VISIT TO TURKEY TO CONDUCT AN MIS WORKSHOP WITH THE MINISTRY OF HEALTH

MARCH 2 - 20, 1992

Robert Timmons, MIS Program/MSH
Saul Helfenbein, FPMD

FAMILY PLANNING MANAGEMENT DEVELOPMENT

Project No.: 936-3055
Contract No.: DPE-3055-C-00-0051-00
Task Order No.: TAI-78-TK

CONTENTS

1. Executive Summary

As part of its collaborative effort to develop an integrated contraceptive logistics and management information system, representatives of CDC/FPLM and FPMD visited Turkey to finalize estimates of contraceptive requirements for the next five years and identify the main elements of the contraceptive logistics system and to conduct a workshop to orient senior officials of the General Directorate of MCH/FP, MOH. The plan for logistics and MIS workshop were recommended as part of a general program of assistance during the Needs Assessment conducted in November-December 1991. The CDC/FPLM report is available under separate cover.

During this visit, consultants from FPMD and CDC/FPLM assisted the Local MIS Technical team to conduct a three day workshop, developed a detailed proposal based on the Needs Assessment Program for submission to the General Directorate, and estimated contraceptive requirements.

FPMD and the US Embassy Population Advisor reviewed the FPMD proposed strategy for Turkey and concluded that for the immediate future, management information system development would be a prerequisite for strategic planning with the MCHFP Directorate.

In addition, it was concluded that FPMD should aim to strengthen its technical presence in Turkey through contracting with a local firm with competence and experience in MIS and with experience in working with the MCHFP Directorate.

2. MIS Workshop

The MIS Orientation Workshop included an introduction to MIS in general and an introduction to Contraceptive Logistics Systems. The workshop was held from March 15 to 17, 1992. The program of the Workshop is in Annex 1. Participants to the workshop included by the three Deputy Directors of the General Directorate, the chiefs of the main departments of the General Directorate, the MIS Technical Team, and several personnel from the field. See Annex 2 for a list of MCHFP Directorate participants.

The 3-consecutive day workshop replaced the original concept of an 8 day workshop conducted in 2-day sessions over a month. Materials for the workshop were prepared by the CDC/FPLM and FPMD consultants and translated into Turkish by the local MIS Technical Team. The materials were developed as a slide presentation.

The workshop consisted of two days devoted to presentations and discussions of basic concepts of MIS, graphics application of the basic concepts to the family planning situation in Turkey using the data from the 1988 DHS, and the presentation of basic concepts of the contraceptive logistic systems. See Annex 3 for the contents of the slide presentations.

The third day of the workshop was spent on a review of a detailed proposal of specific activities involved in the development of a contraceptive logistics and management

information system for the General Directorate. The General Directorate requested a detailed proposal for the collaborative CDC/FPLM and FPMD program. The proposal identified 17 specific activities and the resources to be provided for each activity by CDC/FPLM as part of the technical assistance to the General Directorate and the resources to be provided by the General Directorate.

The proposal was based on the general program originally presented in the Needs Assessment. There are no major changes in the original concept as proposed in the Needs Assessment. This proposal was translated by the MIS Technical Team and presented to workshop participants.

CDC/FPLM and FPDM met with Deputy Directors to discuss General Directorate and Technical Assistance resources for implementation to the proposal by the end of April. See Annex 4 for the Detailed Proposal.

3. The Local MIS Technical Team

In its previous visit, FPMD and CDC/FPLM had strongly recommended the creation of a local MIS Technical Team to serve as counterparts to consultants. Such a team was essential in order to deal with language constraints (few MCH/FP directorate personnel are fluent in English) and to develop a cadre of local expertise in the ministry to ensure sustainability of development efforts.

The MIS Technical Team appointed by the MCHFP Directorate consisted of three persons with experience in MIS and public health and with previous experience in collaborating with the consultants from FPMD and CDC/FPLM. One member previously worked with the CDC/FPLM-FPMD Needs Assessment Team. The second member was a physician with a public health background. The General Directorate has indicated interest in assigning additional personnel to be members of the MIS Technical Team so as to broaden expertise in this area.

The three team members worked collaboratively on the preparation of the workshop materials. The MIS program coordinator for the World Bank Project assisted the other two members. The first aforementioned team member worked closely with CDC/FPLM in reviewing results of the national contraceptive inventory and developing the proposed contraceptive logistics system.

FPMD and CDC/FPLM were informed that the MCHFP Directorate intends to add several other members to the local MIS Technical Team in order to ensure a greater critical mass of ministry personnel with expertise in health services information as well as contraceptive logistics systems management and information.

4. Next Steps for MIS Development

As previously noted, the next steps as proposed in the Detailed Proposal for Collaboration on MIS between the MCHFP Directorate and FPMD and CDC/FPLM depend on the approval of the proposal. At this point, the Directorate appears enthusiastic about the program to develop a management information system. The problems with contraceptive logistics and the delayed, incomplete and inaccurate data on family planning services and the absence of capability in analysis are critical concerns of the ministry.

FPMD and CDC/FPLM efforts are occurring simultaneously with those of the World Bank to develope a comprehensive, ministry-wide information system. FPDM and CDC/FPLM have been in close contact with World Bank and MOH officials about the need to collaborate. The close working relationship between the MOH officer responsible for MIS development and the FPMD and CDC/FPLM team in the development and implementation of the current workshop has enhanced the possibilities for collaboration.

The World Bank project is in a very early stage of development. The first step will be a long term strategic plan for the development of the ministry-wide MIS. At present the World Bank is in process of identifying technical assistance to conduct this task.

The FPMD-CDC/FPLM approach is being looked to as a potential model. The MIS Program of MSH is being considered as a potential contractor to undertake the strategic planning phase. It is hoped that these arrangements can be finalized by the end of May so that World Bank and FPMD efforts can be closely coordinated.

5. Longterm FPMD Technical Assistance to Turkey

FPMD initial plans for management development in Turkey include MIS and strategic planning both with the MCHFP Directorate. The MCHFP directorate had indicated interest in strategic planning and FPMD made a presentation on the strategic planning process in a coordinating meeting which took place between Ministry, NGO, CA and USAID officials in September 1991.

At this point, however, experience in developing the MIS component of the FPMD plan indicates that strategic planning is premature. It needs a stronger information base than is currently available, and it needs technical personnel with strong proficiency in Turkish. Associated with the initial double pronged program, FPMD considered planning a full time resident.

However, the inappropriateness of the strategic planning initiative at this time and the need for combined technical proficiency and fluency in Turkish as a prerequisite for providing effective technical assistance has led us to consider an alternative model for establishing

FPMD technical presence. This model would be the development of a contractual relationship with a local Turkish management company with experience in MIS and in working with the Ministry of Health. This model is based on the one FPMD employs in Bangladesh.

FPMD carefully reviewed both the strategic planning and technical assistance issues with the US Embassy Population Advisor and jointly concluded that at present the strategy would be to establish credibility and demonstrate effectiveness of technical assistance in MIS before proceeding on to the more complicated management development area of strategic planning.

In addition, while we agreed that the optimal approach to providing technical assistance was a resident advisor, it was also recognized that an expatriate needed fluency in Turkish to be effective. Therefore, the proposal of working through a local firm seemed both logical and appropriate.

In this light, FPMD held exploratory meetings with one such firm and will follow this as well as other potential contact in future visits. The first firm has already worked in MIS and has established credibility with the general directorate.

6. Conclusion

MIS, this, will remain the focus of FPMD's technical assistance and this will be carried out in close collaboration with CDC/FPLM. Close collaboration is the most effective way to address limited resources and the related needs of the MCHFP Directorate. Collaboration with CDC/FPLM and the identification of local technical assistance possibilities will be the pillars of FPMDs strategy in working with the MCHFP Directorate and the Ministry's MIS Technical Team. Consideration of alternative technical assistance modalities will be reviewed after the MIS initiative is underway and the results of this initiative can be assessed.

ANNEX 1

SEMINAR IN MIS DEVELOPMENT:
COMMODITIES AND SERVICE RECORDS MANAGEMENT
MARCH 16-18, 1992

I. March 16: 9:30am to 4:30pm: Program Objectives

An Introduction to MIS Development

(Slide Presentation)

- The Policy and MIS Cycles
- Program Monitoring Concepts
- Steps in MIS Development
- An Example of Family Planning Program Analysis

Commodities Management and Logistics

- Basic Concepts
- The Process
- Forecasting

Program Targets and Indicators

Demand for Data: What Data are Needed to Manage Commodities and Service Delivery

- Definitions of Inputs for Commodities Management and Logistics
- Definitions of Inputs for Monitoring Services Delivered

II. March 17: 9:30am to 4:30pm. Data Collection and Processing from Health House to the Directorate

Form and Function: Does Form follow function?

- A Review of the current situation
- Data Flow and Aggregation for Commodities Logistics and Service Records

Use of Information of Commodities Distribution and Service Delivery

- Reports for Supervising Activities at Service Delivery Sites
  - Service Summaries
  - Commodities Requests
- Reports for Program Management in the Provinces
  - Health Center Summaries
  - Commodities Requests
  - Computerization
  - Technical Staff Demands
- Regional Warehouse Reporting
- Reports for National Program Management
  - Provincial Summaries
  - Regional Summaries
  - Computerization
  - MIS Technical Staff Demands

III. March 18: 9:30am to 4:30pm. Implementation Plan

- Proposal based on Needs Assessment
  - List of Activities
  - Demands on Staff (MIS Technical Team)
  - Resources Required (including TA)

- Formal Proposal to Director General

ANNEX 2

PERSONS CONTACTED

U.S. Embassy

Dr. Pinal Senlet, Population Advisor

Directorate of Maternal Child Health and Family Planning, Ministry of Health

Mr. Ugur Aytac, Deputy Director, Maternal Health and Family Planning
Mr. Munip Ustandag, Deputy Director, Child Health and Training
Mr. Mehmet Çatana, Deputy Director, Administration and Logistics
Mr. Gulfidan Cosar, Chief Maternal Health Department
Ms. Nuran Ustunogly, Chief, Child Health Department
Dr. Dilek Hazendaroglu, Chief, Child Health Department
Mr. H. Ibrahim Somyurek, Chief, Communications and Media Production Department
Mr. Sanasi Ozgun, Logistics Training Coordinator
Dr. Ruhi Selcuk Tabak, Video Program Director
Dr. Ersin Topcuoglu
Dr. Aykut Kingir

Developing Management Information Systems for Program Monitoring

Policy-Making Process

1. setting the goal
2. assessing the condition
3. specifying the objectives
4. identifying alternative intervention strategies
5. predicting the outcome of each strategy
6. choosing the most favored strategy

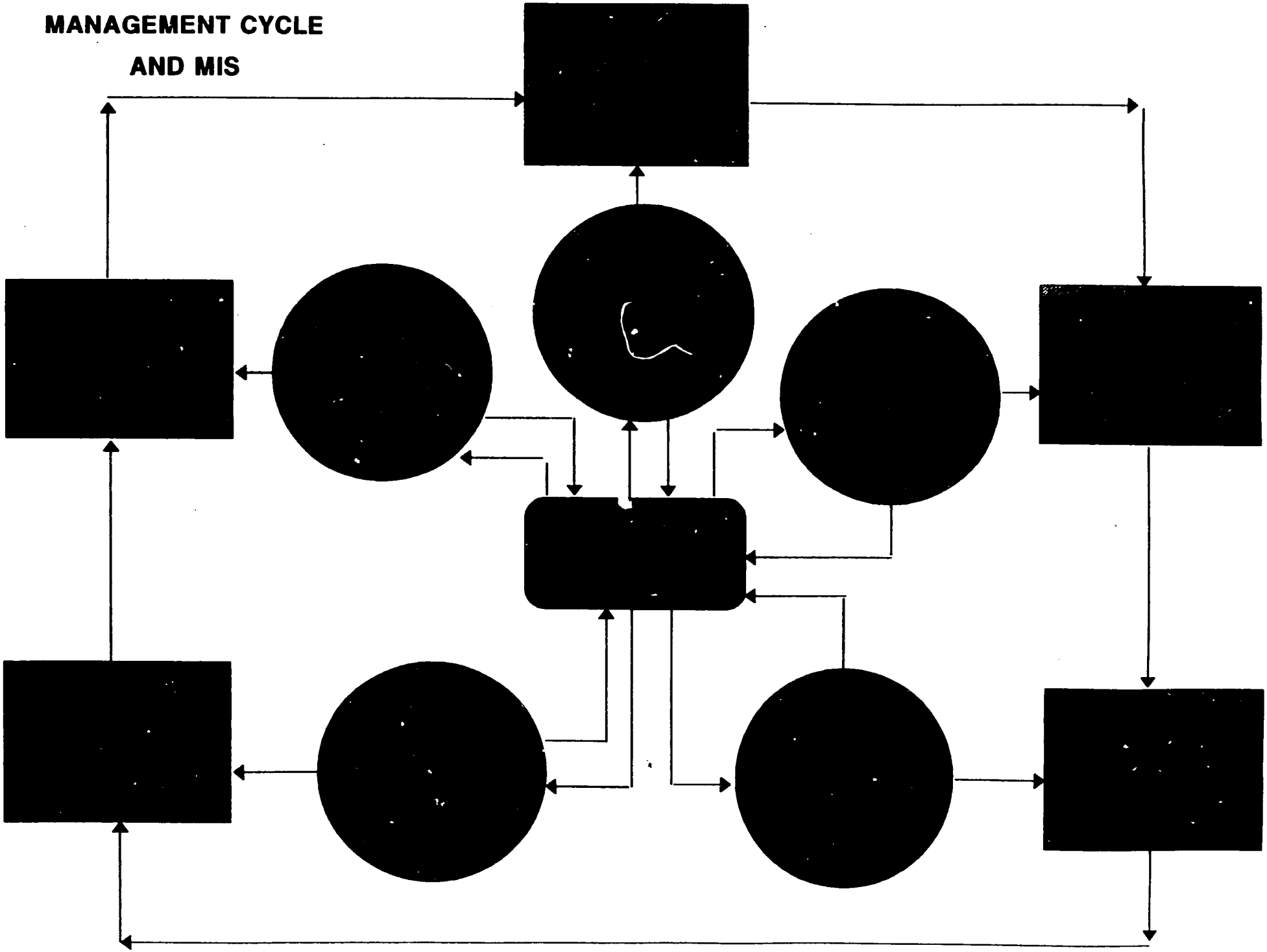
Implementation

7. implementing the strategy
8. designing and implementing an MIS to:
   - monitor services
   - track commodities
   - evaluate outcomes
   - provide feedback for policy review and revision

The purpose of a well designed management information system is to provide program managers and staff with detailed, periodic reports on how well the program is functioning and to alert them to delivery problems as they arise so that they can take corrective action.

MANAGEMENT CYCLE

AND MIS



National programs may use an MIS to answer such questions as:

- How many persons are being reached by the program and what are their characteristics?
- How many "units of service" are being delivered?
- How are funds being spent?
- How long do persons remain in the program?

Monitoring is an essential element of the program development process

- It helps program managers identify problems so that they can make effective changes

Monitoring is an essential element of the program development process

- **It helps program managers identify problems so that they can make effective changes**

- **It provides data for:**
  - solving managerial problems
  - defining procedures
  - making informed decisions

Monitoring is an essential element of the program development process

- **It helps program managers identify problems so that they can make effective changes**

- **It provides data for:**
  - solving managerial problems
  - defining procedures
  - making informed decisions

- **It is an important source of information and feedback that can help assess how successful a program is in meeting specifications, reaching goals and controlling costs**

Program Managers use Monitoring to:

- **Account for the distribution of resources**
  - Are resources being distributed efficiently?

Program Managers use Monitoring to:

- **Account for the distribution of resources**
  - Are resources being distributed efficiently?

- **Assess the reasons for program success or failure**
  - Are all the elements of a program being implemented?
  - If they are being implemented, are they effective?

Program Managers use Monitoring to:

- **Account for the distribution of resources**
  - Are resources being distributed efficiently?
- **Assess the reasons for program success or failure**
  - Are all the elements of a program being implemented?
  - If they are being implemented, are they effective?
- **Determine what action to take**
  - Continue the program?
  - Modify the program?
  - Expand the program?
  - End the program?

What Should Be Measured?

- **Program coverage**
  - How well is the program reaching its target population?

What Should Be Measured?

- **Program coverage**
  - How well is the program reaching its target population?

