

**SSK/SEATS Family Planning Program  
Review of Logistics Management Systems  
July 12 - 30, 1993  
Trip Report**

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**Family Planning  
Logistics Management  
Project**

**FPLM**

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John Snow, Inc.

## I. Introduction and Acknowledgements

The purpose of this consultancy was to conduct a one-year follow up review of the SSK/SEATS Family Planning Program's logistics management systems and to provide technical assistance in contraceptive logistics management to SEATS and SSK program staff. The FPLM consultant completed the following tasks: conducted a 3-day workshop on logistics management for seven SEATS and SSK staff; reviewed the status of the contraceptive distribution and management information systems relative to the 1992 Logistics System Design workshop; visited three program sites (a total of 16 sites were visited by SEATS and SSK staff during or just prior to the FPLM visit); attended a Pharmacists' Workshop conducted by SEATS/Ankara; and assisted in preparing a workplan for SEATS/Ankara's logistics management tasks. More specific tasks were also completed during these activities; for example, the workshop for SEATS and SSK staff resulted in the creation of a Logistics Management Checklist to be used during site visits, and several minor adjustments to the LMIS forms. With SEATS and SSK family planning program staff, the consultant met with procurement officials in SSK General Directorate and the Istanbul Regional Directorate, and visited the central warehouse in Istanbul. We also reviewed the contraceptive forecast prepared in May by CDC/FPLM and recommended several adjustments to shipping quantities and dates to USAID/Ankara.

Almost all members of the SEATS/Ankara staff, and Dr. Gokhan Yildirimkaya and Dr. Eran Sozen took approximately three full weeks out of their already busy schedules to devote to logistics management during my visit. I wish extend my warm thanks to all of the individuals involved for their participation and hard work in all of the logistics management activities during my visit, in particular, Mr. Haluk Sahin, Dr. Moalla Beste, and Drs. Sozen and Yildiremkaya of the SSK Health Department; and Dr. Ali Tekin Celebioglu, Dr. Nilgun Kircalioglu, Mr. Tamer Kutluay, Ms. Lale Smekal, Mr. Ali Topcu, and Ms. Fatma Telli of SEATS/Ankara. I also appreciate very much the support of the USAID Representative at the U.S. Embassy in Ankara, Dr. Pinar Senlet, and that of the SEATS and FPLM Projects at JSI in Arlington, in particular, Ms. Diane Hedgecock, Ms. Carolyn Hart, Ms. Caroline Vogel, and Ms. Andra Sawyer.

## II. Summary

In its first year, the SSK/SEATS Family Planning program has established both a distribution system and a logistics management information system, although, as is almost always true in logistics systems, there is room for improvement. Until very recently (late June), the degree to which systems had been established was largely due to the efforts of the central warehouse staff, pharmacists, and hospital family planning coordinators, and there was little intervention from SEATS or SSK Department of Health staff. Beginning very recently, assistance from the central offices in logistics management has increased through an intensive schedule of site visits and the first of a series of workshops for pharmacists in family planning program logistics management.

To summarize the current status of the logistics management systems: The central warehouse for family planning (SSK's Regional Directorate warehouse in Istanbul) is well managed, in terms of storage of contraceptives and timely shipping to hospitals when orders are

received. The present stockout of oral contraceptives at the Istanbul warehouse is due to delays in clearing shipments from customs (see section III.1 below). Pharmacists at the hospitals generally order contraceptive supplies at the appropriate times (when stock levels are at or near the minimum level). Stocks of contraceptives were present in the clinics visited by SEATS and SSK staff, where staff had been trained and services were being provided. However, there is wide variation in stock levels, and over half of the first quarter reports show stock levels above the maximum or below the minimum levels. Most pharmacists and family planning managers submit quarterly reports, although in a few cases this occurs only after being prompted by a telephone call from SEATS every quarter; 85 percent reported in the first quarter of 1993, including reports received following phone calls.

