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TRIP REPORT

Countries Visited:	Turkey
Dates:	April 22 - May 1, 1987
Traveler:	Mona Kaidbey
Purpose of Visit:	To provide technical assistance for evaluation of the Community Health Network Project (GDMCHFP)
Trip Report Number:	62

TABLE OF CONTENTS

Executive Summary	1
Introduction and Background Information	3
Findings and Conclusions	4
Recommendations	16

APPENDICES

Appendix A:	List of Persons Contacted
Appendix B:	Objectives of the evaluation meeting
Appendix C:	Schedule of the evaluation meeting
Appendix D:	Evaluation questions and procedures
	1. Matrix of evaluation questions and procedures
	2. Description of the trainers' experiences with evaluation process and forms
Appendix E:	1. Copy of the survey of 14-49 age group of women
	2. Copy of data related to contraceptive use in Icel and Kayseri provinces
Appendix F:	The group interview tool kit (ON FILE at RONCO/Durham)

EXECUTIVE SUMMARY

An evaluation meeting was held in the province of Kayseri between April 27 - April 30, 1987 with the provincial training teams (PTTs) of Kayseri and Icel, the central trainers, Fatma Uz and Zubeyde Ozanozu, and RONCO evaluation consultant, Mona Kaidbey.

The purpose of the meeting was to review and evaluate the progress of the data collection efforts of the PTTs, identify the problems encountered in these efforts and recommend solutions to improve the quality of the overall evaluation process.

A planning session took place in Ankara between April 23-25, 1987 when the CTT (Central Training Team) and the consultant outlined the objectives of the evaluation meeting, the meeting activities and the strategies of implementation. (see Appendices A, B, C). The meeting schedule and objectives were later discussed with the Deputy General Director (GDMCHFP), Dr. Ozcan, who expressed his support for any recommendations to come out of this meeting. This position, he stated, is an expression of a new policy at GDMCHFP of not getting involved with the details of the project activities. Some contextual problems were encountered and the teams were experiencing several difficulties resulting from various interpersonal conflicts. However, the focus of the meeting was kept on the evaluation in spite of the fact that more time than originally allotted was spent discussing such contextual issues.

Both provincial teams of Icel and Kayseri met to review the progress of the project, discuss their experiences, analyze their problems and come up with solutions and recommendations.

The products of this meeting were 1) a set of modifications of the data collection that the PTTs have been using; 2) a set of clear instructions and uniform protocols on who, where, and how to distribute and collect data

■ollection forms and instruments; 3) a documented analysis of the experiences of each team with the evaluation process; 4) a recommendation for the implementation of an additional evaluation activity, i.e., a community survey to assess the level of infiltration of the community workers' services to community members; 5) a methodology for strengthening validity of data through "triangulating" findings across several sources of information; and 6) an assessment of the contextual problems that the CTTs and PTTs are facing in carrying out their day-to-day activities.

Recommendations to RONCO include establishing additional 'monitoring' procedures and 'links' to enhance the progress of the evaluation and to ensure the implementation of the meeting's recommendations.

INTRODUCTION AND BACKGROUND INFORMATION

As a follow-up to the progress of the evaluation of the community network project, Mona Kaidbey, RONCO evaluation consultant, visited Turkey between April 22-May 1, 1987. The purpose of the visit was to meet with all project staff involved with the evaluation in order to:

1. Assess the process of data collection and the validity of data currently being collected as part of the Community Health Network Project.
2. Review the PTT and CTT experiences with the evaluation process and identify potential solutions to the problems encountered in the process.
3. Increase CTT and PTT understanding of the evaluation process, implications, and interpretational limitations of the data.

The consultant met with Dr. Ozcan, Deputy General Director (GDMCHFP) and discussed the purpose of the trip. Following this meeting, the consultant met with CTT members Fatma Uz and Zubeyde Ozanozu to discuss the objectives of the visit and to plan the evaluation meeting that was held in the province of Kayseri between April 27-29.

The evaluation meeting was a timely response to the critical need of the PTTs for feedback and follow-up on their evaluation efforts. The PTTs have been, since November, 1986, implementing various evaluation activities. However, they have received minimal input and feedback from the CTTs and other sources. Therefore, the meeting was used to bring the CTTs up-to-date with the progress of the evaluation, as well as to help the PTTs in conceptualizing and analyzing their evaluation efforts in order to enhance the quality of the data and to strengthen its validity.