  - Does the program serve only those persons in the target population, or do other people benefit from the program who should not?

What Should Be Measured?

- **Program coverage**
  - How well is the program reaching its target population?

- - Does the program serve only those persons in the target population, or do other people benefit from the program who should not?

- **Service delivery**
  - Is the program delivering the service or product that it was designed to deliver?

What Should Be Measured?

- **Program coverage**
  - How well is the program reaching its target population?

- - Does the program serve only those persons in the target population, or do other people benefit from the program who should not?

- **Service delivery**
  - Is the program delivering the service or product that it was designed to deliver?

- **Fiscal**
  - Are funds being used properly?
  - Are expenses adequately documented?
  - Is the program spending within the limits of its budget?

What Should Be Measured?

- **Program coverage**
  - How well is the program reaching its target population?

- - Does the program serve only those persons in the target population, or do other people benefit from the program who should not?

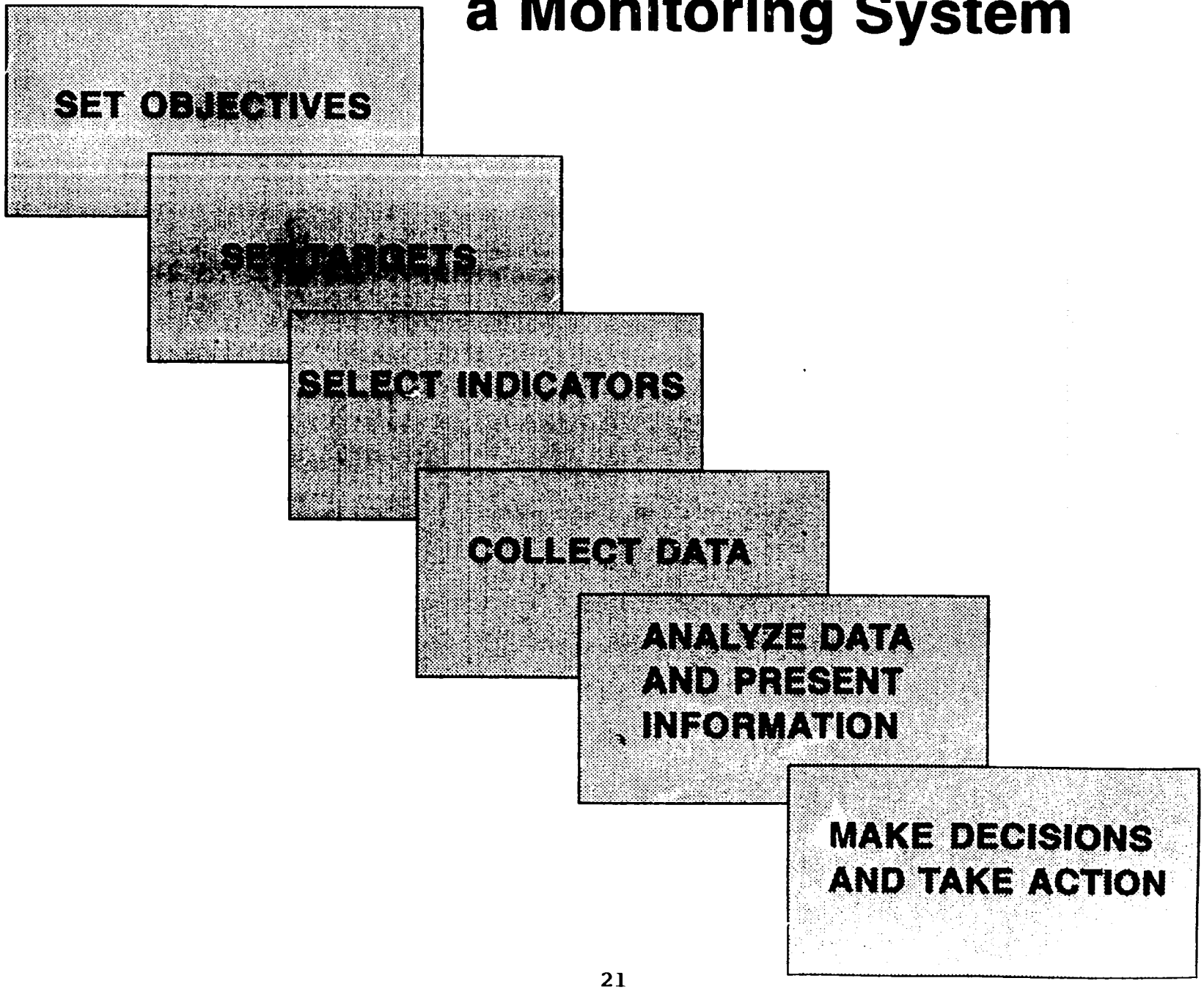
- **Service delivery**
  - Is the program delivering the service or product that it was designed to deliver?

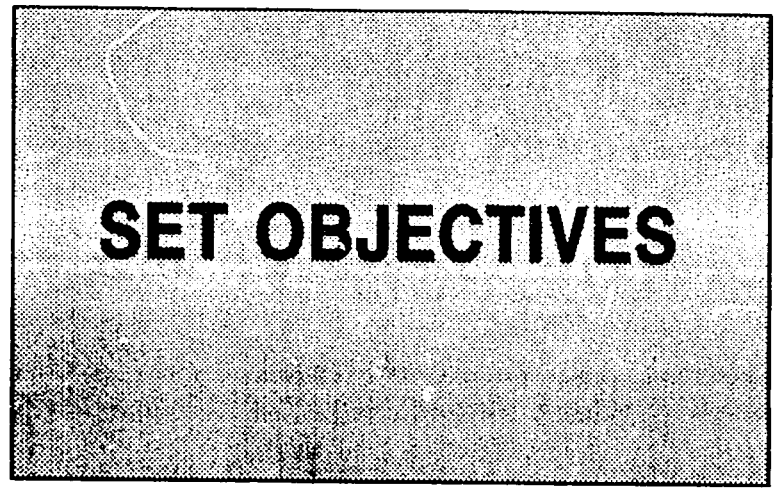
- **Fiscal**
  - Are funds being used properly?
  - Are expenses adequately documented?
  - Is the program spending within the limits of its budget?

- **Standards of practice**
  - Is the program operating within accepted guidelines (e.g. dispensing of pharmaceuticals)?

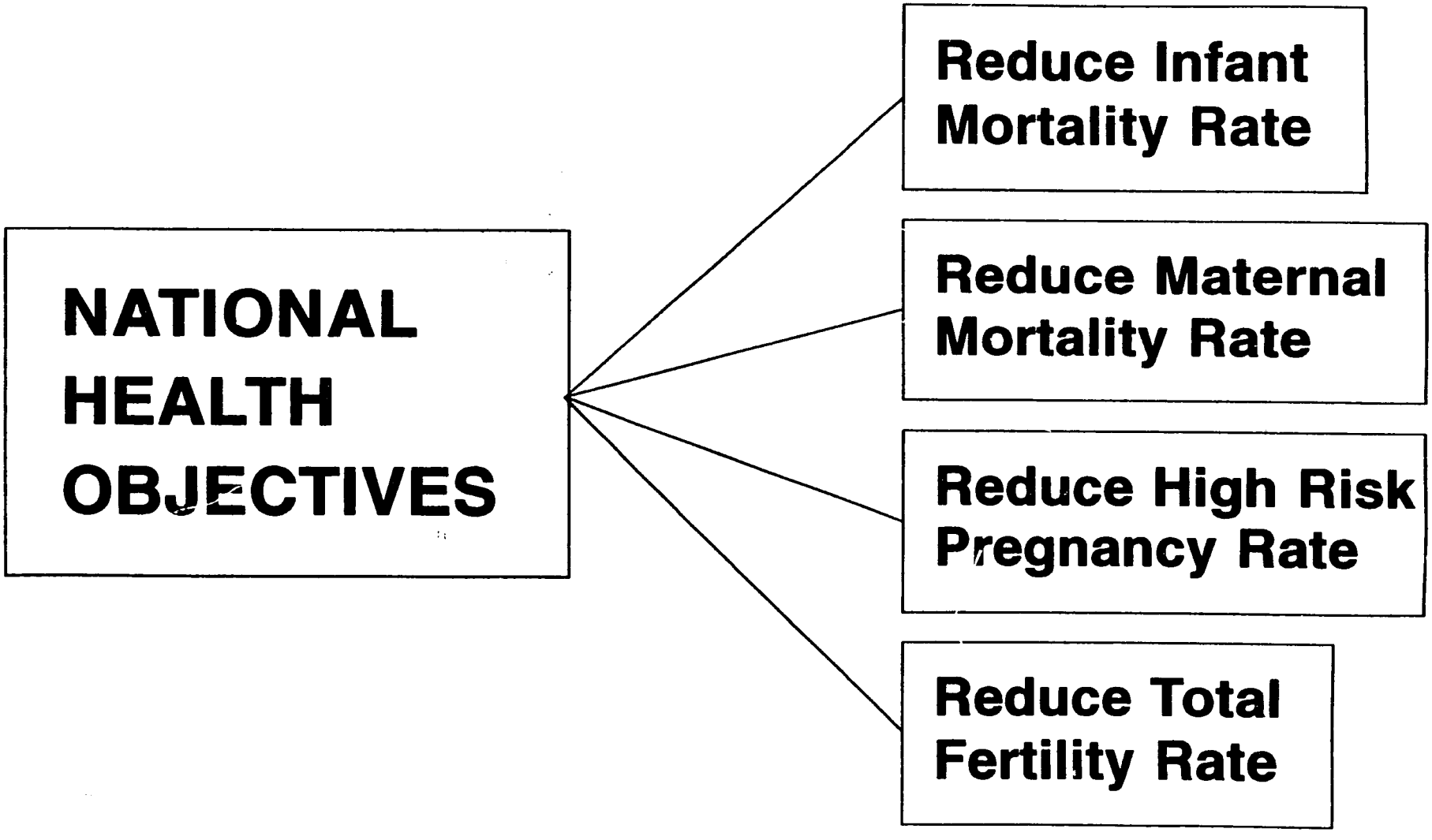
What are the steps in designing and implementing a monitoring system?

Steps in Designing and Implementing a Monitoring System





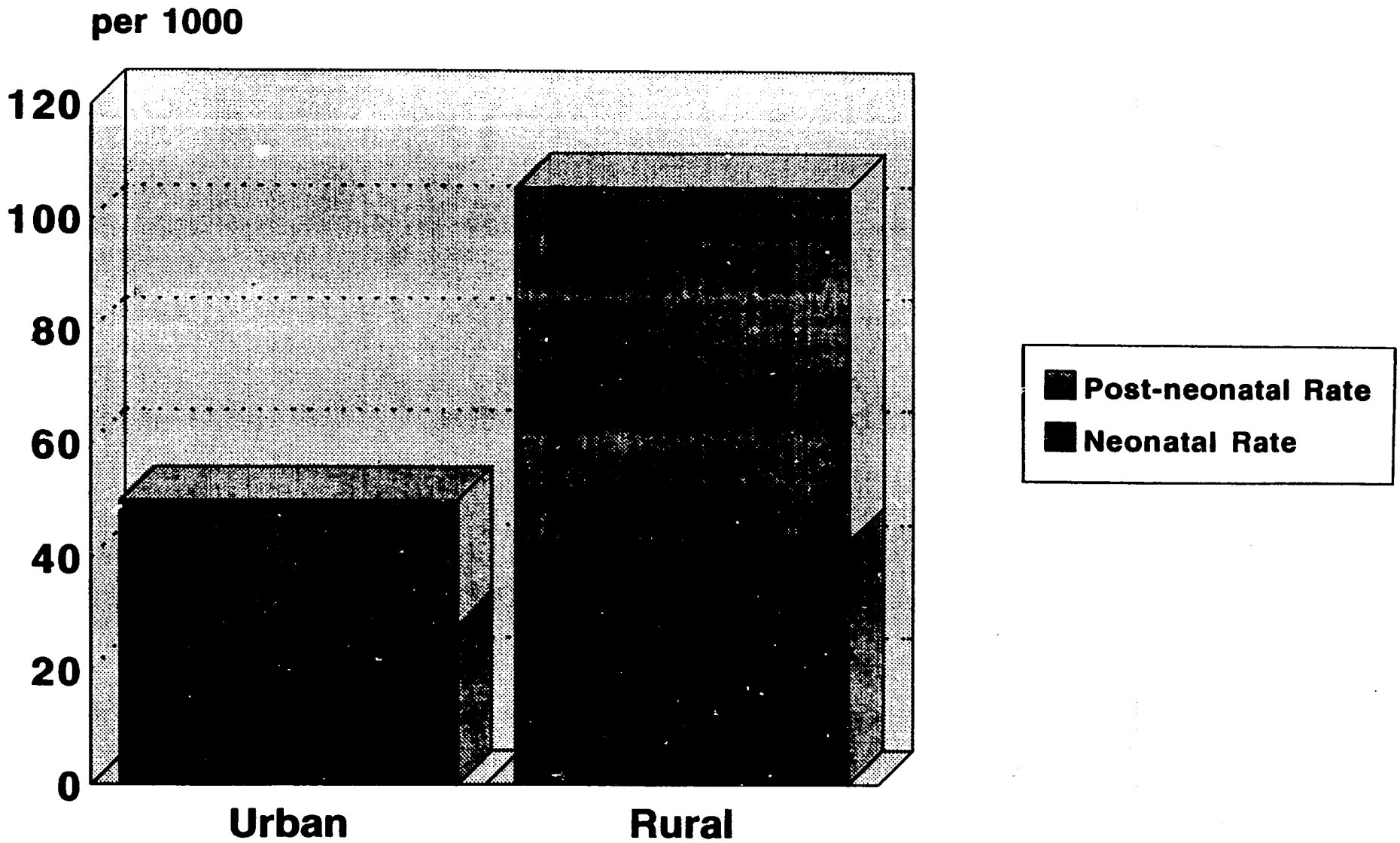
- **National health objectives (policies) focus the nation's human and material resources on identified health problems**


NATIONAL HEALTH OBJECTIVES
Reduce Infant Mortality Rate
Reduce Maternal Mortality Rate
Reduce High Risk Pregnancy Rate
Reduce Total Fertility Rate

What information do we have on the current situation for each objective?