The distribution system, in which pharmacists supply clinics and other hospital departments with contraceptives, appears to be functioning well. In many of the medium-sized hospitals, severe constraints in storage space prevent pharmacists from storing contraceptives in the pharmacy. In these cases, products are transferred directly to the clinics and stored there. Most of the hospitals visited find ways to store the contraceptives; however the general shortage of storage space at many of the hospitals is severe. Goztepe Hospital has a recently renovated clinic and was in the process of resolving the problem of storage space during our visit.

Twenty-seven hospitals have active family planning services, at the time of this visit. The program staff expect the number of sites, including hospitals and dispensaries, to double in the next year.

At the General Directorate, the SSK Health Department now has, officially, four staff assigned to work in family planning, two of whom were actively involved in day-to-day program management during my visit. The two are physicians who are making numerous site visits and contribute their interest and enthusiasm for the project, as well as knowledge of family planning and the SSK. However, there is no staff person at the General Directorate who is employed full-time in logistics management for the family planning program, and this function is carried out by SEATS staff, whose role is meant to be advisory and not direct supervision. SSK staff handle logistics management duties mostly through the site visits and ad hoc emergency intervention, for example, in the ongoing problems with customs clearance.

The first workshop for pharmacists, held by SEATS and SSK in Istanbul on 22 July for 14 pharmacists from Istanbul and the surrounding region, appeared to be successful in generating interest in the program and building rapport with the pharmacists, on whom the entire logistics management system is dependent. Future workshops should include a second day to have time to cover more technical material and to be more competency-based in design. (See section VII below for details).

### **III. Recommendations**

#### **1. Customs Clearance**

The most urgent logistics problem is the long delay of commodities in customs; the average time for clearance has been two months. This delay results in shortages at some sites (new sites in particular), significant costs to the SSK for storage while in customs, and may compromise product quality due to improper storage conditions. At the time of our visit to the central warehouse, there was a complete stockout of oral contraceptives and backorders from several hospitals; a shipment that arrived in port on May 14 was believed (by SSK in Ankara) to have been released from customs on July 27.

A revised address was submitted by us (SEATS and FPLM) to USAID/Ankara for future shipments to the SSK. SSK staff at the Istanbul Regional Directorate believe that using this address will expedite the processing of documents and clearing of goods from Customs. A Logistics Manager (see Recommendation #2) should also be assigned the task of following up on necessary formalities. Existing SSK Health Department staff are too busy with other tasks (related to the clinical aspects of service delivery) to have time to spend on customs clearance.

## **2. Address for Contraceptives**

Based on discussions with staff at the SSK Istanbul Regional Directorate and General Directorate, SSK/Ankara staff and FPLM recommend that the following address be used for future shipment of contraceptives to the SSK. USAID/Ankara should make this request to CPSD as soon as possible so that future delays in customs can be avoided or reduced.

Sosyal Sigortalar Kurumu  
Istanbul Satimalma Sigorta Mudurlugu  
Mebusan yokusu Sigorta Is Hane  
FINDIKLI-ISTANBUL TURKEY

For DHL documents, the following name may be used if needed. This name should only be used on the outer envelope and not on enclosed documents:

Mr. Kemal Ozer

## **3. Logistics Management at SSK Health Department**

Institutionalization of logistics management within the SSK Health Department can not take place without the naming of a full time logistics manager at the central level (in Ankara). Effective logistics management requires a full time person with the appropriate experience and an interest in logistics management and LMIS. In the next year, SEATS/Washington expects that SEATS/Ankara will have to transfer most central

management functions to the SSK, including logistics management, placing additional importance on the hiring of necessary staff for this function.