FINDINGS AND CONCLUSIONS

General Project-Related Issues

1. Both teams are experiencing difficulties gaining logistical support from the local health directorate (e.g., the lack of access to vehicles needed by PTTs to visit the villages, and the problems of accommodating the participants of the workshops). The PTTs also described a few instances where the local health officials denied fiscal responsibility for activities that are regular health directorate activities, shifting this responsibility to GDMCHFP-RONCO project. These problems seem to be more acute in Kayseri where conflicts exist with a key official in the local health directorate. Most PTTs expressed their frustration with the general lack of support for their activities on the part of the local health officials. These issues were discussed with Dr. Ozcan, Deputy General Director and project coordinator. He will follow-up on these problems with the local authorities.

2. Some changes were observed in the level of group members' participation in each of the Icel and Kayseri teams. Two members, one from each team, have withdrawn completely from the groups. The central trainers attributed this change to the two members' new perception of their roles as 'consultants' to the groups rather than as team members. In Kayseri, this change has produced a group climate that is highly charged and embedded with interpersonal conflicts. The Kayseri team is still battling with a means to solve this problem. The Icel team seems to be less affected by the new changes.*

* The physician member of the Icel team will be leaving at the end of May. She has completed her two-year assignment in the province. She was a very active team member who played a pivotal role on the team. There were no plans for a replacement.

In general, active participation is limited to two or three members in each team. Both teams verbalized a general feeling of decline in their overall motivation and level of personal efforts in the project. They related this change to the overall lack of support, that they perceive, on the part of local authorities.

3. Despite the problems cited above and experienced by the teams, the PTTs have reported a high level of receptivity for the project on the part of some governors, the news media, and the public at large. The trainers seem to believe that most of their problems come from lack of support from 'within' rather than from 'outside' the project. They report incidents where the news media were eager to cover project activities. In fact, one of the newspapers sent a reporter to gather information about the 'evaluation meeting' in Kayseri. The governor in Kayseri has recently asked the provincial team there to prepare a press release outlining their recent workshops and activities. In addition, three members of the provincial team of Kayseri received awards from the local health directorate for their exemplary MCH/FP services.

4. The PTTs discussed the second round of training of imams and muhtars and compared it to the first round of training. The provincial team of Icel reported more interest on the part of the imams and muhtars in the second round of training. In Icel, they also experienced less organizational, managerial and logistical difficulties in the second round of training than the first. However, they had some problems with regular attendance which corrected itself as the workshop proceeded. The Icel team reported a greater interest on the part of imams and muhtars with general MCH topics rather than with family planning. Most imams and muhtars were shy when it came to

discussions of family planning and contraceptives.

On the contrary, the Kayseri team felt that the first round of training was more successful than the second. This was attributed to the increased organizational problems that the team is having. Nevertheless, they felt that the second group of community workers participated with great interest. According to the Kayseri team, the imams and muhtars of the second round have more children than the first and were more willing to distribute condoms.

5. The PTTs were asked about their own feelings of progress as trainers since the first round of training. There is a general consensus among them that they were "more enthusiastic" and had "more team spirit" in the first round of training. The PTTs have since experienced a "decline in individual efforts." The trainers also feel that they have not had any improvements on their participatory training skills since the last round of training.

This finding was expressed verbally by the various team members. In addition, the consultant had the chance to observe its non-verbal expression. There was a predominant mood of frustration and decreased team member participation as compared to the last visit in September, 1986. This change is also observed on the part of the central trainers. The CTTs are drained and exhausted; they revealed decreased motivation in carrying out their leadership role and in assuming their roles as group-process facilitators. They also did not facilitate their group's decisionmaking process, at times exhibited visible signs of tension, and were frequently inattentive to the group discussions. The CTTs confirmed these observations and attributed the problems to a combination of exhaustion, extended lack of communication with the PTTs, and interference with the group process by local and central authorities. It is very plausible to

interpret the general mood among PTTs as a reaction to the extended absence of the CTTs while they were outside the country. Thus, the PTT feeling of lack of support may have been caused by the absence of feedback and communication between the PTTs and CTTs during the past 3-4 months. If this is so, then one can expect this reaction (if resolved successfully) to produce some positive learning and to push the PTTs toward assuming more responsibilities for their own roles and functions. However, it is obvious that the PTTs still perceive a great need for consistent coaching, feedback and technical support from the central trainers.