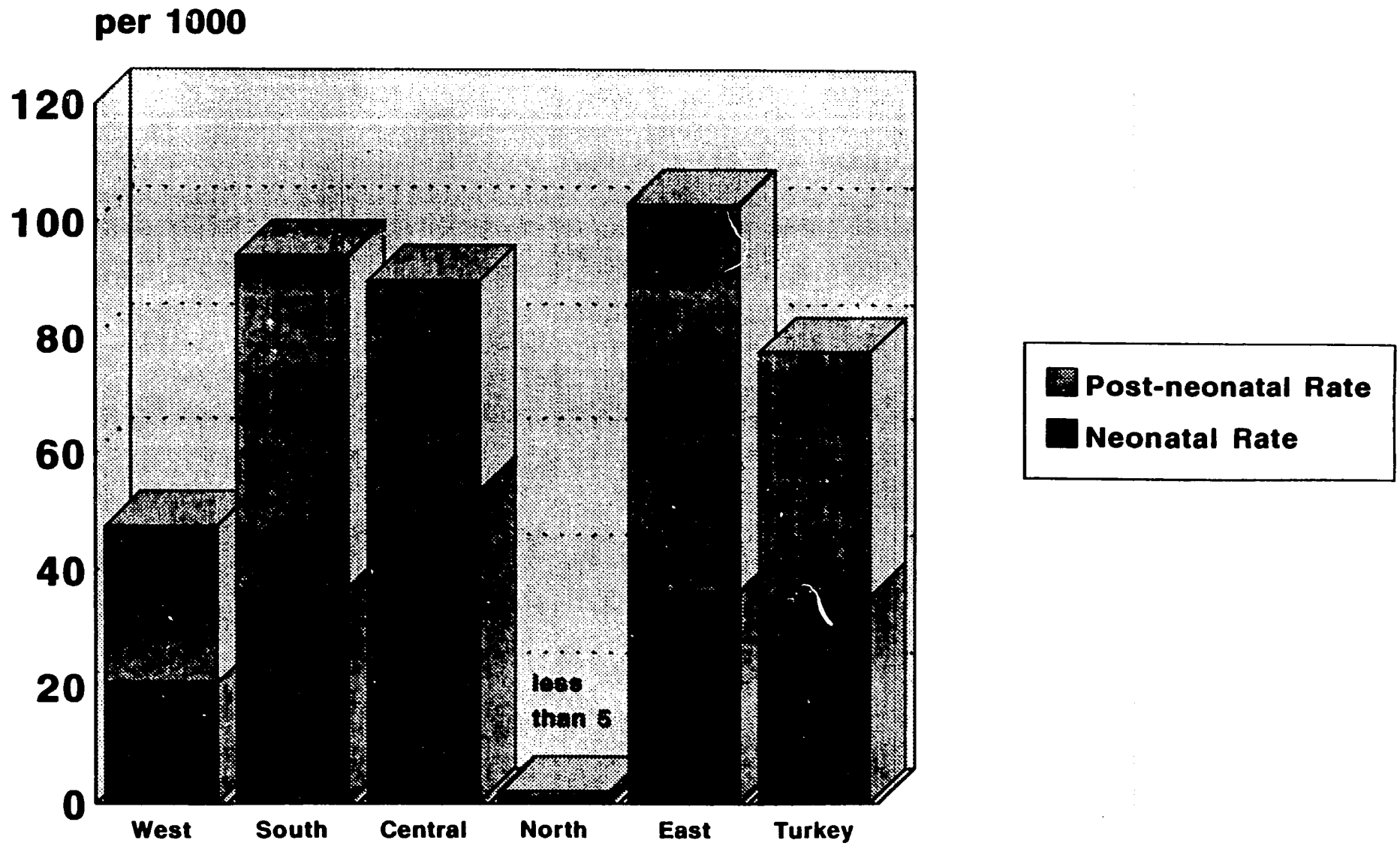
Here are some 1988 examples from Turkey

Urban/Rural Infant Mortality Rates for 1985-1987



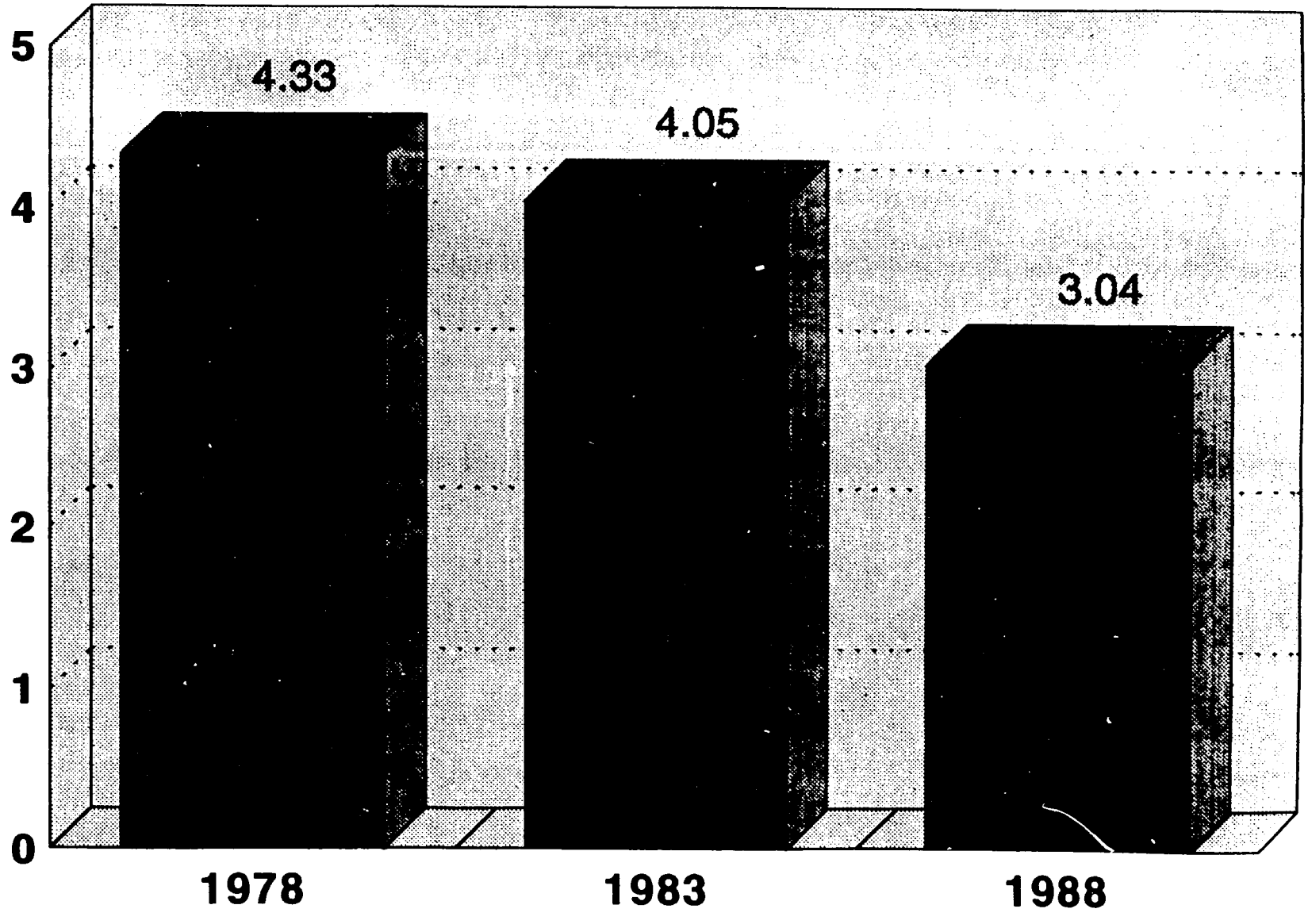
1988 Turkish Population and Health Survey

Infant Mortality Rates by Region for 1985-1987



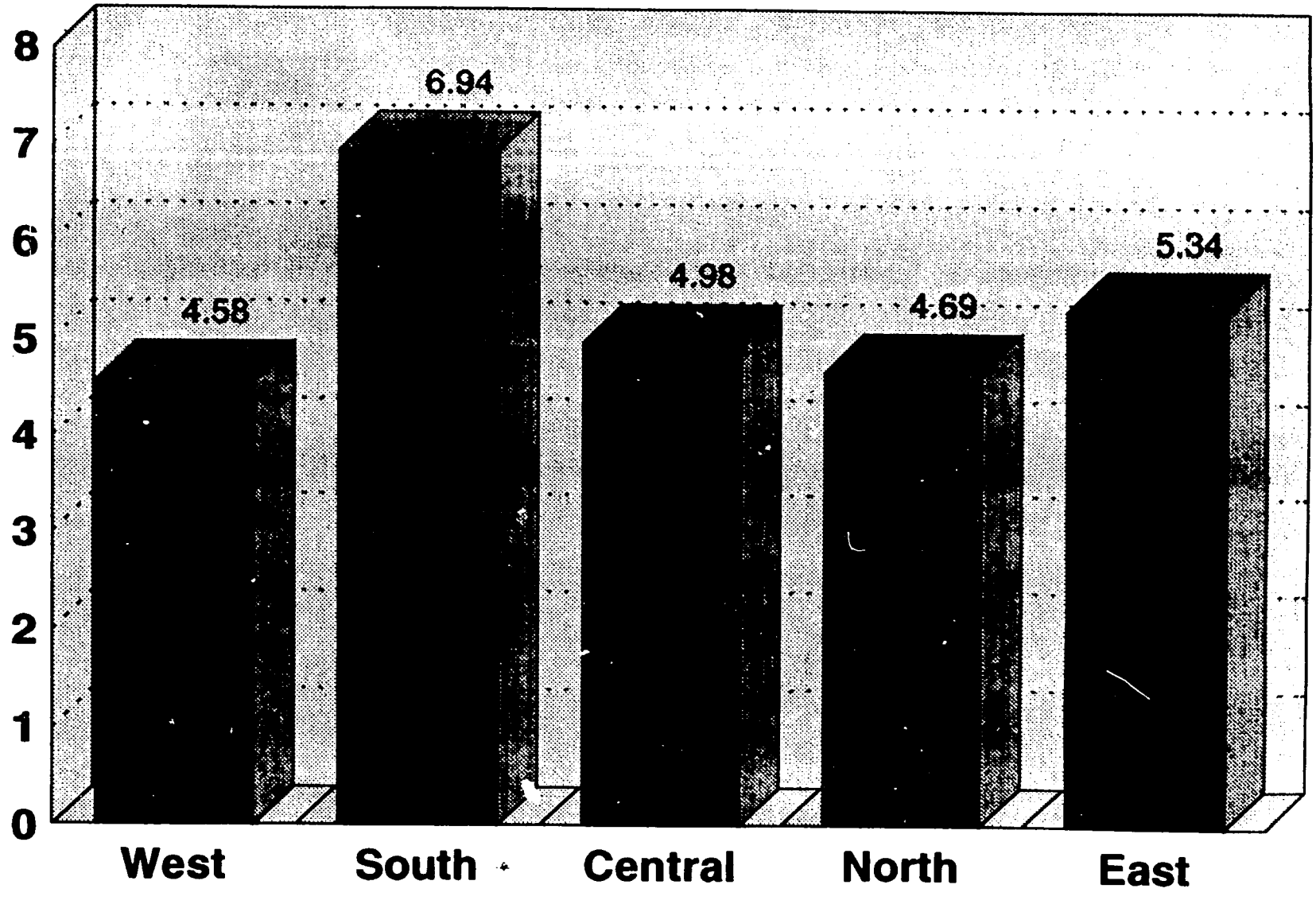
1988 Turkish Population and Health Survey

Trend in Total Fertility Rate 1978-1988



1988 Turkish Population and Health Survey

Marital Total Fertility Rate by Region



Estimated rate of decline for Eastern region is improbable
1988 Turkish Population and Health Survey

- **Targets are related to particular programs**
- **A target should be measurable and time-limited**
- **To set a target:**
  - decide what the program hopes to accomplish, based on knowledge of present situation
  - take into account constraints in time, personnel, funds and infrastructure
  - determine how to measure the outcome
- **Program monitoring often yields new information which can be used to change targets**

To measure progress towards each objective, we set targets which state amounts or percentages and dates by which they are to be reached

Here are some examples of targets for the family planning objective: to reduce the total fertility rate

NATIONAL FAMILY PLANNING TARGETS

Use of a modern contraceptive method by 50% of exposed women, by ___ (date)

Knowledge of a modern method among 99% of ever-married women, by ___ (date)

Attitudinal change:

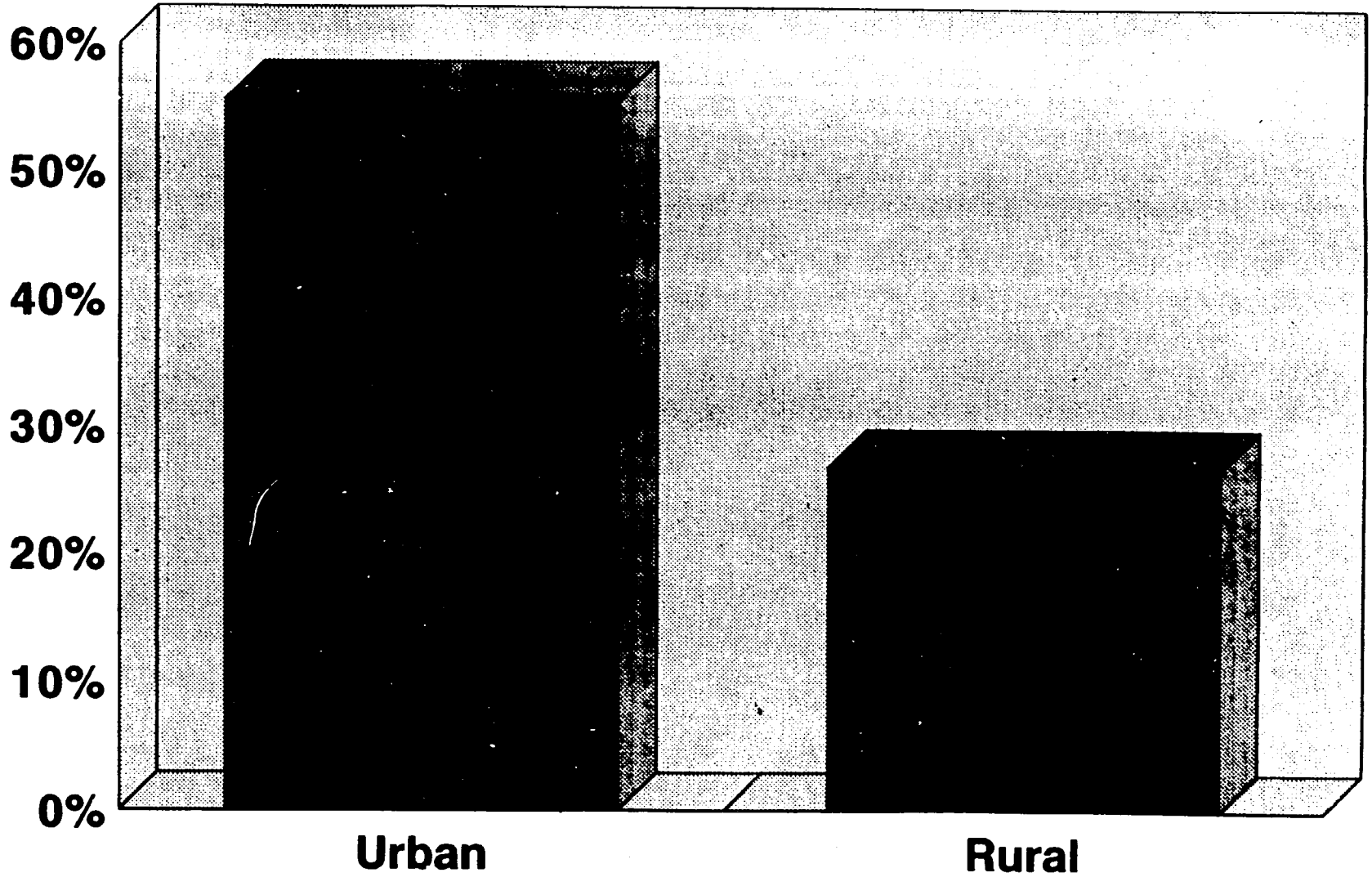
- **less than 5% stated resistance to modern contraception based on health concerns**
- **less than 15% resistance to modern contraception by husbands**

Just as with objectives, we need to know the current situation for each target

Here are some examples from Turkey, again from 1988

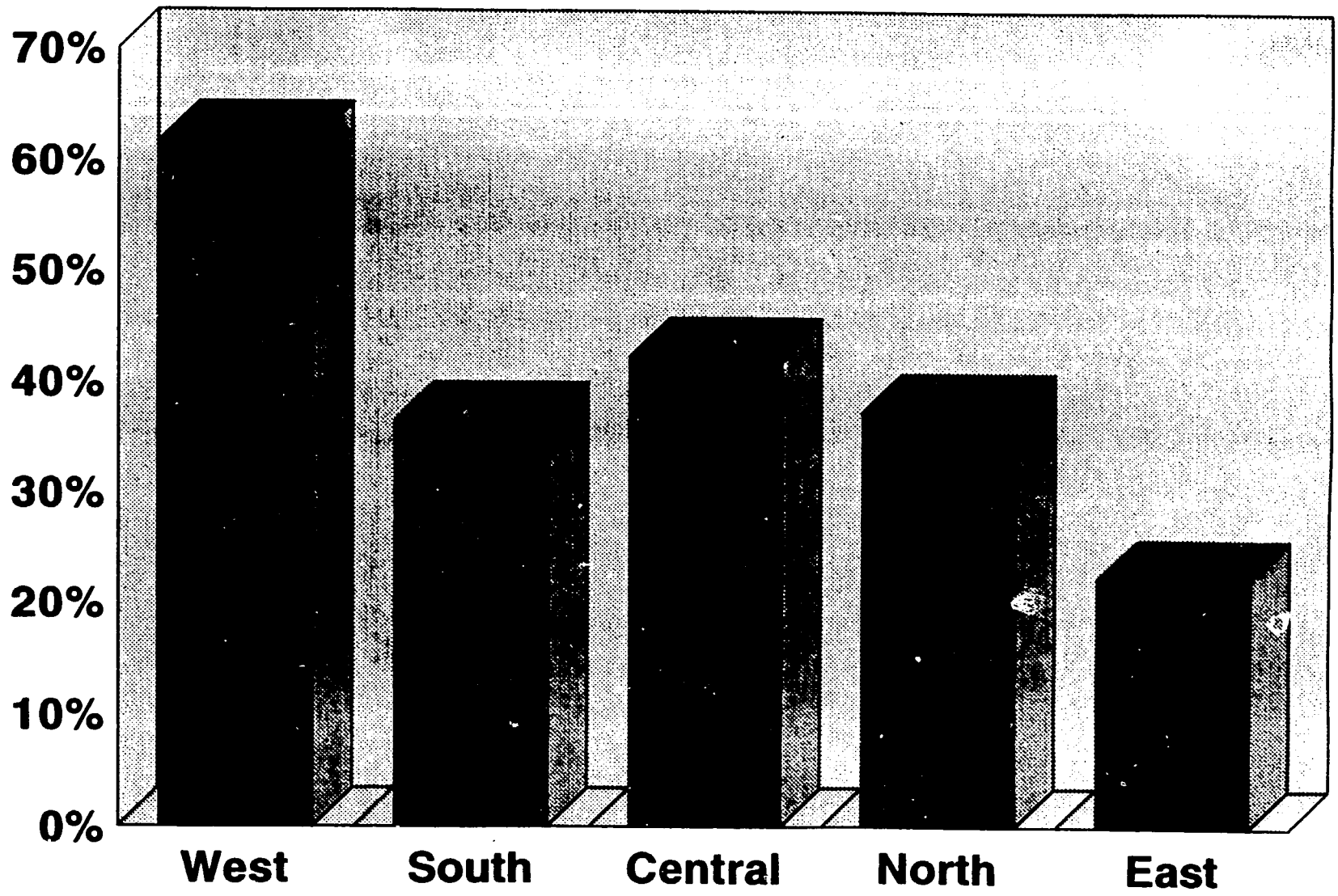
Information Used in Setting National Program Targets

