vacant. Dr. Mosley defended this GDPP action by saying that staffing this post would have interposed a barrier between himself and the Acting General Director. In our opinion the amount and quality of counsel, guidance, training and other assistance which might have been given by PDB was reduced by the lack of senior authoritative ongoing leadership in the GDPP.

## II. Grant Purposes:

### A. Training GDPP Personnel:

1. Project Development Officer: The chief beneficiary of the PDB's training would appear to be the Acting General Director, because no Project Development Officer was named. The Resident Advisor has been able to spend considerable time with the Acting General Director in reviewing project proposals on an unstructured but day-to-day basis.
2. Project Development Staff: Because no planning staff was appointed, contact has been limited to the three division chiefs. In practice, this seems to have consisted of informal guidance and advice, when solicited, though not on a close or consistent basis.
3. Translation Staff: There is no evidence that the GDPP's own translation staff capability has been enhanced by PDB training.

### B. Assisting the GDPP in Developing a Policy for Project Development

Some notion of how the GDPP has begun to deal with projects, from the paper planning stage through implementation, evaluation, revision and so on may be gained from the Proposal Flow Chart attached, indicating the progress and status of 15 proposals in recent years.

1. Priority Establishment: This has been a problem almost ignored among the large-scale needs for a program and the number of proposals launched -- many with financing tentatively assured to a large degree by United Nations agencies. There is little evidence of fixing priorities, beyond the general attention given to furthering the implementation of an integrated family planning/MCH broad-scale effort. How the PDB has been able to abet this process -- other than by suggesting the weights by which such proposals ought to be measured on their own merits and in the context of overall program development and donor receptivity -- is quite unclear.
2. Facilitating co-ordination: Close co-ordination between the PDB, the donor agencies (except perhaps AID) and the GDPP in its task of assessing priorities does not appear to have been possible or vigorously pressed. What does emerge is an indication that the GDPP has dealt directly with UNDP/UNFPA from time to time in developing their two major projects.
3. Existing Proposals relation with the GDPP master plan: The nation's "master plan" was restated in decrees published in July of 1972 which speak broadly of "inadequate education and health" and set "social targets", among them a population that should not exceed 65 million in 1995 (as against the

approximate 39 million total in 1974). Health services of a widespread nature were proposed to provide by 1955 a health station for every 2,500 and 30 hospital beds for every 10,000. These decrees enunciated objectives of the Third Five-Year Plan for a socialized health scheme that would provide two-thirds of the country with a network of health units (one for every 10,000 people), health stations (one for each unit of 3,000) and 26 beds for every 10,000 persons. In the Third Five-Year Plan the subject of Family Planning seems to have fewer specific goals and less importance in the overall picture than previous Plans. A decree in August of 1977 (No. 7/4821) outlines the staffing for the national effort. It does stipulate numbers of paramedical personnel for MCH centers, population planning doctors for socialized and non-socialized areas and specialized doctors for MCH centers and population planning units.

There appears little else upon which to plan the specifics of a population program. Within these constraints the PDB has been able to offer a measure of guidance to the GDPP as it attempted to work out its project priorities.

### C. Consultation Services

#### 1. When requested by the Project Development Officer.

Inasmuch as no PDO was ever assigned, no consultation took place.

2. When requested by the (Acting) General Director, GDPP:

This kind of consultation was accomplished, particularly in matters of project proposal development. The Division Heads reported that such consultations were helpful, particularly to the Research/Evaluation Division in drawing up the parameters of the Contraceptive Distribution Proposal. However, for the most part consultations were high-level collaborations between the Resident Advisor and the (Acting) General Director.

3. Provision of current world information, to the GDPP: This seems to have been carried out consistently and well.

E. Twenty-four month period accomplishments

Assuming the grant's extension for another three months, the work of the PDB will be completed at that time. Preparations for an orderly dissolution have been made (provisions for separation pay, etc.).

F. Verifiable Indicators

1. Training of GDPP Personnel

a. Project Development Office Chief

- Number of months worked -- never appointed
- Estimated period PDO Chief will continue in this position -- none
- Degree to which PDO Chief learned to develop projects and see them through the bureaucracy -- none

- Documented policies, criteria and guidelines developed by the PDO Chief -- None

b. General Staff

- Number of people trained (in-service) -- Three GDPP division chiefs were involved in developing the Contraceptive Distribution project.
- Length of each individual's training -- Intermittent, over period of PDB's grant existence
- Documented training policies and programs left with the GDPP -- No evidence
- Anticipated period each individual will remain in the Project Development Office of the GDPP or in Planning activities -- No office organized. However, it is hoped in 1 1/2 - 2 years, when they return, that the three trainers will be involved in Planning.
- Evaluation of effectiveness of each trainee -- Conclusions are from a single day's talk with two principal trainees as they departed (for overseas training) and the third, staying on at least until January 1976. It appears that they have received minimal training to date, but that they are conscientious and competent persons.

c. Translation Staff (GDPP)

- Number of GDPP people trained -- None.