6. When asked about the changes, if any, the PTTs have introduced in the curriculum and training methodology of the second round of training, the PTTs mentioned the development of new training materials and some minor changes in the curriculum. For example, the Icel team has eliminated the "puppet show" from their training since they did not feel the need for it. This area, however, was not covered in detail, and the CTTs were advised to examine it more closely and to document the experiences of the PTTs with the curriculum, its contents, its methodology and its relevance to the various groups of participants.

7. The PTTs discussed their timetable for the next series of project activities. They recommended that the schedule of the male and female community workers workshop be postponed until June, 1987. The male community workers workshop will be held June 1-5; the female community workers workshop, June 8-12. The postponement was seen necessary. The majority felt that it would be ineffective to carry on any training during the month of Ramadan because participants will be tired and exhausted during their fasting.

Consequently, the following dates were suggested for the remaining activities.

- Imam - Muhtar Follow-up Seminar, June 23rd.
- Male Community Workers Follow-up Seminar, Sept. 8th
- Female Community Workers Follow-up Seminar, Sept. 15th
- Midwife Community Workers Group Interviews, Sept. 21-23.

The problem with this schedule of the follow-up seminars for the male and female community workers is that following their training in June, schools close and most of the teachers go back to their home towns until September. Therefore, by September they would not have had the chance to practice any training-related activity. Postponing the follow-up seminars will allow these teachers to have the chance to interact with their community members and to practice some of their newly-acquired skills. This postponement of the follow-up seminars was discussed with the central trainers and Dr. Ozcan. The CTTs will take this recommendation back to the PTTs.

The PTT's experiences with the evaluation

The basic strategy of the evaluation meeting was to elicit from the PTTs through focused discussions, and in detail, the steps they have taken to collect data for the project evaluation. The focused discussion within each of the two teams and later among the two teams as one group, allowed the trainers to conceptualize their evaluation efforts, to share their experiences, to identify problems and to jointly come up with solutions. Initially, the trainers within each team were asked to list their evaluation questions and to describe the development and implementation of the data collection procedures used to answer these questions. At various junctions the two teams compared their approaches and gave feedback to one another. Later, the discussion centered around analyzing and dissecting each data collection procedure and presenting to the

Large group the basic feature of the procedure, how it worked and what problems they had with it. This allowed the group to come up with a set of problems related to each procedure which were later taken into small groups for discussion and solutions (Appendix C). The following is a summary of the major findings:

1. The PTTs have been collecting data since October, 1986. Following the guidelines established in the November, 1986 evaluation meeting, the PTTs have distributed a number of forms and have implemented several evaluation activities. The two teams have a very clear understanding of what it is they are trying to evaluate. Most important, they are cognizant of the limitations inherent in the kinds of data collection procedures they are using, are aware of the threats to the validity of their gathered information and were very open to discuss these issues. However, the PTTs seem to be frustrated with the minimal input and feedback on their evaluation efforts from the CTTs and the central office. They believe that the shortcomings of their evaluation efforts are due to the lack of time spent on the evaluation process itself during the last evaluation meeting. They did not want to share any responsibility for the products of the last evaluation meeting and this was a major source of friction between the CTTs and PTTs.

In order to refocus the discussion regarding whose responsibility it is that the PTTs are now experiencing these problems in data collection, the groups were advised to view their experiences so far as a 'field-testing' for the instruments they have devised in their last evaluation meeting. However, the frustration that has resulted from the extended breakage in the communication-feedback loop between the CTTs and PTTs was clearly observed. This confirms the finding that even though the PTTs may be capable of assuming more responsibilities, they are not 'emotionally' ready for an independent or

interdependent role. They still need a continuous and regular stream of teaching--both emotionally and technically. This is especially true when we are dealing with the implementation of new skills and functions.