Percentage of Women Receiving Pre-natal Care at the Last Live Birth in the Last 5 Years



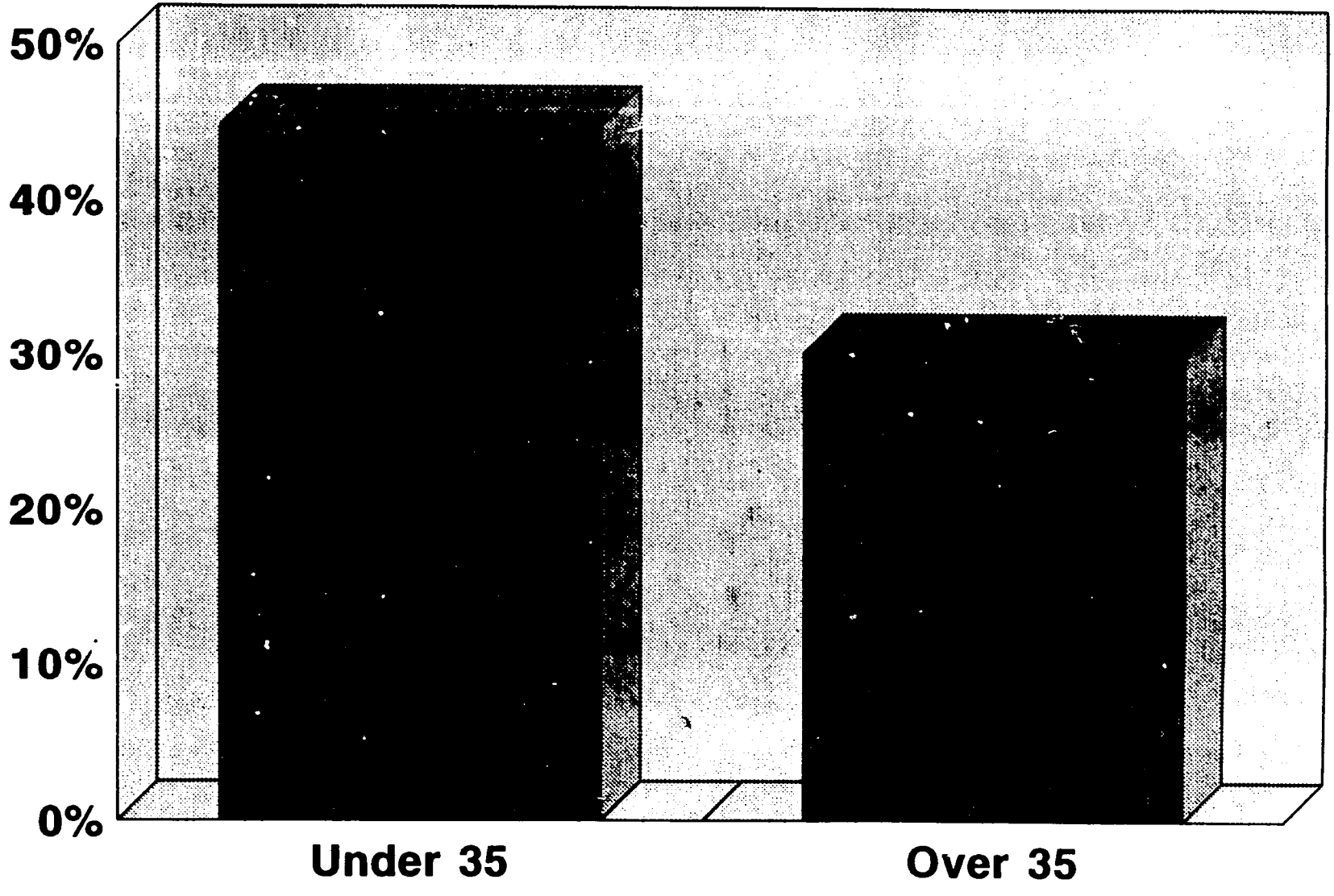
1988 Turkish Population and Health Survey

Percentage of Women by Region Receiving Pre-natal Care at the Last Live Birth in the Last Five Years



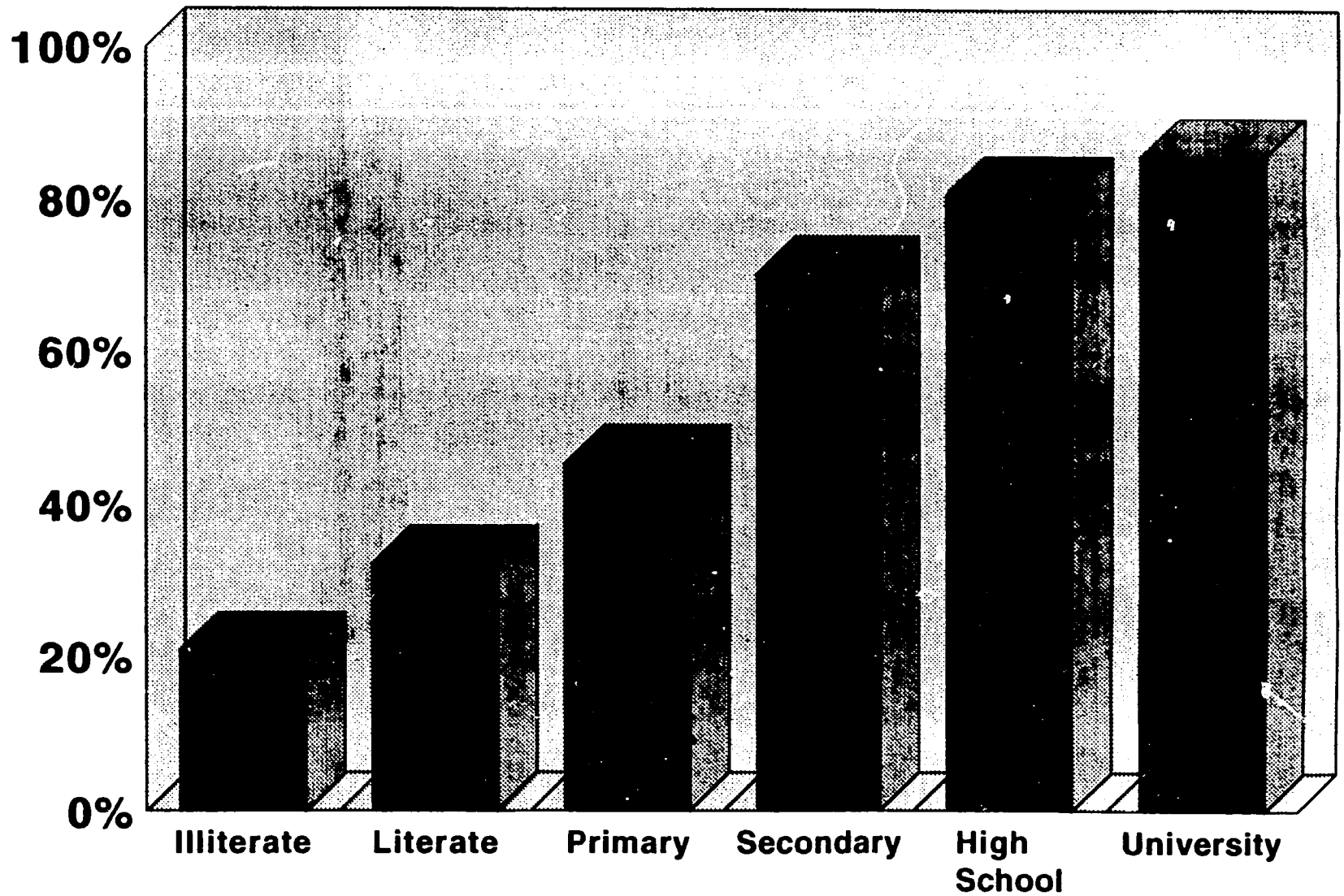
1988 Turkish Population and Health Survey

Percentage of Women By Age Receiving Pre-natal Care at the Last Live Birth in the Last Five Years



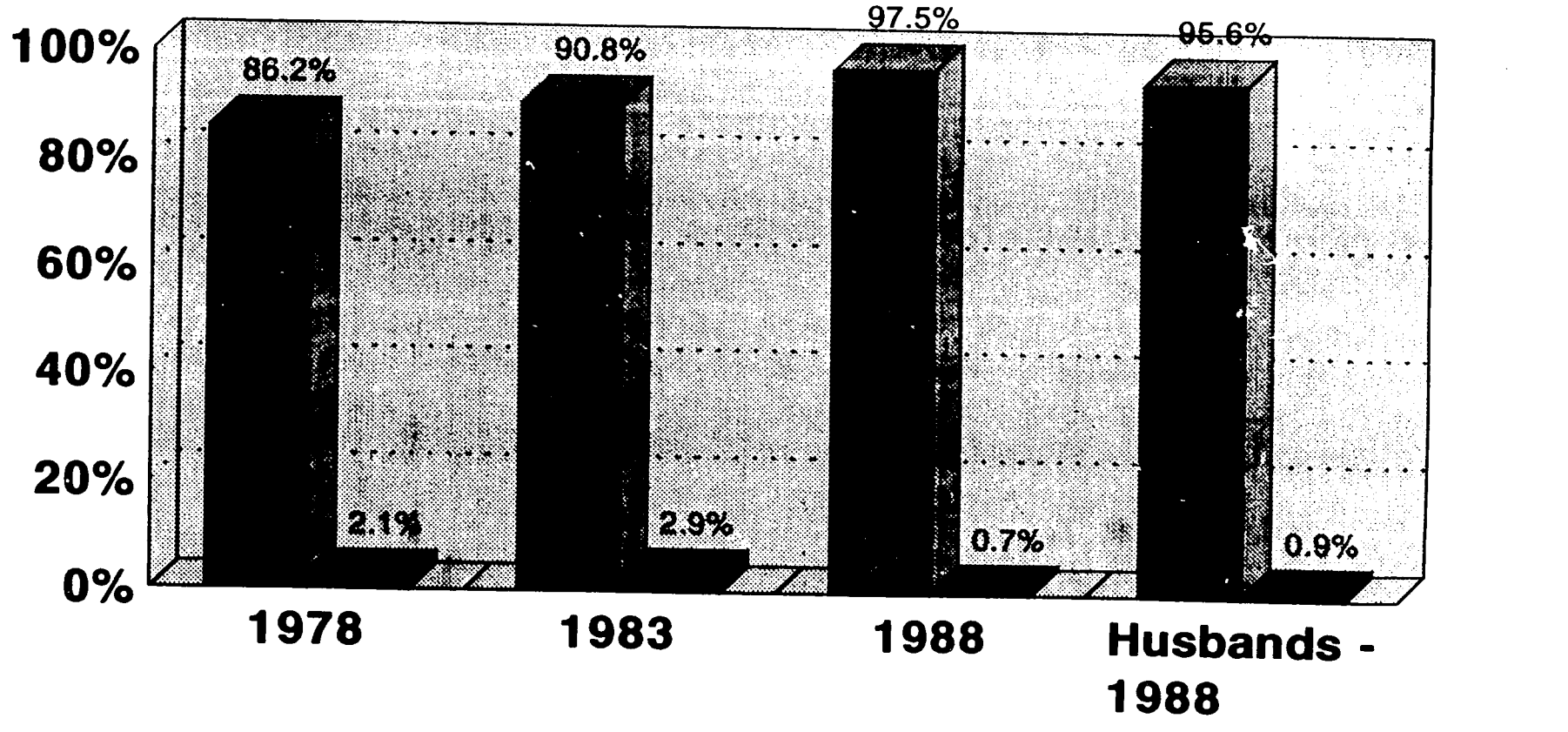
1988 Turkish Population and Health Survey

Percentage of Women by Education Receiving Pre-natal Care at the Last Live Birth in the Last Five Years



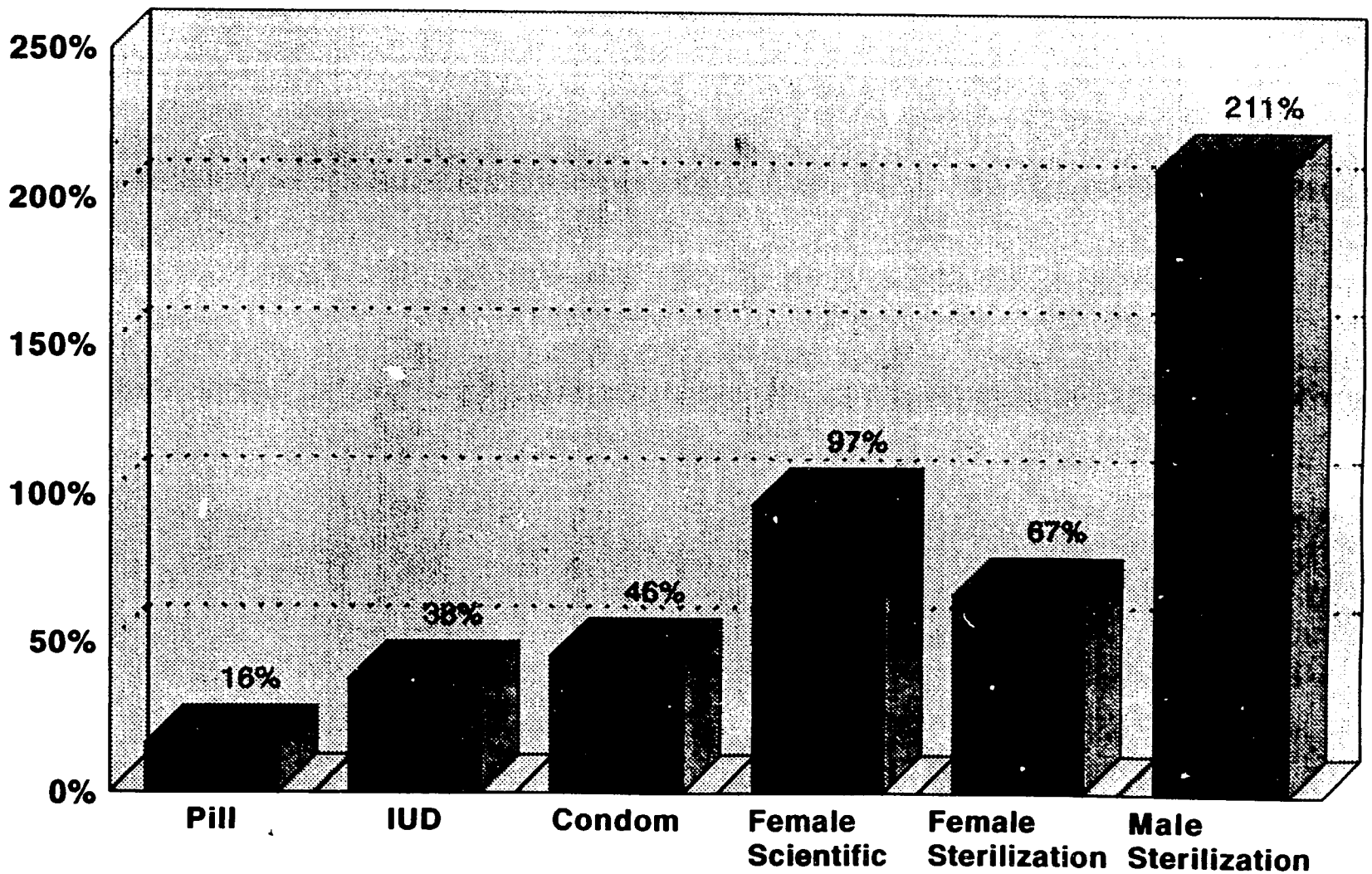
1988 Turkish Population and Health Survey