- Length of their training -- None
- Number and quality of documents they have translated -- there are translators who have come and gone but none appear to have any relation to the PDB.

2. Assistance to GDPP in Developing a policy for Project Development

- a. Number of guideline documents produced -- None
- b. Ministry of Health acceptance of these guidelines -- None
- c. Proposals resulting from applying guidelines while evaluating proposals - Guidelines, suggested primarily through oral communication, seem to have been applied to development of the Contraceptive Distribution Project.
- d. Degree of acceptance of proposals by Ministry of Health, Ministry of Finance and State Planning Organization -- Ministry of Health has apparently accepted Contraceptive Distribution Project Proposal, but it has as yet no approval<sup>\*</sup> by the other agencies.
- e. Effectiveness of proposals meeting national population planning goals -- If fully accepted and properly implemented, the Contraceptives Distribution Project would contribute to those broad goals.

\* Subsequently approved by Ministry of Finance in Feb., 1975

### 3. Consultation Services

- a. Extent to which the Resident Advisor has been called in for advice -- Frequently at top-level but infrequently at division level.
- b. Extent to which he has been able to stimulate ideas and influence planning -- To some degree, chiefly in development of the Contraceptives Distribution Project Proposal.
- c. Extent to which he is included in the GDPP planning sessions -- almost exclusively with the Acting Director General, rarely with the Undersecretary whose decisions are paramount.

### 4. Translation Services

- a. Extent to which this service is requested -- Frequently.
- b. Quantity of materials produced Adequate for present demand.
- c. Quality and relevance of materials -- Good. The GDPP staff is pleased.
- d. Extent to which they are utilized in planning -- They appear to have been helpful at both general director and divisional level.

5. Twenty-four Month Period Accomplishments: Based on our assessments at the end of 21 months, the work projected has been carried out as prescribed.

## 6. Means of Verification

- a. Interviews with Resident Advisor, Acting General Director of GDPP, Undersecretary of Health (not addressed particularly to this function), the technical personnel within the GDPP (including printing production staff), Chiefs of the Administrative, Training/Education and Evaluation Divisions, and such outside agency representatives as heads of UNFPA, UNDP and UNICEF, department heads at Hacettepe University Institute of Population Studies, and the Director of Family Planning Services, Ankara Maternity Hospital.
- b. Questionnaires -- Time did not permit this methodology.
- c. Review of documents
  - Policy statements -- One from the Acting Director General, as well as background components of several project proposals
  - Proposal evaluation reports -- None
  - Translation materials -- Reviewed for quality.
  - Finalized proposals -- Contraceptive Distribution Project, Communication Project, "Ankara" and "Yözcük" Project Proposals (the latter three geared to UNFPA funding).
  - The Team also has reviewed the proposal to extend for five years the PDB Grant, (now under study in draft form in AID/Washington).

Selected correspondence -- The Resident Advisor was helpful in sharing with us correspondence with the (Acting) General Director, and Johns Hopkins University.

7. Assumptions

- a. That the GDPP would appoint at the outset of the PDB Project its program development staff - Not done
- b. That this staff would continue in this job at the conclusion of the project -- Unless named in the remaining time period, this cannot be accomplished
- c. That this staff would not change during the project -- No staff in place
- d. That the staff would have the proper basic education to assure that it can continue in the job unaided -- No staff in place
- e. That this staff will be senior enough to command respect in the MOH so it can obtain acceptance of the projects -- No staff in place
- f. That the MOH will provide the physical facilities and budget as agreed in the grant -- With the above staff recruitment/placement exceptions this has been provided satisfactorily.
- g. That the Johns Hopkins University will have met all its obligations as agreed to in the Grant -- Fulfilled.

- h. That the Resident Advisor would be able to gain the respect, cooperation and follow-through of the GDPP Staff through whom he will be working -- This has been achieved for the most part quite satisfactorily.
- i. That the Resident Advisor would be able to convince and influence the GDPP in meeting its obligations to the Grant -- This has been ineffectively carried out.

### III. Project Output

#### A. Summary

1. Training Program and Trainees: With considerable detriment to the ongoing thrust of the program, as noted above, this has been accomplished via long-term training arranged for four key leaders of the GDPP. English-language training (both in Turkey and abroad) has been carried out or ensured as a requisite.
2. Policy documents and papers: None seems to have been developed or counselled.
3. Consultation Services have been adequate and freely provided when requested.
4. Translation Services have been good and adequate.