#### **4. Inventory Control System**

The Summary Quarterly Reports for the first quarter of 1993 showed that more than 50% of supply levels (each product calculated separately at each site) were below the minimum (3 months) or above the maximum (6 months) levels. FPLM recommends the following four actions:

- a. Training specifically in inventory control systems should be included in the pharmacists' workshops, and as suggested by SSK and SEATS staff, in the training of service providers. Family planning staff, including pharmacists, should receive training in maintaining stocks within the recommended levels. (See Recommendation #8 and Section 7 below).
- b. The Summary Quarterly Report should include a column to show supply status for the pharmacy and family planning clinic collectively at a single site. (See Recommendation #9 below).
- c. The quarterly routine of the SEATS Logistics/MIS Advisor and SSK Logistics Manager should include follow-up telephone calls and letters to sites with supply problems (shortages and oversupply), to determine the cause of the problem and to solve it if possible.
- d. Site visits should be made by the SEATS Logistics/MIS Advisor and the SSK Logistics Manager specifically to sites with serious or chronic problems with their supply status.

#### **5. Procurement of Contraceptives**

As anticipated at the initiation of the project one year ago, the SSK is prepared to begin central procurement of contraceptives for the family planning program. During this visit, I met with managers at the Istanbul Regional Directorate and at the Procurement Office of the General Directorate regarding preparations for the procurement of condoms, a process which is scheduled to begin in September. At that time, a consultant from PATH is expected to visit the SSK to provide assistance in the development of specifications for condoms and possibly other contraceptive products. SSK staff stated that they are ready to begin the procurement process, and that they do not anticipate budget or other problems. The following quantities and dates for the initiation of procurement and to have product in country are estimated to meet requirements based on the CPTs prepared in May:

<u>Product</u>	<u>Date Needed in Country</u>	<u>Approximate Quantity Needed for 1 Year<sup>1</sup></u>
condoms	9/94	378,000
Lofemenal <sup>2</sup>	1/95	24,000
IUDs	1/96	30,000
Ovrette <sup>3</sup>	1/96	new product; depends on rate of consumption during 1993 and 1994

6. **Contraceptives Needed from A.I.D.**

In order to meet demand for contraceptives prior to the initial receipt of shipments procured by the SSK, the following quantities are needed from A.I.D. in addition to those already ordered or planned as of 7/93. These quantities and dates should supersede earlier estimates by CDC, and are based on updated information about the end date for the SEATS project and anticipated procurement of contraceptives. SEATS is expected to end by 7/94; shipments should be scheduled to arrive before this date.

The AVSC and SEATS/Ankara staff have requested that 45,000 cycles of Ovrette be shipped for distribution to specified sites.

<u>Product</u>	<u>Quantity</u>	<u>Approximate Receipt Date</u>
condoms	300,000	6/94
Lofemenal	28,800	6/94

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<sup>1</sup> These quantities are estimates based on the 1993 CPTs; they take into account projected stock levels. Requirements for IUDs should be re-calculated at the time the procurement process begins.

<sup>2</sup> This estimate is the total requirement for Lofemenal or another brand or brands of combined oral contraceptive.

<sup>3</sup> The AVSC project has recently conducted a pilot test of minipill use. AVSC and SEATS/Ankara anticipate increased demand of minipills. An initial quantity is requested from A.I.D.; changes in the quantity supplied may affect the quantity needed through direct procurement, as well as the dates.

IUDs	40,000	6/94
Ovrette	45,000	11/93

## 7. **Changes to LMIS forms**

Based on discussion during the first week's workshop, the following modifications were decided upon for the two report forms. These changes are considered by staff to be very minor, as they do not significantly alter the data collection or reporting process. Most of the changes are intended to better define the kinds of data required. Some of them require more detailed information from clinic staff (Clinic Report, numbers 2 and 3).

The changes for the tubal ligation section of the clinical report will make the report more complicated. For this reason, I recommend monitoring the use of the report closely to determine whether these changes are causing confusing for the coordinators.