Percentage of Ever-married Women Reporting Knowledge of Contraceptive Method 1978-1988



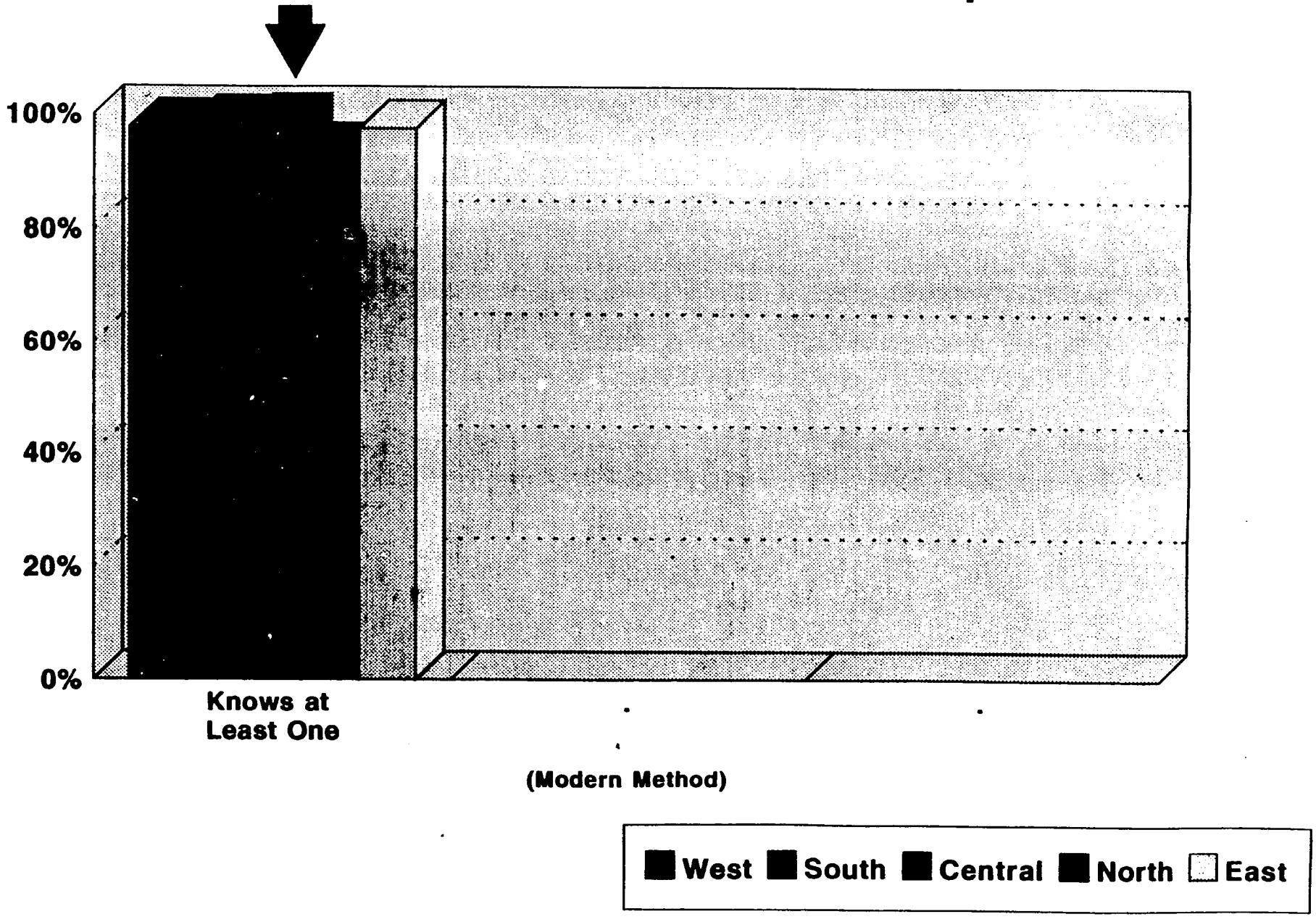
1978 data: 1978 Turkish Fertility Survey
1983 data: 1983 Turkish Fertility Contraceptive Prevalence and Family Health Status Survey
1988 data: 1988 Turkish Fertility and Health Survey

Increase in the Level of Contraceptive Knowledge among Ever-married Women 1978-1988



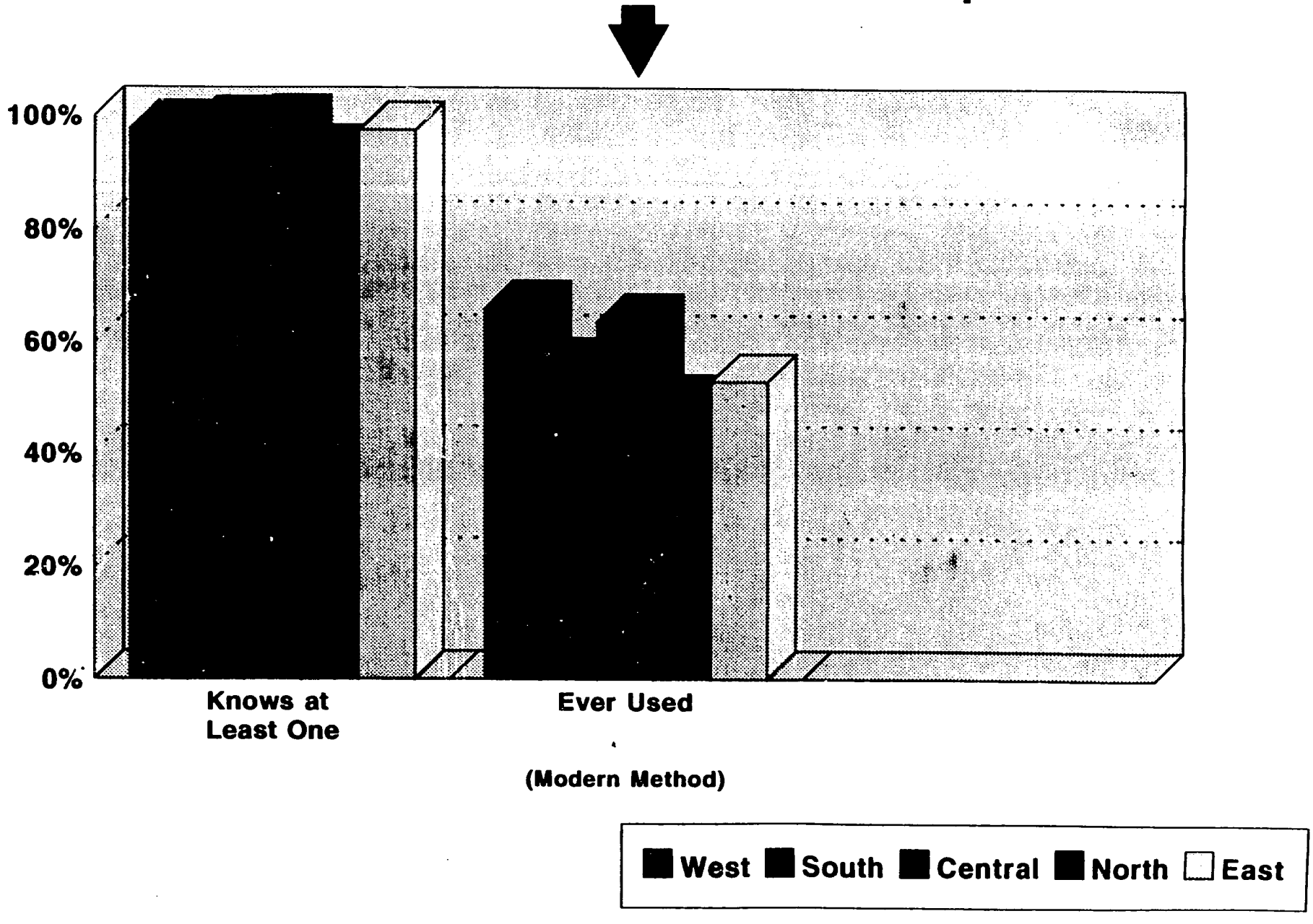
1988 Turkish Population and Health Survey

Percentage of Ever-married Women According to Knowledge, Ever Used, and Current Use of Modern Contraceptive Methods



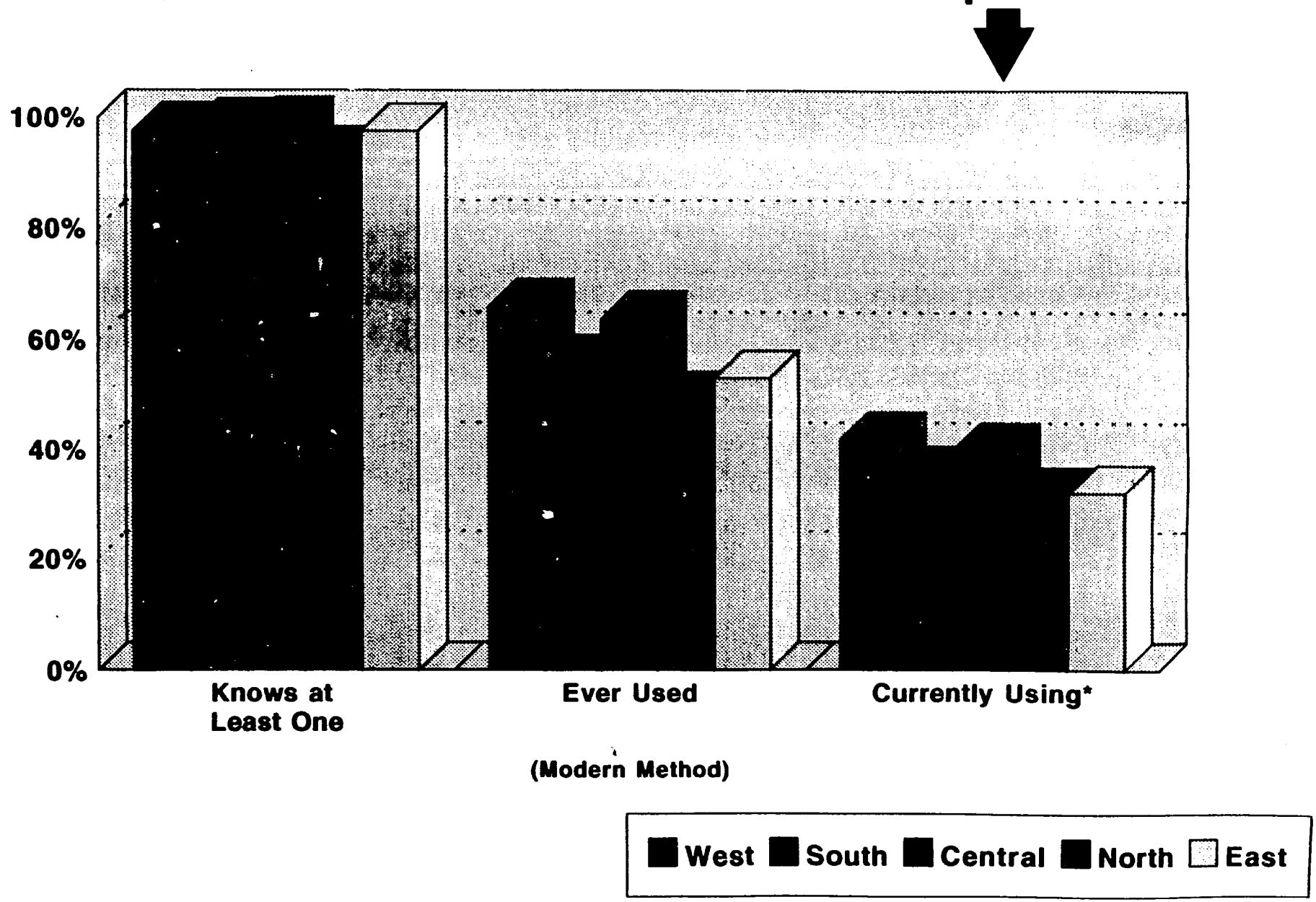
1988 Turkish Population and Health Survey

Percentage of Ever-married Women According to Knowledge, Ever Used, and Current Use of Modern Contraceptive Methods



1988 Turkish Population and Health Survey

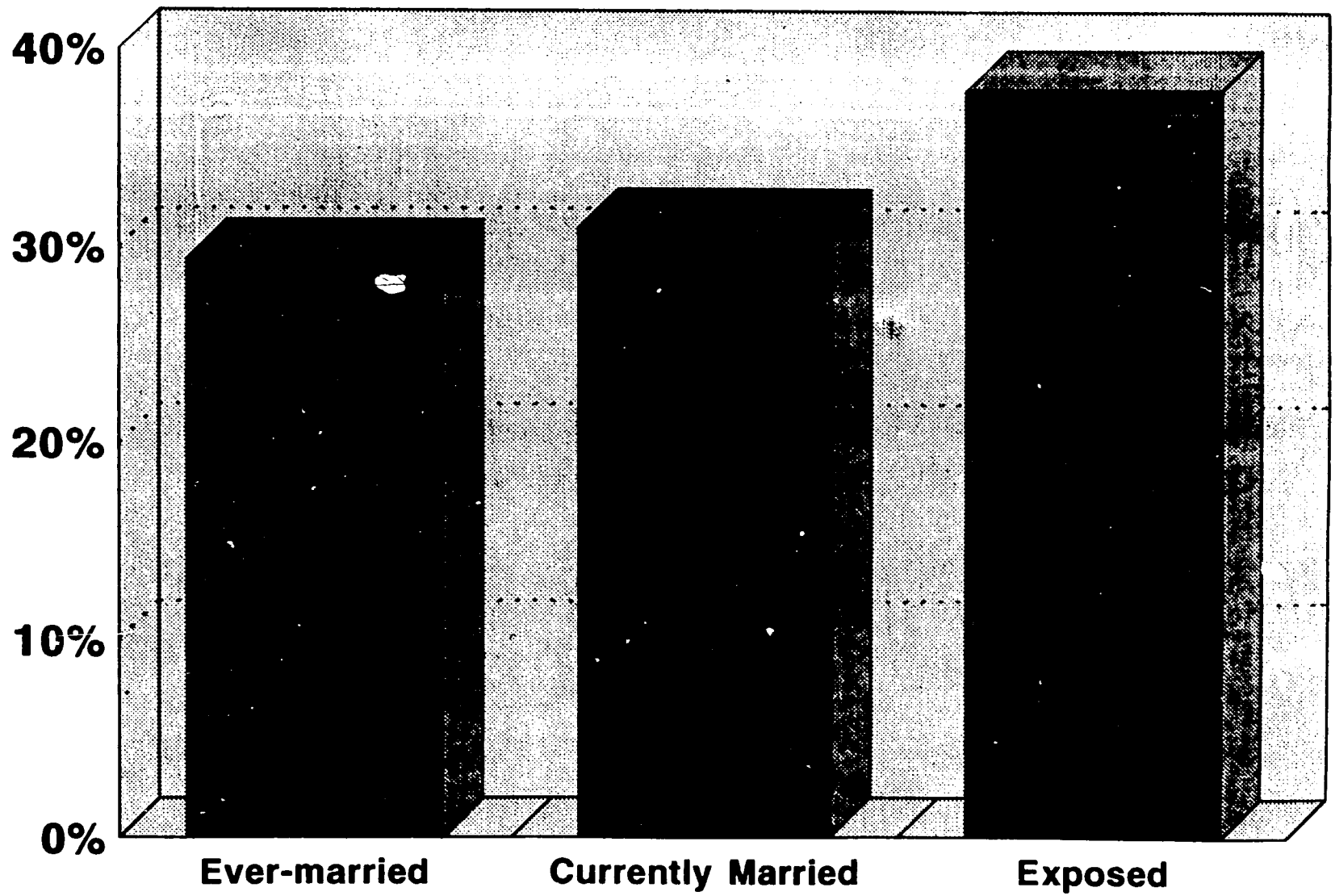
Percentage of Ever-married Women According to Knowledge, Ever Used, and Current Use of Modern Contraceptive Methods