2. One of the major threats to validity of gathered data is the 'positive response bias' that the PTTs in both provinces reported. They believe that the community workers were giving positive reports on their practices because they "did not want to disappoint the trainers." For example, in one instance where it was known to the PTTs that there were no supplies, the community workers have responded positively to the distribution of such supplies in their follow-up forms.

3. Another threat to the validity of the information that was identified by the PTTs was the lack of clarity of many items on the data collection forms, particularly the midwife checklist form, and the community workers follow-up forms.

4. The PTTs did not follow a uniform data collection protocol. Different personnel were in charge of distributing the forms (health center clerk, midwife, PTTs, or whoever seems to be available). The PTTs had no control over what instructions were given and how these instructions were given. They did not have an understanding of the biases that can be introduced via this variable. Moreover, both teams misunderstood the purpose of the procedure for using the "community workers monthly follow-up form". What they have been doing was to leave only one of these forms in a box--the supply box--to be checked by each community worker who comes to take supplies from this box. The process as such is extremely confusing, unreliable, and proved to yield only minimal data, most of which is not valid or reliable. Again, instead of giving each community worker one of these forms that he/she ought to use as a log every time they offer a service, the PTTs indirectly instructed the community workers to check the form monthly every time they go for supplies. The discussion of the above

Procedure raised yet another major question about the method of supplies distribution. Presently the "supply box" is kept with the teacher who is the only one who has the key to the box. All other community workers are expected to go to the teacher to check out supplies as needed. Many PTTs expressed their lack of faith in this system. However, no decision was reached as to how to deal with this problem. The CTTs did not want to deal with this issue and it was put aside. It was recommended, however, that they discuss this system as soon as they get another chance to meet as CTTs and PTTs.

5. The PTTs conducted several group interviews with the community workers and the midwives of randomly selected villages. The PTTs did not feel comfortable with their skills in this area. However, they reported gaining rich information about the nature of the relationship between the midwife and the community workers. At the end of each interview the PTTs administered the "Community Workers Follow-Up Form". The PTTs did not have a clear purpose for this particular activity and could not differentiate it except by "length" from the other "Community Workers Follow-Up Form" that was administered to community workers during their follow-up seminars. They again reported contradictory information between the data furnished during the interview and the data gathered from the "Follow-Up Form". They placed higher trust in the information gathered from the interviews. The PTTs believe that the presence of all the community workers and the midwife at the interview seems to act as a buffer against biased individual reporting.

The second round of group interviews will be held next September, 1987. Their skills in this area would have improved following practice and rehearsal sessions in this area.

6. The PTTs did a good job in modifying the forms and particularly in improving the clarity of many items that were included in these forms. Changes were made in the community workers follow-up forms. The PTTs saw a lack of

rationale in having two different forms administered to the same individuals, asking the same questions, during the same period of time. Therefore, the two forms were collapsed into one giving attention to the wording of the questions, and eliminating words or questions that were ambiguous and were misunderstood by respondents.

The midwife checklist form was also modified based upon the experience of the PTTs in the field. Instructions for the midwives were spelled out.

The monthly community workers follow-up form was extensively debated for the deletion of some items that were presently irrelevant to the community worker tasks (e.g., Table D. Presently, the community workers are not distributing brochures and educational materials simply because they do not have them). However, this form was kept as it is with the addition of one statement specifying the age of babies eligible for supplementary nutrition formulas and instructions on ORT preparation for quick reference by community workers.

The PTTs decided to give to the midwife the responsibility of distributing and collecting these forms. This decision is a risky one since they will have no control on the type of instructions that the community workers will receive. However, the PTTs felt confident that if the midwife receives clear instructions from PTTs, she will have no problem relaying it to the community workers. The PTTs saw this role of the midwife as one that will enhance the communication and interaction among the midwife and the village community workers.