Below is the complete list of changes:

### Clinic Report

1. Add a column for Depo-Provera® and blank columns for minipills and Norplant®
2. Add 2 rows: divide into 3 locations,  
Family Planning Clinic  
Delivery Room  
Other Locations
3. For T.L. divide into two columns: Contraception and Medical Reasons
4. Add 2 columns after T.L. to indicate numbers receiving Minilap and Laparotomy
5. Improve the title of the report
6. Improve the label for the Losses/Adjustments row

### Pharmacy Report

1. Add row for Depo-Provera®
2. Improve the title of the report
3. Include the formula: column2 + column3 - column4 - column5 = column 6
4. Improve the label for the Losses/Adjustments column

## 8. **Pharmacists' Workshops**

The following recommendations were made following the pilot workshop for pharmacists

on 22 July (see Section VII below for details):

1. Invite one of the pharmacists in the program to participate as a co-trainer in future pharmacist workshops;
2. enroll the SEATS/Ankara Logistics/MIS Advisor and the designated pharmacist in a training of trainers workshop in Turkey (a five to ten day workshop, if available, is recommended);
3. extend the pharmacists workshop/conference to two days; and
4. review and expand the workshop design to incorporate more detail about the system and what is expected of pharmacists, and to include a practicum in a manner considered appropriate by staff.

#### 9. **Summary Logistics Management Reports**

During this visit, the Summary Quarterly Reports of Family Planning Clinics and of Pharmacies were reviewed and several changes were discussed. Currently, all data from the Quarterly Reports is input into a spreadsheet, and the reports show stock activity for all sites. One improvement was made by the SEATS Logistics/MIS Advisor during my visit; a column was added to show the supply status at the site, in terms of months of supply on hand. An asterisk in the column highlights potential problem situations. This column should be revised so that the number of months and the asterisk would appear.

An additional suggestion for the Summary Report is to separate sites that do not currently provide services into a section at the end of the report.

#### IV. Logistics Management Workshop for SEATS and SSK

On July 13, 14 and 16, seven SEATS and SSK staff members met for a review (for some) and introduction (for others) of principles of logistics management, applied to the SSK/SEATS program. The objectives for the workshop were that, at the end of the workshop participants would:

1. Understand and be able to explain the purpose and components of logistics management;
2. be able to name the essential data items in an logistics management information system, and the most important recordkeeping and reporting forms;

3. be able to describe the SSK family planning program's logistics system and LMIS;
4. be able to determine the number of months of supplies available, given inventory and dispensed to user data;
5. be able to explain the rules for ordering contraceptives in the SSK family planning program;
6. be able to identify each of the SSK-SEATS contraceptives, give its brand name, shelf life, and particular quality assurance and storage concerns;
7. be able to list major guidelines for storage of contraceptives and to identify common quality assurance problems that can be addressed through storage practices; and
8. have designed an instrument to be used on visits to SSK family planning sites to help assess and make improvements in the operation of the logistics system and LMIS;

A schedule of the three days can be found in Appendix 1. Both the SEATS Logistics and MIS Advisor, Tamer Kutluay, and I conducted sessions. Much ground was covered in a very short time, which was constrained by the limited availability of SSK staff due to other demands on their time. The participants were quite enthusiastic about receiving an overview of the topic, understanding specific components, and developing the checklist.

#### V. Site Visit Checklist

The checklist was developed during the workshop specifically to be used during visits of SSK Health Department and SEATS staff to sites (hospitals and dispensaries) with new and existing family planning service delivery programs. The checklist resulting from our first week's workshop was tested the following week during site visits conducted by three groups. The whole group met following the week of site visits and decided on two versions, one for known problem situations and the other for "routine" visits. The routine version is modified from the original, and is somewhat shorter. The group agreed that the responses to questions would be included in the report written for each visit in the existing report format. The original version (in English) appears in Appendix 2 of this report.

#### VI. Logistics Management Information System

The LMIS includes the following record keeping and transaction forms: at the central level, there are parallel automated and manual system for stock records. The manual system includes only stock cards, although orders received from pharmacies are also manually prepared.