*Percentage distribution currently using a modern method of exposed women

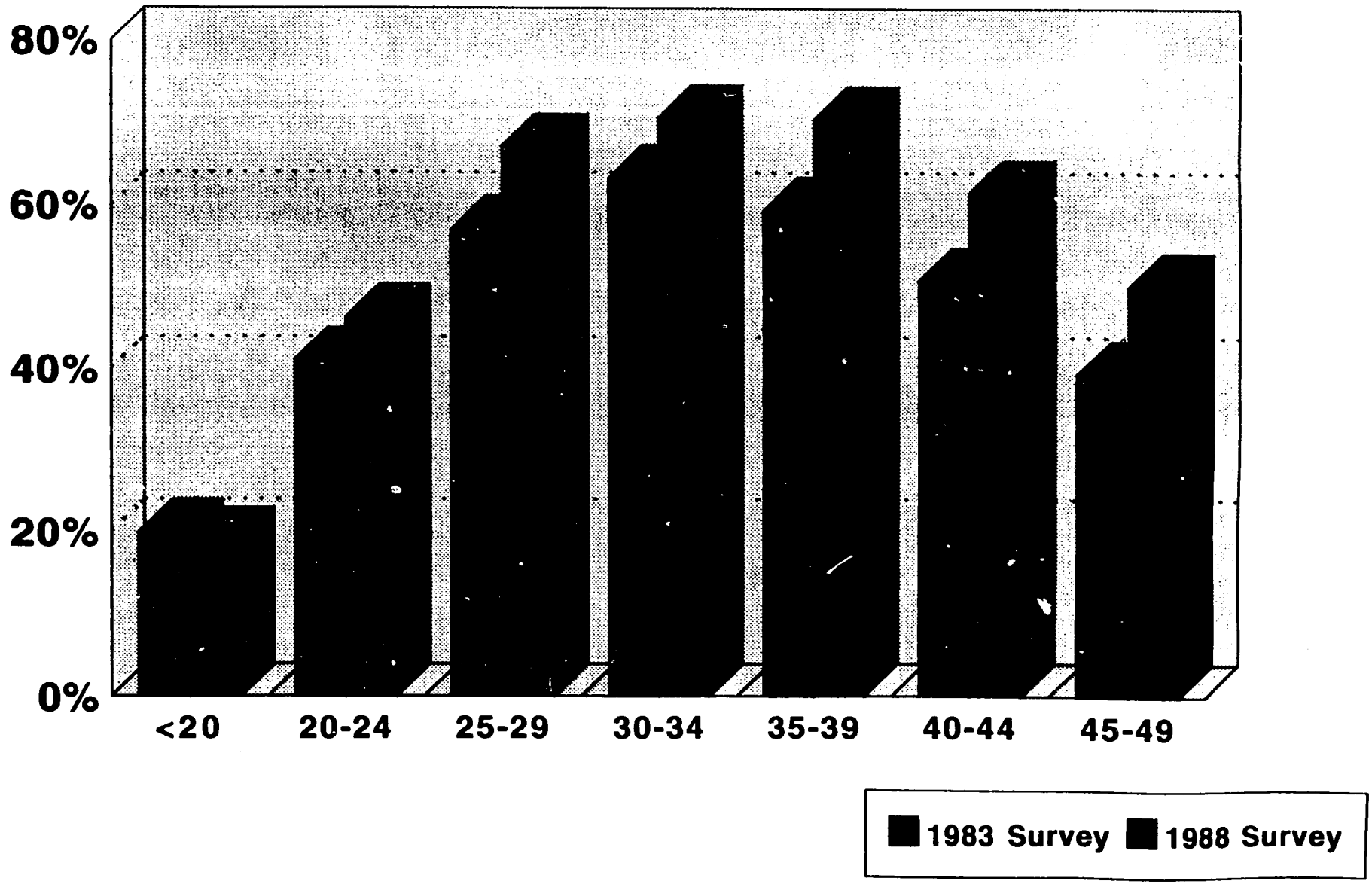
1988 Turkish Population and Health Survey

Percentage of Current Modern Contraceptive Use for Ever-Married, Currently Married, and Exposed Women



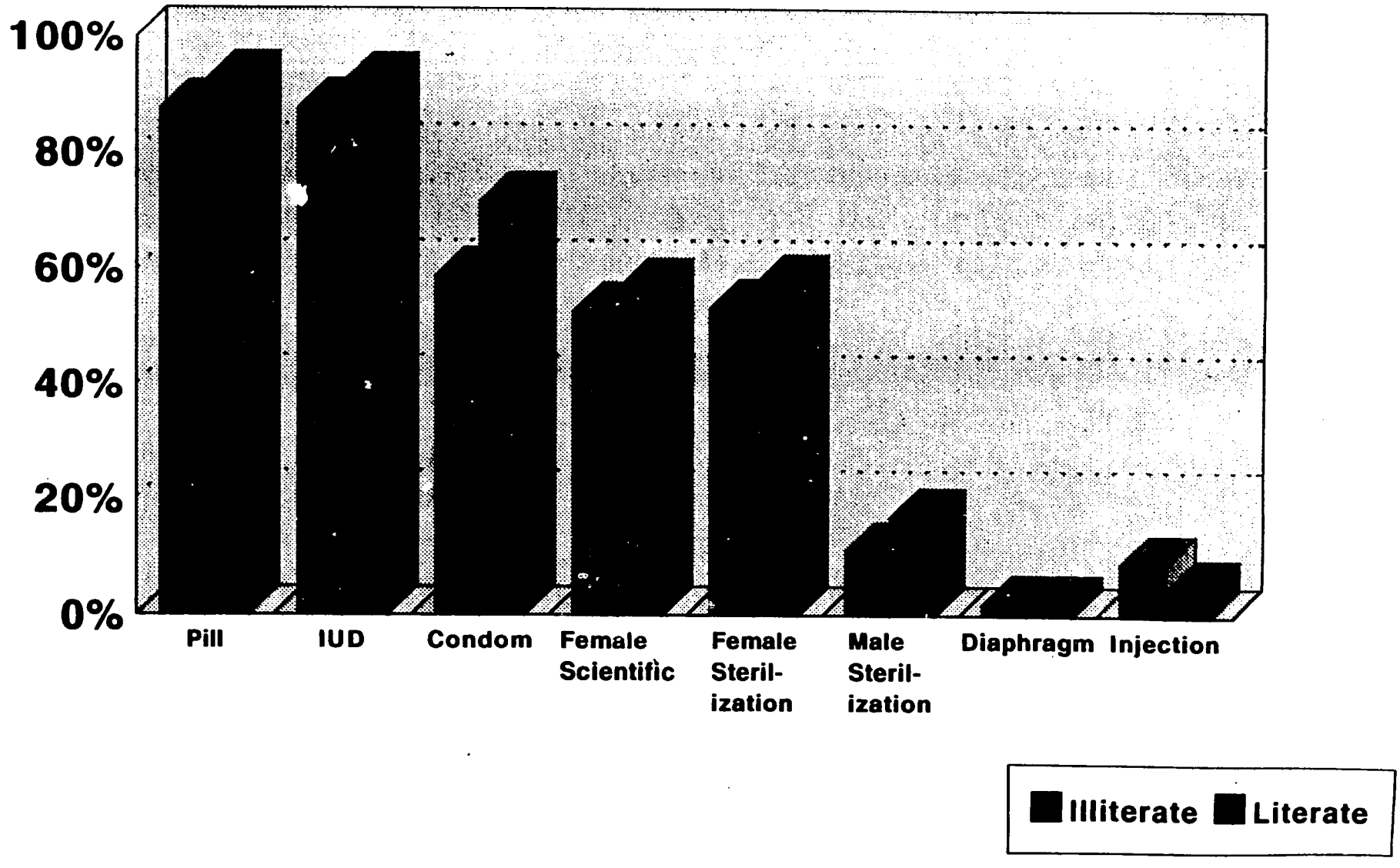
1988 Turkish Population and Health Survey

Percentage of Ever-married Women by Current Age who have ever used a modern contraceptive method



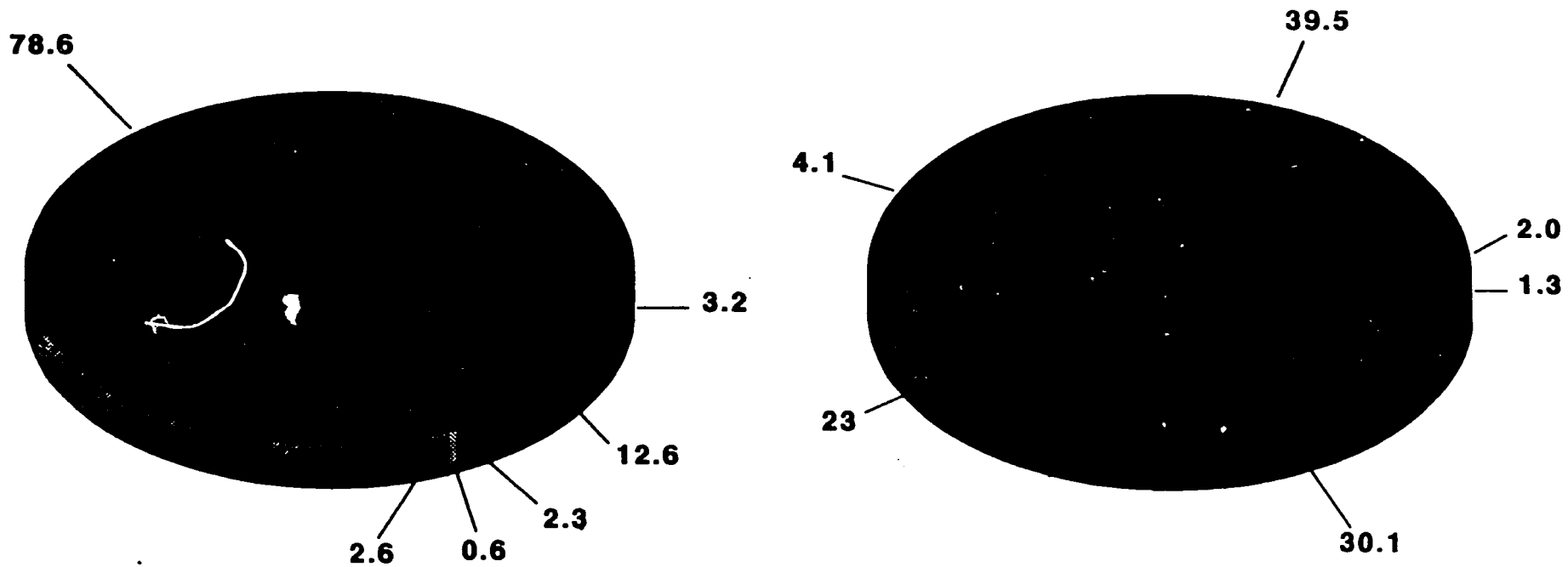
1988 Turkish Population and Health Survey

Percentage of Ever-married Women who have Heard of Modern Contraceptive Methods By Woman's Literacy



1988 Turkish Population and Health Survey

Percentage of Women Using Modern Contraceptive Methods According to where the Method is Obtained



1988 Turkish Population and Health Survey

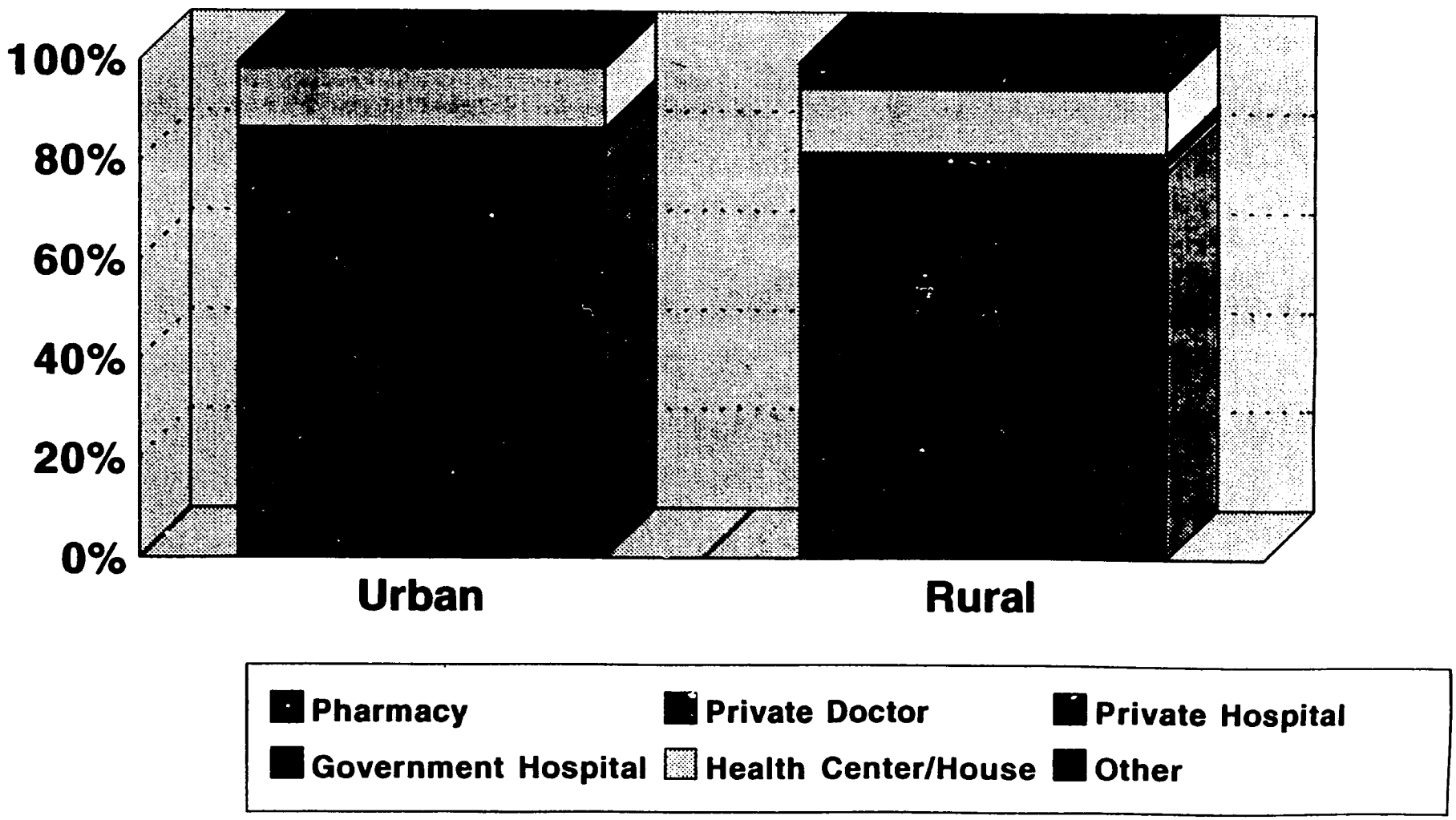
Percentage of Women Using Contraceptive Methods According to where the Method is Obtained and Place of Residence

Method : Pill

	Urban	Rural
Pharmacy	79.4%	77.9%
Private Doctor	3.2%	1.9%
Private Hospital	0.6%	0.6%
Government Hospital	3.2%	1.3%
Health Center/House	12.3%	13%
Other	1.2%	5.2%

Percentage of Women Using Contraceptive Methods According to where the Method is Obtained and Place of Residence

Method : Pill



1988 Turkish Population and Health Survey

Percentage of Women Using Contraceptive Methods According to where the Method is Obtained and Place of Residence