#### B. Verifiable Indicators

1. Status of Personnel: The PDB Staff seems competent, industrious and dedicated. It is a well-paid, homogenous and cooperative group of bright individuals.

2. Quality, quantity and effectiveness of papers produced:

There was insufficient evidence of such output on which to make an evaluation.

3. Number, extent and effectiveness of consultations: As noted

above, these were minimal, except between the Resident Advisor, and the (Acting) General Director. Consultations were appreciated and regarded as useful.

4. Quantity, quality and effectiveness of translation: Good,

adequate and well-utilized, as noted above.

5. Degree to which deadlines were met: No complaints evidenced.

C. Means of Verification

All PDB staff were interviewed and the Team was in daily contact. Such documents as were available, chiefly translations, were reviewed.

D. Assumptions

The assumptions (listed in II, above, where pertaining to the Johns Hopkins University's implementation of the project) appear to have been fulfilled.

IV. Project Inputs

A. Summary of Inputs

1. Personnel: by Ministry of Health and Johns Hopkins University.

The disappointing unrealized inputs of the Ministry have been described above. The University's consultative, training and staff inputs were fulfilled.

2. Ministry of Health and JHU budget. It appears that most funds have been utilized properly and fully on the JHU side. We are in no position to evaluate the JHU state-side input during our interviews. However, no reference was made to the full-time research associate who was supposed to support this project in Baltimore. There were no funds to be provided by GDPP, only services, personnel and facilities; therefore, we have no comment.
  3. Support Facilities provided by Ministry of Health and JHU: Adequate; no complaints by either party were encountered.
  4. Co-operative Inputs from other Ministry of Health agencies: None.
  5. Co-operative inputs from outside agencies were minimal but did include some consultations on project proposals from UNFPA and from its intermediary representative (of the Population Council) on one project.
- B. Verifiable Indicators -- the extent to which the above inputs were realized.
1. Personnel assigned and available: GDPP project development staff never activated. GDPP Acting Director and principal division heads assigned and available, with exception of Bio-medical director. A similar commitment of the replacement personnel will need to be subsequently assessed.
  2. Funding availability and adequacy, with exception of the deployment of promised project staff, was generally provided.

3. Support facilities available from the Ministry of Health and JHU were in evidence and utilized.
4. Operational lines of communication existing between Ministry of Health and other agencies can be adjudged poor, with the exception of informal contacts with the UNFPA, UNDP and USAID.

C. Means of Verification

1. Periodical reports: One PDB report (for the period of April 15, 1973 - June 30, 1974) was available and examined. No interim or subsequent reports available.
2. Interviews: See above, Page 1 and paragraph II,F,6,a.
3. Project proposals, financial records: Project proposals in which the PDB rendered guidance assistance were reviewed. Day-to-day financial records were not examined; the fulfillment of staff salary requirements was verified.
4. Project documents and papers were provided and reviewed, as available.

D. Assumptions

1. Complete and adequate records are being kept although the Team attempted no physical audit.
2. All parties, with the exceptions noted above in the MOH with regard to personnel commitment, appear to have met their responsibilities.

The team is grateful for the courtesy and helpfulness accorded them in their evaluation effort. Interviews of both Ministry, GDPF and PDB staff and outside agencies were graciously accorded and appointments punctually kept. Documents and personal impressions related to the Project's effectiveness were openly shared.

#### Conclusions and Recommendations

A consensus of the interviews conducted and the impressions gained from the few documents available lead to the inescapable conclusion that the Project Development Bureau's contribution has been positive but limited. Its role has not been successfully developed either within the context of Ministry relationships, inter-Ministry/inter-agency relationships or in its potential collaboration with other donors. Clearly, in fact, its role has been -- and is still -- misunderstood by some of the latter.

Its leadership, chiefly in the mature and experienced consultations of the Resident Advisor, has been appreciated and, to a degree, useful. Whether, as some have suggested, a more dynamic presence -- perhaps more innovative if not prodding -- could have accomplished more, or whether a continued low silhouette, scrupulously consonant with the constraints put upon a foreign advisor in Turkey is the appropriate, most-needed element is difficult to determine. Certainly, a firmer hand in coaxing the Ministry to its staffing obligations might have borne fruit.

The Team has attempted in its assessment to be ever mindful of the currently low priorities which population planning seems to carry in the overall Turkish development scheme. The corollaries of this status quo are a seeming official reluctance to innovate, if not to make no decisions whatsoever, in matters that could or would carry out the pitifully few specific mandates which the program has been given. Still, acts of persuasion, cajoling, cautioning against the consequences of program dalliance, and bringing home to the right quarters evidence of popular demands for services seem to have been less than vigorous.