Issue vouchers and stock reports are computer generated. The hospital pharmacies use either stock cards or ledgers; most of the larger hospitals use stock cards. At the clinic, an old version of the Family Planning Register book is still being used, although the participants in the 1992 Logistics System Design workshop recommended changing the register format. (Discussions are ongoing with the Ministry of Health for approval of these changes).

Quarterly reports of contraceptives distributed are sent by the pharmacies and the family planning clinics to the SSK Health Department. Eighty-five percent reported in the first quarter of 1993. At the time of my departure, approximately 50% of second quarter reports had been received. The clinic reports are sent directly to the SSK Health Department. A brief review of reports being received during our workshop showed that the pharmacists and family planning coordinators are confused about some aspects of the reports, particularly the Losses/Adjustments columns, and the service statistics. The program staff recommended changes to the forms (see recommendation #7) to clarify some of the confusing points. On-site training, and training at the Pharmacists' Workshops are expected to alleviate most of the remaining problems.

Family planning services are provided in the hospitals clinics, and in other departments in some hospitals, including Delivery, the Operating Room, and Urology. The family planning coordinator at each site is instructed to collect data from all relevant departments for the Quarterly Report. One of the recommended changes is to add rows indicating Family Planning Clinic, Delivery or Other Location in order to encourage the collection of these data and to determine where services are being provided.

Presently, the SEATS Logistics/MIS Advisor is the central point for the collection, aggregation, and analysis of data from the Quarterly Reports. He produces two spreadsheets for each quarter; for pharmacies and Family Planning Clinics that include all the data received. He also produces specific charts and graphs that show aggregate stock levels and quarter-to-quarter trends. Improvements in the Summary Report were made during my visit; the result is in Appendix 3. At some point the program staff may want to convert the aggregation of reports to a database management program; however, everyone agrees that the spreadsheet currently being used is sufficient for the present time. The needs and capacity of the SSK Health Department in the management of the data would have to be considered before any significant changes were made.

## VII. Pharmacists' Workshop

SEATS staff gave a one-day workshop on the SSK Family Planning Program logistics system for a group of pharmacists from SSK hospitals and dispensaries in the Istanbul region and several other nearby sites. The workshop was designed and delivered by SEATS staff, in particular the Logistics/MIS advisor. I attended as an observer, with the assistance of an interpreter. The stated objective of the workshop was to introduce pharmacists from hospitals and dispensaries not yet participating in the program to the supply system, and to resolve

problems with pharmacists from participating service delivery sites. In my view, these objectives were only partially met, and a third, unstated, objective seemed to emerge as the workshop progressed. This objective, to build rapport with pharmacists, both already in the program and new to it, and to generate interest and enthusiasm for family planning, seemed to have been met; by the end of the day, participants were eagerly discussing various aspects of the program, even after the workshop had ended. Due to time constraints, however, some of the more specific information about recommended stock levels, reporting and product shelf life were not covered or were covered very briefly. Evaluating the workshop was not specifically one of my tasks for this consultancy; however, in view of contributing to overall system development, I discussed with SEATS staff and recommend the following:

1. invite one of the pharmacists in the program to participate as a co-trainer in future pharmacist workshops.
2. enroll the SEATS/Ankara Logistics/MIS Advisor and the designated pharmacist in a training of trainers workshop in Turkey (a five to ten day workshop, if available, is recommended).
3. extend the pharmacists workshop/conference to two days.
4. review and expand the workshop design to incorporate more detail about the system and what is expected of the pharmacists, and to include a practicum in a manner considered by staff to be appropriate.

Assistance from FPLM trainers may be requested for curriculum development specifically for a two-day Pharmacists' Workshop. FPLM could probably provide this assistance in early 1994, if a timely request were made by SEATS/SSK.