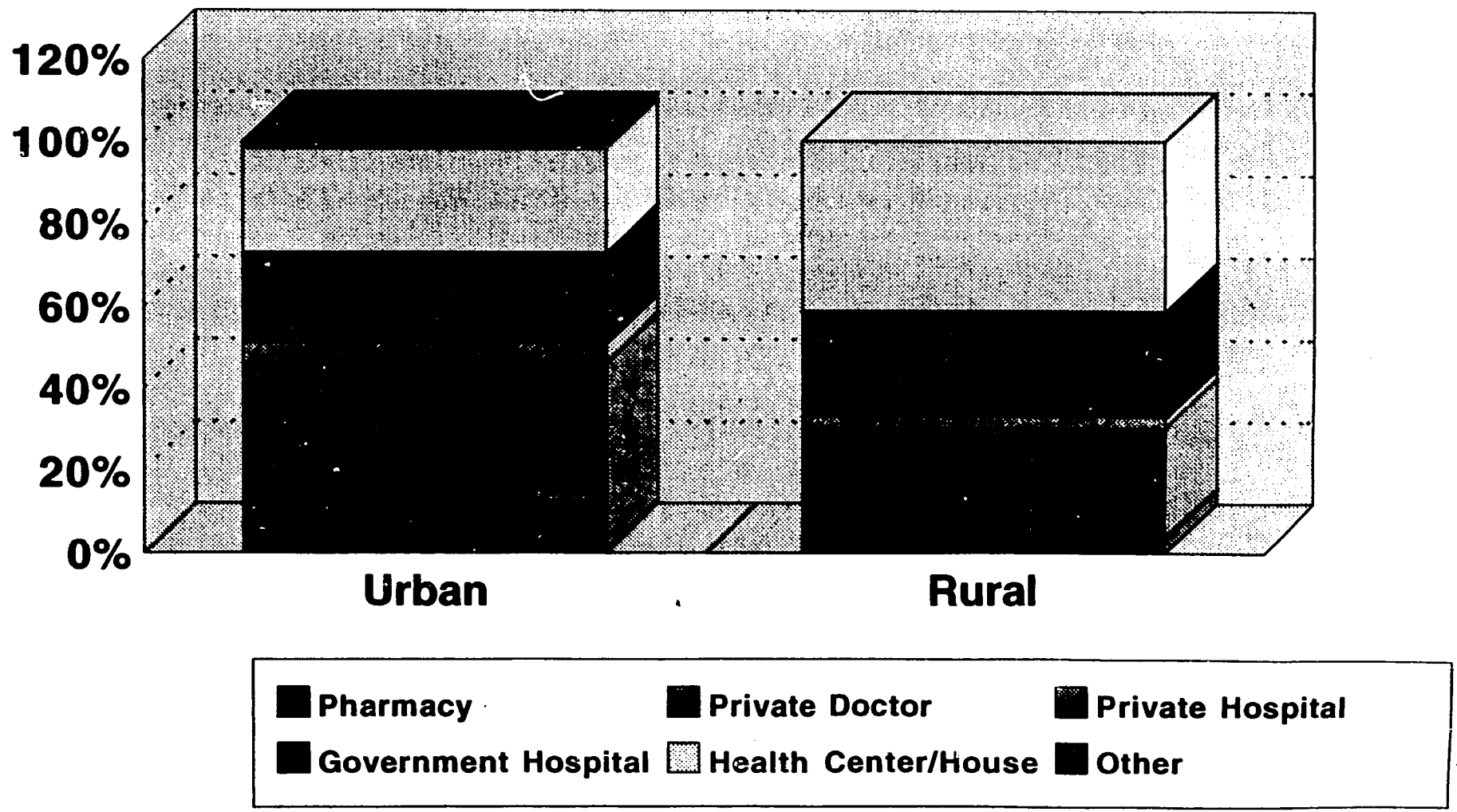
Method : IUD

	Urban	Rural
Pharmacy	1.2%	3.7%
Private Doctor	45.1%	26.9%
Private Hospital	4.7%	2.8%
Government Hospital	22%	25.5%
Health Center/House	25.2%	41.2%
Other	1.8%	0%

1988 Turkish Population and Health Survey

Percentage of Women Using Contraceptive Methods According to where the Method is Obtained and Place of Residence

Method : IUD



1988 Turkish Population and Health Survey

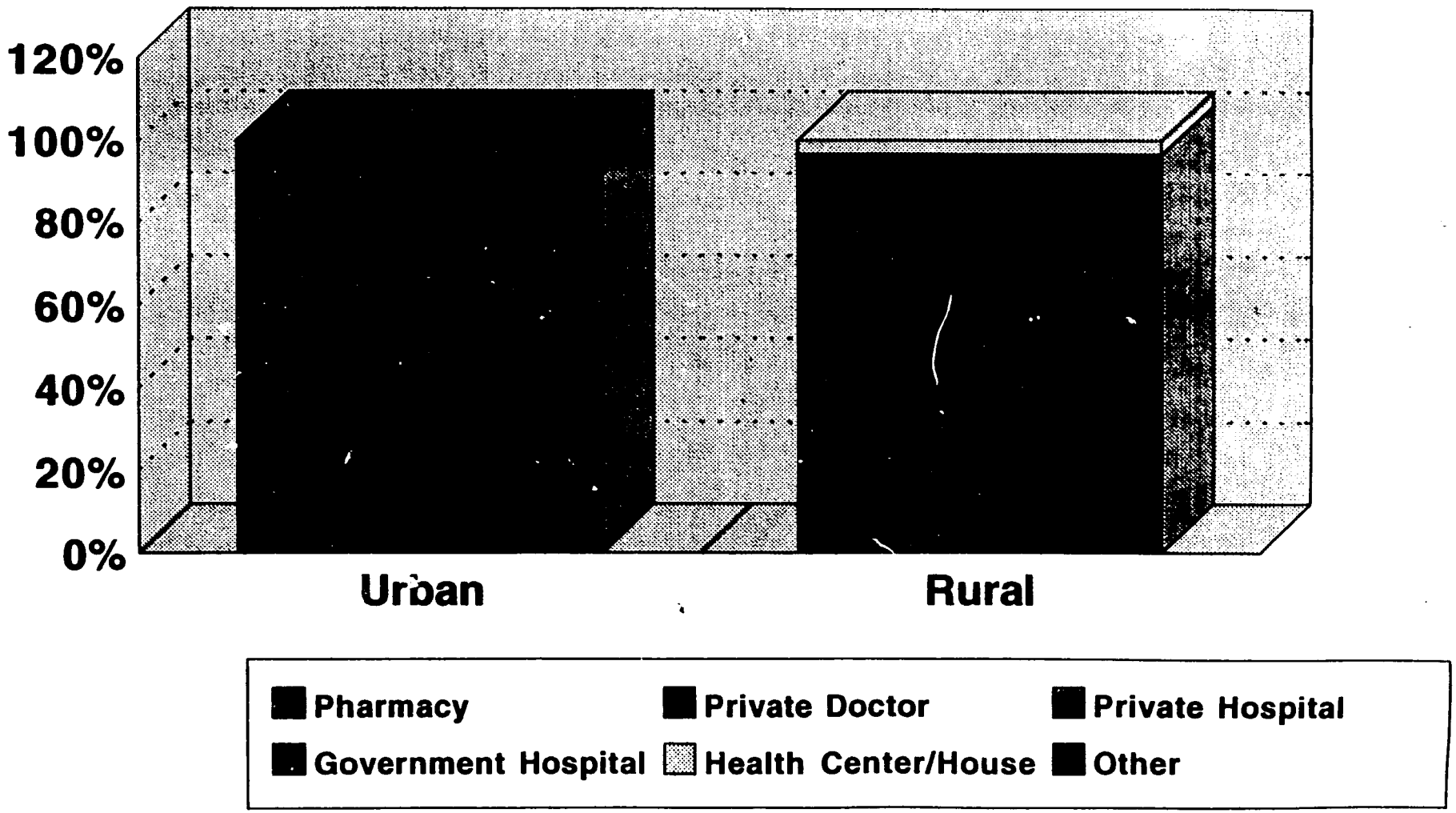
Percentage of Women Using Contraceptive Methods According to where the Method is Obtained and Place of Residence

Method : Female Scientific

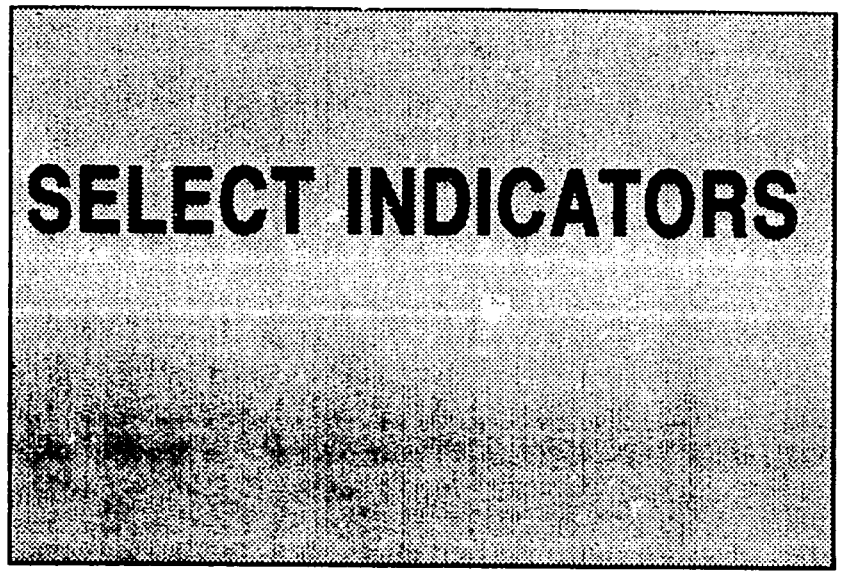
	Urban	Rural
Pharmacy	98.4%	96.7%
Private Doctor	0%	0%
Private Hospital	0%	0%
Government Hospital	1.6%	0%
Health Center/House	0%	3.3%
Other	0%	0%

Percentage of Women Using Contraceptive Methods According to where the Method is Obtained and Place of Residence

Method : Female Scientific



1988 Turkish Population and Health Survey



- **Indicators define exactly what will be measured in order to monitor a program while it is in process and to evaluate its achievements**

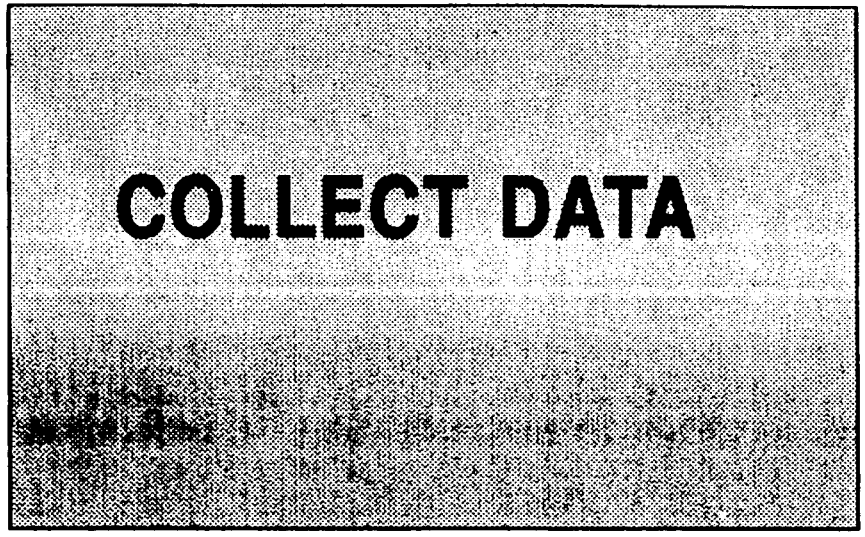
- **Indicators should:**
  - be measurable, easy to calculate, summarize activities and allow for comparisons at different levels of data aggregation
  - use the minimum time and money required to get the information needed

To reach a target, we select a service-delivery strategy and implement a program

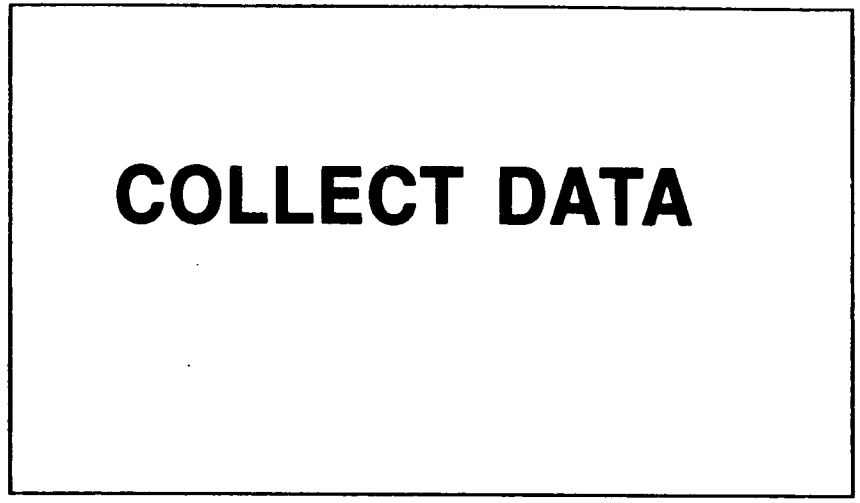
And we select indicators to monitor the services being delivered

Common indicators used to monitor service delivery in family planning are:

- Numbers of new acceptors, by contraceptive method
- Sources of information for the acceptors
- Numbers of revisits or continuing users, by contraceptive method
- Numbers of service providers trained
- Numbers of service delivery sites operating
- Numbers of clinic referrals
- Numbers of years of protection
- Attendance at community meetings, materials produced, etc.



- **Data must be accurate and precise**
  - Data are accurate if they measure exactly what they are intended to measure
  - Data are precise if repeated measurements produce the same results



How can forms be designed to promote accurate and precise data?

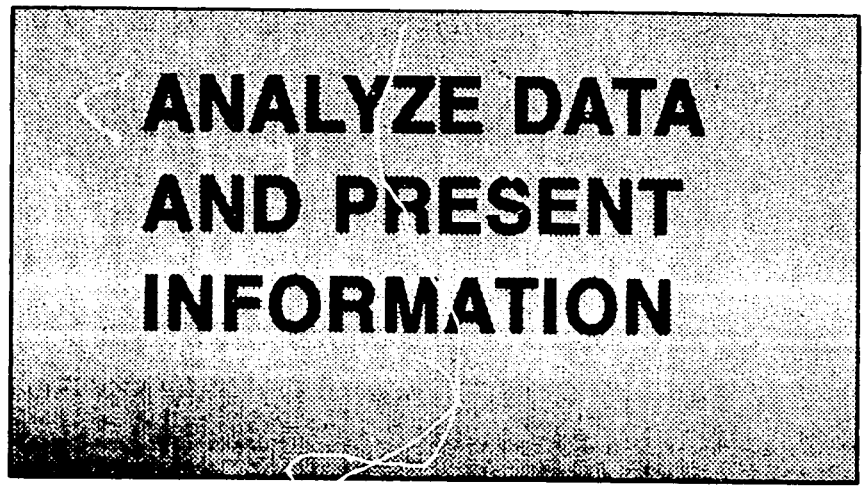
- **Forms should:**
  - be simple enough that their completion is not a burden to service providers and other program staff
  - be comprehensive enough to meet program managers' needs
  - allow data to be aggregated for decision making at all appropriate levels

COLLECT DATA

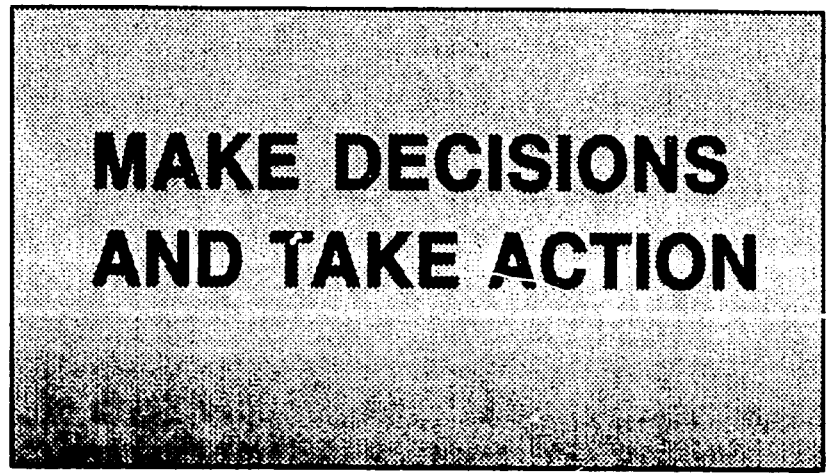
What do we need to promote effective use of forms?