The Resident Advisor's operating mode has been low-key, including his relations with the Acting General Director of the GDPP. The PDB's collaborations with agencies outside the GDPP have been few and its potential guidance and proposal development rôles undeveloped and unpressed.

The United Nations agencies appear to have held to their parochial interests where their own projects were involved, and there is some evidence that among them the Bureau was felt to be a cat's paw of the AID program efforts and an exploratory and funnelling device for AID's possible inputs. We do not believe this to have been the case but the existence of such an attitude cannot be denied.

In the opinion of the MOH staff, the Bureau's raison d'etre for continuation is as a "keeper of the flame", fanning the feeble spark of population planning during a difficult period. The PDB could again

be maintained to afford a Resident Advisor a two (or five) year opportunity to pursue targets of consultative nature in the GDPP. But the PDB's very nature and the bureaucratically pallid setting into which it would be thrust give little promise of its being able to achieve much more -- even if extended for a prolonged period.

PROPOSAL FLOW CHART

GOVERNMENT OF TURKEY POPULATION PROGRAM PROJECTS -- 1970 TO PRESENT

Project Proposal Title	Date Initiated	Initiated by/Sent to	PROJECT DEVELOPMENT BUREAU ACTION	GENERAL DIRECTORATE OF POP. PLANNING ACTION	Donor Action Taken	Current Proposal or Project Status	Remarks
Training Institute, Ankara	Sept.1970	Turkish FP Association to UNDP/Ankara	Aware of proj. but never officially involved	Never endorsed by GOT or sent to MOH,SPO or MinFA.	None	No further discussion or correspondence	Unlikely GDPP will be involved in fut
Health Statistics Assistance	May 1971	GOT to UNDP/Ankara	Original proposal never brought to PDB attention	GDPP may have designed proposal	UNDP passed to WHO which sent consultant; request was redesigned asking Turk Demc.Survey be reactvtd	No further discussion or correspondence	AID/UNC POPLAB proj. subsequently evolved
steroid Hormone Labs at Ankara Maternity Hospital and Hacettepe University, Ankara	May 1971	GOT to UNDP/Ankara	Not involved	Not involved	Passed to WHO. Request modified & resubmitted January '73		Unit at Hospital operative
Assistance to Maternity Health/Maternity-Centered FP	May 1971	GOT to UNDP/Ankara	Not involved	GDPP involvement unclear	Passed to UNFPA May'71 revised and re-requested by GOT Sept. '72 from UNDP/Ankara. Never sent by GDPP to SPO or Min FA for approval.WHO consultants sent in early '73. No effort by GDPP to revive.	PopCouncil supported Post Partum FP program at Ankara Mat.Hospital. Program now terminated.	

Project Proposal Title	Date Initiated	Initiated by/Sent to	PROJECT DEVELOPMENT BUREAU ACTION	GENERAL DIRECTORATE OF POP. PLANNING ACTION	Donor Action Taken	Current Proposal or Project Status	Remarks
Turkish FPA Study Tours	May 1971	TFFPA to UNDP/Ankara	Not involved	Not involved	Sent to UNFFPA; tours arranged 1972 & 73	Completed	AID has sponsored sim. tours of Turkish officials
Law and Population	1971	Prof. Luke Lee and Ankara U. Faculty of Law	Not involved	Not involved	Operational with UNFFPA assistance '72-mid-'74	Completed	
Development Foundation of Turkey "Task Force"	1971	TDF to UNFFPA unofficially; later by GOT to UNDP/Ankara	Not involved	Not involved. No indication of GDPP or other GOT Ministries' concurrence	No further developments	Defunct	
Assistance to Hacettepe Inst. of Pop. Studies	Aug. 1972  Nov. 1972	HIPS Staff request, revised by SPO, HIPS Staff and UNDP Ankara. Sent to UNDP/Ankara Official GOT request	Not involved in original or subsequent proposals	No apparent involvement of GDPP in original proposal. May have had minimal involvement in subsequent UNFFPA action. (Donor action column)	No further development of original proposal, but UNFFPA in country agreement provided. \$100,000	Orig. proposal superseded to some extent by AID/UNC FOPLAB	
International Fertility Research	latter half 1972	Messrs. Lieberman & Kessel to UNFFPA/NY	Not involved	Not involved	UNFFPA indicated willingness to fund	AID-funded Intl. FRC supported proj. at Ankara Maternity Hosp.	
Ankara Province MCH/FP	Dec. 1972	GOT MinHealth to UNDP/Ankara	Involved in development of Proj. Proposal	GDPP completely revised original proposal	Pre-project funds made available June 1974 as part of UNFFPA Country Agreement	Two-year project underway. Total Budget = \$2,483,515	Orig. two-phase project combined into one-phase