## **VIII. Follow-up**

Mr. Kutluay and I completed a detailed Logistics Management workplan for the period August through November, 1993 for SEATS/Ankara. The workplan includes routine operations, such as collection and aggregation of quarterly reports, and special development projects, for example, the design of a Project Information Databank for materials and equipment, site visits, etc.

The following projected tasks are expected to draw on FPLM expertise. The first two are included in the workplan, and the third is expected to take place after November, once a logistics manager is in place at SSK. Future assistance with CPTs may also be requested.

### **A. Procurement of contraceptives**

A consultant from PATH is expected to visit the SSK/SEATS Project in September to initiate the competitive bidding process for condoms and possibly oral contraceptives.

**B. Pharmacists Workshop Design**

(see VII above). Anticipated for early 1994.

**C. Transfer of responsibilities to SSK logistics manager**

Depending on the experience of the person hired for this position, SEATS/Ankara may request assistance for the process of phaseover to the SSK. As of the time of my visit, SEATS/Washington expected that this phaseover would have to be complete by the end of the SEATS Project in mid-1994.

## **APPENDIX 1**

### **Logistics Management Workshop Schedule**

FAMILY PLANNING LOGISTICS MANAGEMENT OVERVIEW AND WORKSHOP

SCHEDULE

Tuesday:

Introductions and Introductory Remarks  
Introduction to Logistics Management and the  
SSK Family Planning Logistics System (Tamer, Elise)

BREAK (15 minutes)

Introduction to Logistics Management Information Systems  
The SSK Logistics Management Information System and Needed  
Changes (Tamer, Elise)  
Site Visit Tool

Wednesday afternoon:

Exercise: Completing Quarterly Reports  
Assessing Supply Status  
Site Visit Tool  
The SSK Family Planning Inventory Control System

BREAK

Site Visit Tool  
Contraceptive Products and Storage

Friday:

Organize and Finalize the Site Visit Tool

**APPENDIX 2**  
**Logistics Checklist (Version 1, later revised)**

LOGISTICS MANAGEMENT CHECKLIST FOR SITE VISITS

SSK/SEATS Family Planning Program

(English translation)

I. Observations: Pharmacy

1. Records

Stock Card

1. Up to date?
2. Has there been a physical count?
3. Are products recorded in units?
4. Is there a "missing" or "adjustments" column?
5. Are numbers correct?

2. Depot

1. Supplies are in a room, no water or humidity, clean, well ventilated
2. product far from direct sunlight, fluorescent light, radiator
3. Product stacked on pallets  $\geq 10$  cm wide
4. STacks are away from walls and one another  $\geq 25$  cm
5. stacks  $\leq 2.5$  meters
6. Brand names and other labels are visible
7. Cartons are arranged by FEFO
8. Stock cards are kept for each product and are visible
9. Damaged and expired stocks are separated and gotten rid of
10. Fire extinguishers are on hand
11. Chemicals stored in separate area

3. Supply Status

Product      Stock card      Observed

Are stock levels within the max and min levels?

II. Questions: Pharmacist

1. Are there any problems with the forms (stock card, Quarterly Report)?
2. Are the commodities coming from the main warehouse in time?
3. To whom do you dispense the commodities? Are there any problems? (Are there nay dispensaries within the district that want commodities)?

### III. Observations: Clinic

#### 1. Records

##### Register

1. Are the records complete, up to date? (If needed, give explanations, training).
2. Is a stock record kept?

##### Quarterly Report

1. Is everything recorded properly in the Register?
2. Are quantities of commodities given to each person recorded?

#### 2. Commodities

##### Storage conditions

1. Are the commodities in a non-humid, clean, well-ventilated place, off the floor?
2. Are they far from sunlight, fluorescent light, radiators?
3. Is FEFO observed?
4. Is there evidence of damaged or expired product? Is it immediately separated and gotten rid of?