- **There should be:**
  - adequate training and retraining, with emphasis on ways to use the information for program improvement and expansion
  - the flexibility to modify forms or other elements of the data collection system if needed
  - monitoring of completion and use of forms as part of routine supervision

- **It is important to balance the value of information against the cost of data collection and the burdens it places on health workers**



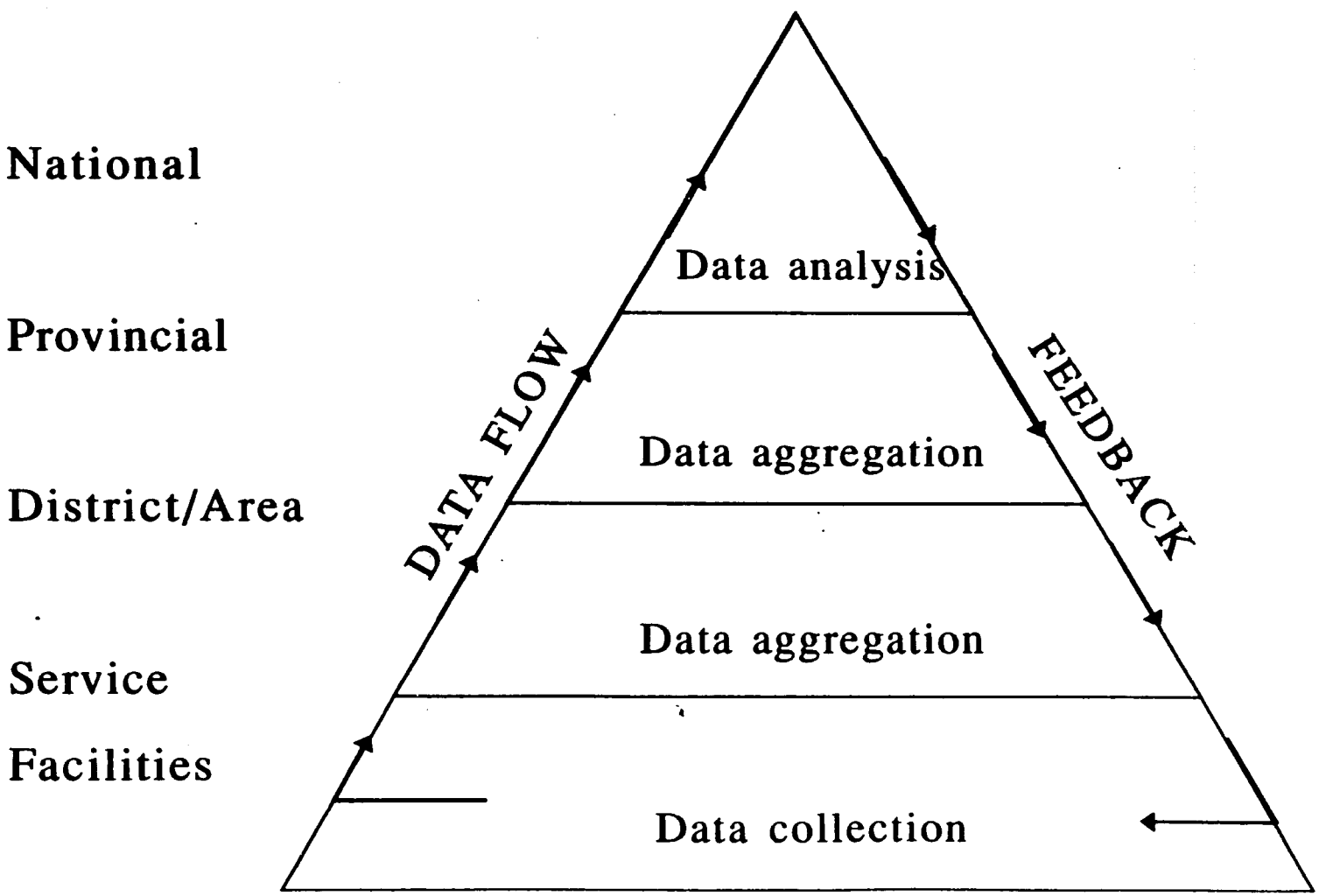
- Data analysis comprises both the processing and interpretation of data
- Managers suffer more from an excess of information than from a lack of information
- To use information, managers need reports that are concise, understandable and relevant to the decisions they must make
- Data should be presented in a broad context by relating it to other pertinent indicators
- "A picture is worth a thousand words"



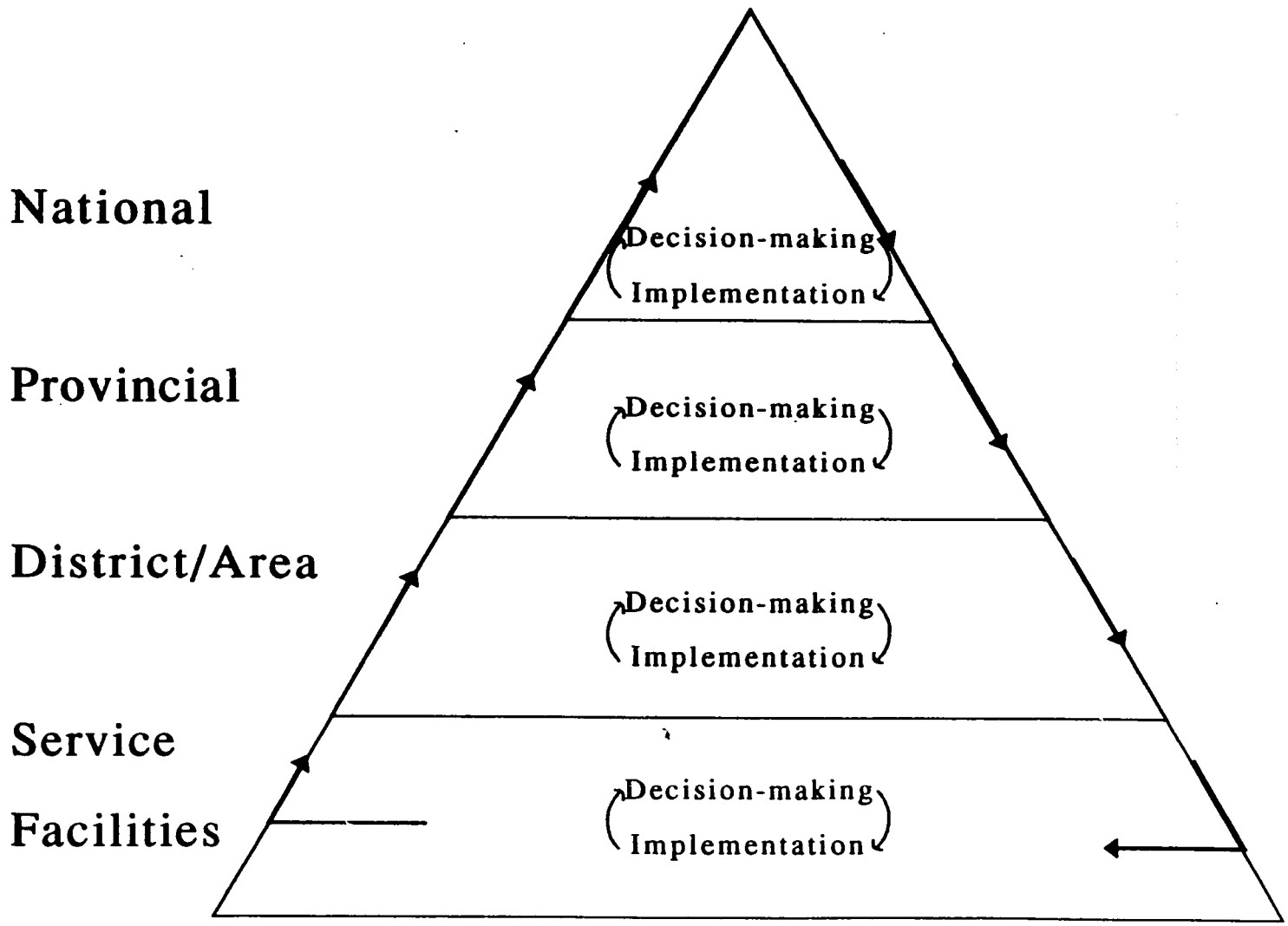
- **Information should be used to make decisions that lead to appropriate action at each program level, from service delivery site to ministry**

- **Interpretations of information should be based on analysis of plausible explanations**

Data Flow for Decision-Making at the Top



Data Flow for Decision-Making at all Levels



ANNEX 4

PROPOSAL FOR COLLABORATION BETWEEN THE MCHFP GENERAL DIRECTORATE AND CDC/FPLM-FPMD TO DEVELOP FAMILY PLANNING MIS AND CONTRACEPTIVE LOGISTICS SYSTEMS

General Goal:

To Develop Management Information and Contraceptive Logistics Systems which will improve managers' capabilities to achieve the goals of the MCHFP General Directorate.

Specific Objectives:

To ensure that information is timely, accurate and complete.

To develop capabilities to analyze information in relation to goals, objectives, targets and strategies.

To develop reporting systems supporting management decision making needs.

To ensure that all contraceptives are always available in all service units.

The proposed Management Information and Contraceptive Logistics Systems development initiative will be carried out in four phases via the following activities:

Phase 1. Initial MIS and Logistics Systems Development Activities at General Directorate Level

- Responsibility: MCHFP General Directorate

Activity 1: January - February 1992

Identify and designate in-house MIS and Logistics Technical Teams of 2-3 persons who will serve as counterparts to the CDC/FPLM and FPMD consultants and who will be responsible for facilitating workshops, carrying out field surveys, preparing reports, preparing documentation for workshops and implementing the results.
Directorate has designated 2 persons as the MIS technical team.

Activity 2:

Conduct a national inventory of all contraceptives being held at all program locations, including Central, Regional, and Provincial stores, and all program outlets such as Health Centers, MCHFP Centers, Hospitals, Health Houses and any and all locations that take their contraceptive supplies from the MCHFP logistics system.
This activity is being completed.

Phase 2. MIS Development Activities with MCHFP General Directorate

Activity 3: 16-18 March 1992.

Conduct an orientation and technical seminar to introduce the concept of MIS development for the MCHFP General Directorate to establish its goals and strategies and its technical guidelines.
This activity has been completed.

Activity 4: 19-25 March 1992.

Based on the results of the contraceptive inventory and other information, prepare long- and short-term forecasts for contraceptive needs.
This has been completed.

Resources:

CDC/FPLM will provide 2 person weeks of technical assistance.
The General Directorate will provide counterparts to the CDC/FPLM consultants.

Activity 5: 19-25 March 1992

Review the contraceptive logistics system and determine changes in procedures, if needed. These changes will be implemented in a test region for three or more months before national implementation.
This has been completed.

Resources:

CDC/FPLM will provide 2 person weeks of technical assistance.

The General Directorate will provide counterparts to the CDC/FPLM consultants.

Activity 6: June 1992

Identify and contract local MIS experts or company to provide local computer software/hardware support for the management information and contraceptive logistics systems. The computer software will be designed to be readily and easily modifiable and compatible with other software being developed.

Resources:

FPMD will provide 1 person week of TA. FPMD will finance the contract for computer software/hardware support.

The General Directorate will provide 2 person weeks of MIS Technical Team support to collaborate with FPMD TA.

Activity 7: June 1992

Design service statistics and contraceptive logistics reports for program management at all levels.

Resources:

FPMD will provide 2 person weeks of TA.

CDC/FPLM will provide 1 week of TA.

The General Directorate will provide 4 person weeks of MIS Technical Team support to collaborate with FPMD and CDC/FPLM TA, and access to existing computer facilities.

Phase 3. Regional/Provincial Level Activities

Activity 8: June 1992

Conduct a regional 3-day seminar on MIS Development similar in content to the seminar held for the General Directorate, but with a provincial/local focus. The seminar will be held primarily for the heads of the MCHFP centers and Provincial Health Director or designate.

Resources:

FPMD will provide 1 person week of TA. FPMD will cover travel and seminar costs including lodging, meals for participants, facilitators, and senior staff from the General Directorate.
FPMD will also provide training materials and supplies.
CDC/FPLM will provide 1 person week of TA.
The General Directorate will provide 2 person weeks of MIS Technical Team support.
The General Directorate and Provincial Directorates will identify facilities and cover travel costs of provincial participants.

Activity 9: August - September 1992

Develop training program for new Contraceptive Logistics System.

Resources:

CDC/FPLM will provide 2 person weeks of TA.
The General Directorate will provide 2 person weeks of MIS and Logistics Technical Team support.

Activity 10: August - September 1992

Organize and conduct a 2-day seminar for provincial supervisory staff in the test-region provinces in the use of the new Contraceptive Logistics system.

Resources:

CDC/FPLM will provide 1 person week of TA.
The General Directorate will provide 1 person week of MIS Technical Team support.
The General Directorate and Provincial Directorates will provide facilities, travel and per diem for the MIS Technical Team.

Activity 11: October 1992

Develop data analysis procedures, including computer programs, based on the recommended management reporting system, and facilitate installation of LAN at the General Directorate to maximize MIS reporting capability.

Resources:

FPMD will provide 3 person weeks of TA, including 6 person weeks of local computer programming, software, and LAN installation support.

The General Directorate will provide 3 person weeks of MIS Technical Team support and access to computer facilities.

Activity 12: December 1992

Organize and conduct two 3-day seminars for Central and Provincial Staff in the Test Region in the use of the new data analysis procedures for the management reporting system.

Resources:

FPMD will provide 3 person weeks of TA and 3 person weeks of local contractor support for training General Directorate and Provincial staff in test regions. FPMD will cover travel and seminar costs including lodging, meals for participants and facilitators. FPMD will also provide training materials and supplies.

The General Directorate will provide 6 person weeks of MIS Technical Team support. The General Directorate and Provincial Directorates will provide facilities and per diem for the provincial MIS Technical Team and participants.

Activity 13: February - March 1993

Organize and conduct a 3-day seminar for senior logistics staff of the MCHFP Directorate in contraceptive forecasting and using contraceptive logistics data for program management.

Resources:

CDC/FPLM will provide 2 person weeks of TA.

The General Directorate will provide 2 person weeks of MIS Technical Team support.

Activity 14: February - March 1993

Evaluate the new logistics procedures implementation in the test region, make adjustments and revise the Contraceptive Logistics Supply Manual to reflect the changes.

Resources:

CDC/FPLM will provide 2 person weeks of TA.

The General Directorate will provide 2 person weeks of MIS Technical Team support.

The General Directorate will provide travel and per diem for the MIS Technical Team.

Activity 15: February - March 1993

Based on evaluation results, revise Training program for Provincial and outlet staff in using the new Contraceptive Logistics Supply Manual.

Resources:

CDC/FPLM will provide 1 person weeks of TA.

The General Directorate will provide 2 person weeks of MIS Technical Team support.

Activity 16: April - May 1993

Organize and conduct a national, 3-day training of trainers (TOT) seminar in contraceptive logistics, and schedule implementation of regional training courses in each region.

Resources:

The General Directorate will provide 4 person weeks of MIS Technical Team support to train 8 regional trainers.

The General Directorate will provide facilities for the seminar, travel and per diem for the participants.

Activity 17: May - June 1993

Evaluate service statistics, data collection and reporting system in Test region and at the General Directorate.

Resources:

FPMD will provide 3 person weeks of TA, and 3 person weeks of local contractor. FPMD will cover travel costs, lodging, and meals for MIS Technical Team.

The General Directorate will provide 6 person weeks of MIS Technical Team support.

The General Directorate will provide travel and 1 week of per diem for MIS Technical Team support.

Activity 18: September - October 1993

Finalize and document data analysis procedures, including computer based analysis, for general implementation.

Resources:

FPMD will provide 2 person weeks of TA, and 2 person weeks of local contractor.
The General Directorate will provide 4 person weeks of MIS Technical Team support.

Activity 19: September - October 1993

Prepare recommendations for extending the systems to other regions and integrating them with other MCHFP programs.

Resources:

FPMD will provide 1 person week of TA and 1 person week of local contractor.
The General Directorate will provide 2 person weeks of MIS Technical Team support.
CDC/FPLM will provide 1 person week of TA.

Activity 20: November 1993

Begin phased implementation of the MIS and Logistics Systems throughout the country.