7. Dealing with the biased responses and the validity and reliability of these forms was a difficult task. Obviously, there is an inherent bias in the use of self-reports to measure changes in practices of any given group. Such biases can only be removed through the use of direct observation of the group members in question. However, since direct observation is not possible in most cases, three additional strategies were discussed with the PTTs and CTTs. One, the use of multiple sources of information in order to minimize the reliance on

■ self-reports by participant community workers and in order to triangulate findings across sources. Two, the need for the PTTs to re-examine their approach to community workers while giving them instructions and while explaining the purpose of the evaluation. This must include close attention to PTT verbal as well as non-verbal behavior while requesting the cooperation of the community workers in the evaluation efforts. Three, the need to change most of the yes and no responses forced on the respondents into continuous interval scales. Such scales will minimize the response bias created by dichotomous response categories. The PTTs, however, felt that the use of any type of scale will not be possible given the level of literacy of most respondents, especially the imams and muhtars. The PTTs had a negative experience with the use of scales as they appeared on some of their workshop evaluation forms. Therefore, they were resistant to the use of any scales in the data collection instruments.

The PTTs presently have four sources for their data: i) interview data and recorded observations of community workers (midwife interactions and communication patterns); ii) PTT personal observations and interactions with the CWs throughout the training program. (This also includes the PTT perceptions of the community workers' progress from the time of the initial training to the time of the follow-up seminar); iii) report of the midwives on the activities of the community workers; and iv) self-reports of the community workers on their own practices and behavior. It was suggested that the PTTs add another source of data, that is, information about community worker practices from the community members themselves. Procedures for such a community survey can be implemented without additional efforts on the part of the PTTs. At the time that the PTTs are completing their periodical survey of women between the ages of 15-49, they ■ will ask these women additional questions about whether they had received any MCH/FP services (referral, health education, contraceptive materials and other

plies) from the community workers. These women will be specifically asked about the person(s) who introduced them to the present contraceptive they are using. The 15-49 age group survey (see Appendix D) is presently conducted three times a year in Icel and Kayseri, including the project's geographical boundaries. The PTTs felt that this activity is feasible and can be implemented without complications. Both CTTs, PTTs and Dr. Ozcan endorsed this idea and showed commitment to its implementation.

8. The consultant requested to look at the data collected so far. Initially CTTs stated that the PTTs would have this data with them in the meeting. However, it turned out that the PTTs had already sent their reports to Ankara. Both CTTs and Dr. Ozcan were elusive about this point. The latest explanation offered was that the translator is now translating the reports which will be later sent to RONCO offices in Durham. It was also unclear who was doing the data analysis. This topic was not thoroughly discussed with any of the CTTs or PTTs. When asked about who is performing the data analysis the answer was that it was being done 'centrally'. The consultant did not assess the capabilities of the PTTs or the CTTs to perform the data analysis task. Further assessment in this area is needed.

9. The PTTs as a group--given the fact that it has been difficult to assess individual capabilities within each PTT group--revealed thorough evaluation skills in the following areas:

- Identifying sources of bias and threats to the validity of their collected information.

- Sensitivity to the level of the respondent's ability to comprehend certain instruments and procedures, therefore maintaining a sense of 'realism' and 'practicality' in their approach to the evaluation.

- Flexibility and openness in revising evaluation plans and procedures to

best match their needs given their constraints and limitations.

- Ability to match data collection instruments with evaluation questions, project objectives and training activities.

10. It is still unclear how adequate the PTT understanding is of the limitation of the design that does not use a control group for comparative analysis. There exists a strong desire, for example, on the part of all project participants to use the 15-49 age group data as an indicator for the success of the project in increasing rates of contraceptive use in the community. The limitations of such an approach were discussed. However, given the process-oriented learning style of the PTTs, it is believed that this can be best reiterated during the data analysis stage where concrete figures and interpretations may be more fully discussed.

11. There was a great need on the part of PTTs and CTTs to spend additional time discussing some of their urgent and more immediate problems. There were quite a number of these. As a result, the time allotted for the demonstration of the group interview technique was taken up by these discussions. Therefore, as a remedial strategy, the consultant discussed the technique with the CTTs and devised its format, its guidelines and the interview questions. Directions for role play were also outlined. With the help of the translator the materials produced were translated into Turkish. The CTTs will later train the PTTs in this area. Moreover, the PTTs and CTTs seemed interested and committed to collect information from community members on the practices of the community workers. This activity was discussed in detail with CTTs, and procedures and questions were drafted.

Given that there needs to be a follow-up to the evaluation meeting to make sure that modifications and changes are in place, the CTTs and Dr. Ozcan agreed schedule such a follow-up with the PTTs as soon as possible. The agenda will be (i) to review the progress in the implementation of the new evaluation

guidelines; (ii) to discuss the group interview technique with the PTTs; and (iii) to finalize procedures for the community survey of community workers' practices.

III. RECOMMENDATIONS

■ The following recommendations are presented for consideration by RONCO:

- o To maintain regular contact through familiar channels in order to assure the local project coordinator and staff of the continuity of RONCO's support for their efforts.

Given that the evaluation tasks will continue after June, 1987 when the present contract between GDMCHFP and RONCO will 'end', the project coordinator needs to receive clarification as to the nature of RONCO's support after June 1987.

- o RONCO's technical assistance in the area of project evaluation is still needed and must be maintained on a regular basis in the form of 'coaching' and 'support'. Maintaining continuity in approach is extremely important to local project participants. The overall nature of this relationship must be discussed and negotiated with the GDMCHFP.
- o It is advisable that RONCO's evaluation staff establish monthly contact with CTTs to stay up-to-date on the progress of the evaluation. There is a need for constant follow-up on the monthly flow of data in order to spot problems and solve them in a timely fashion. Continuous communication between RONCO evaluation staff, CTTs and PTTs must be maintained to ensure constant monitoring and feedback. There is also a need for follow-up on the implementations of the recommendations from the April evaluation meeting.
- o Responsibilities for data analysis, interpretation and reporting of final findings have to be discussed with the project coordinator and the CTTs at GDMCHFP. It is important to reach a common understanding in this area prior to the final evaluation meeting.

- o There is a need for the PTTs and CTTs to take some time to reflect on their own growth and development throughout the project. This process of self-evaluation and the evaluation of their training capabilities and teamwork skills will be essential for the PTTs and CTTs to bring to closure their training experience at the end of the project. It is recommended that this process be done with the presence of a training consultant who is familiar with the groups and who will function as the group process facilitator.

APPENDIX A: LIST OF PERSONS CONTACTED

Dr. Cihangir Ozcan, Deputy Director, GDMCHFP

Central Training Team Members:

- Fatma Uz
- Zubeyde Uz
- Sefkat Bahar

Provincial Training Team Members:

Gulbeyaz Ersoy
Mustafa Pilance
Sadiye Tanrikut
Cevat Ozguc

Appendix B:

Objectives of the Evaluation Meeting

1. To review the progress of the project in each of the provinces of Icel and Kayseri.
2. To update the project time table.
3. To analyze and document the data collection process that is being implemented by the PTTs in each of the provinces.
4. To identify major problems, obstacles and barriers that the PTTs are facing in their data collection efforts.
5. To identify major sources of threats to the validity of the gathered information.
6. To identify potential solutions for the problems identified by the PTTs in order to facilitate the progress of the evaluation and to improve the validity of the data gathered.
7. To discuss the use of three additional evaluation techniques: group interview, observations, and anecdotal recordkeeping during workshops and F.U. seminars.
8. To develop an understanding for the overall evaluation process, the strengths and weaknesses of the evaluation design.

Appendix C

Schedule of Evaluation Meeting

Monday, April 27

- 9-10:30 Introduction to evaluation meeting, objectives, and group expectations.
- 10:30-10:45 Tea
- 10:45-12:30 Review of project activities (separate groups) (Each team will present its report to large group)
- 12:30-13:30 Lunch
- 13:30-15:15 Each team will review its own experiences with evaluation process and data collection procedures.
- 15:15-15:30 Tea
- 15:30-16:50 Large group discussion of experiences with evaluation process and data collection.
- 16:50-17:00 Evaluation of the day's activities.

Tuesday, April 28

- 9-10:30 Outline problems experienced during the implementation of each data collection procedure. (Separate groups; they merge into large group).
- 10:30-10:45 Tea
- 10:45-12:30 Form three small groups (mixed groups, membership from both provinces) to examine potential solutions for each set of problems.
- 12:30-13:30 Lunch

13:30-15:15 Continue small group solutions of identified problems.
15:15-15:30 Tea
15:30-16:50 Large group discussion of presented solutions
16:50-17:00 Evaluation of the days activities.

Wednesday, April 29

9-10:30 Discuss evaluation techniques: Role play, group interview.
10:30-10:45 Tea
10:45-12:30 Continue discussion of evaluation techniques: observations, recordkeeping.
12:30-13:30 Lunch
13:30-15:15 Summary of evaluation meetings, findings and recommendations.
15:15-15:30 Tea
15:30-17:00 Evaluation of the evaluation meeting.

Note: The above outline of meeting activities was modified due to the fact the the first day was all taken by the review and discussion of project activities.

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Appendix D :

Outline of Evaluation Questions and Procedures by Each of Icel and Kayseri Teams

1. In order to facilitate the conceptualization of the evaluation process, the review of each team's experience started by asking each group to outline the evaluation questions that they have been trying to answer. Once the evaluation questions are outlined and a consensus is reached within the group, the members move on to list the procedures they have used.
2. The groups were then instructed to take each procedure and describe in detail the way it was implemented and the problems they had with it. Each group reported their experiences--procedure by procedure--to the large group, this allowed the consultant to spot problems that groups may not have recognized. It was also an efficient way for getting in-depth understanding of the groups' experiences without disrupting the small group's process.

1. Evaluation Question	Public Education	Material Distribution	Collaboration	Data Collection and Records	Referrals	Financial Support	Transportation	Attitude	Psychological/emotional support
Data Collection Procedure (Kayseri)									
Monthly Follow-up Form (by Community Worker)	X	X		X	X				
Evaluation of support services provided by Community Workers to Midwife - Checklist by Midwife			X	X	X	X	X		
C.W. Follow-up Form (Short Form)	X	X	X						
C.W. Follow-up Form (Long Form, Interview)	X	X	X		X			X	

2 meanings:
1 gen. data coll., 2 helping the Midwife in this area

Define Financial Support

To increase prestige, respect of Midwife in Comm.

12

1. Evaluation Question	Public Education	Material Distribution	Referral	Data Collection Records	Provide Physical facilities to Midwife to work	Knowing the Community	Transportation	Invitation to village formal meeting	Financial Support	Collaboration/Communication
Data Collection Procedure (Morsin)										
Monthly Evaluation of Support Services to Midwife			X	X	X	X	X	X	X	X
Monthly F.U. Form	X	X	X	X						
C.W. F.U. Form (Short)	X	X	X							
C.W. F.U. Form	X	X	X							

Appendix E:

Attached is the 15-49 years women survey f
sample of the data department at the GDMCHFP ab
pattern of contraceptive use in each of Icel. an

TABLE I: İÇEL İLİNİN AİLE PLANLAMASI YÖNTEMLERİNİN YILLARA GÖRE UYGULAMA VE DAĞITMA SAYILARININ DAĞILIMI

YILLAR	YÖNTEMLER						NÜFUS			
	RAHİM İÇİ ARAÇ		HAP		KONDOM		TÜRKİYE NÜFUSU	15-49 KADIN NÜFUSU		
	SAYI	%	SAYI	%	SAYI	%	SAYI	SAYI	% ULASILAN	
1970	397	0,33	—	—	—	—	590.943	118188	0,33	
1971	606	0,51	—	—	—	—			0,51	
1972	1.184	1,00	—	—	—	—			1,00	
1973	617	0,52	—	—	—	—			0,52	
1974	248	0,21	—	—	—	—			0,21	
1975	366	0,25	—	—	—	714.817			142.963	0,25
1976	201	0,14	—	—	—					0,14
1977	673	0,47	13	0,01	1		0	0,48		
1978	821	0,57	114	0,08	233		0,16	0,81		
1979	711	0,49	227	0,15	23	0,01	843.931	168.786	0,65	
1980	1.517	0,90	42	0,02	219	0,13			1,05	
1981	1.596	0,94	1106	0,65	265	0,15			1,74	
1982	2.411	1,43	1.293	0,76	1.139	0,67			2,86	
1983	3.184	1,88	1.446	0,85	1.949	1,15			3,88	
1984	2.533	1,50	428	0,25	1.439	0,85	1.047.866	209.573	2,60	
1985	5.808	1,77	2.259	1,08	4.036	1,93			5,78	
1986	4.355	2,07	2.642	1,26	5.427	2,58			5,91	