#### 3. Supply Status

<u>Product</u>	<u>Stock Card</u>	<u>Observed (counted)</u>
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### IV. Questions: Clinic

1. Are there any problems with the form?
2. Are you having problems getting commodities from the pharmacy?
3. Where in the hospital are family planning services provided?
4. Are you collecting data from the other locations?
5. Do you or the clients have any problems with any of the products?
6. Do you know the average usage rates for each product?
7. Do you inform the pharmacy every month of the consumption rate? (If no, why?)
8. When do you get commodities from the pharmacy?
9. How do you calculate the amount of commodities to request from the pharmacy?

Person's name \_\_\_\_\_ Date \_\_\_\_\_ Tel # \_\_\_\_\_  
Suggestions:

4. What are the current stocks (quantities)?

5. What is the average rate of use?

Are you able to collect the monthly information from the clinics?

6. How long will the stocks last (for each method)?

7. Are there any losses?

8. Are you particularly watching the maximum and minimum levels?

What are the maximum and minimum levels?

9. How often do you check for the minimum level?

10. When do you request commodities from the main warehouse?

11. How do you calculate your order?

Person's name: \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Suggestions:

**APPENDIX 3**

**Summary Quarterly Report  
SEATS/Ankara**

## QUARTERLY REPORT of FP SITES

1st Quarter / 1993

Page

SN	Facility	I U D						P I L L S						C O N D O M					S U R G E R Y		T O T A L		N c
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	
<b>TRAINING CENTERS</b>																							
1	Ankara Etlik	2474	2000	1310	3164	1310	7	4451		430	4021	145	*	41884		7708	34176	338	*	103		2093	5695
2	Istanbul Bakirkoy	331	4000	1645	2686	1645	5	5635		479	5156	133	*	13400		7140	6260	125	3	233	30	3799	8467
3	Istanbul Goztepe	200			200			200			200			3000			3000			68			680
4	Izmir Tepecik Mat.	1794		832	962	832	3	2171		171	2000	57	*	27298		6528	20770	136	*	87		2825	3837
<b>HOSPITALS</b>																							
5	Adana	981	600	172	1409	172	*	1248		160	1088	76	*	9120	12000	5168	15952	213	9	62		587	1267
6	Ankara Diskapi																						
7	Antalya	427		95	332	95	*	43	200	124	119	38	3	392	6000	768	5624	24	*	10	44		440
8	Aydin	1			1			10			10			2982			2982					167	446
9	Aydin Nazilli																						
10	Balikesir	182		82	100	82	4	499		149	350	51	7	4800		2416	2384	151	3	10		427	413
11	Balikesir Bandirma																						
12	Bolu																						No Fl
13	Bursa	214		110	104	110	3	2503		84	2419	28	*	5152		1584	3568	99	7	26		372	661
14	Canakkale																						No Fl
15	Corum																						No Fl
16	Denizli																						No Fl
17	Diyarbakir	187		49	138	49	8	1198	300	284	1214	114	*	5832		1792	4040	112	7	48		334	682
18	Edirne	100			100			100			100			500			500						No Fl
19	Elazig	100			100			100			100			500			500						No Fl
20	Erzurum	50			50			100			100			500			500						No Fl
21	Eskisehir	78	200	74	204	74	8	76	100	24	152	8	*	200			200						No Fl
22	Gaziantep	165	400	231	334	231	4		400	58	342	22	*		12000	276	11724	16	*	17		143	432
23	Giresun														6000	1008	4992	63	*	12		387	939
24	Hatay Iskenderun	1049		58	991	58	*	1327		66	1261	40	*	12530		228	12302	14	*	28			No Fl
25	Icel Mersin	1950		128	1822	128	*	2240		306	1934	132	*	8388		5376	3012	336	2	12		545	624
26	Icel Tarsus																						No Fl
27	Istanbul Okmeydan	298		106	192	106	5	1396		294	1102	98	*	5200		1362	3838	87	8	10	12	599	620
28	Istanbul Pasabahce	267		58	209	58	*	1039		318	721	106	7	5064		1888	3176	118	5			348	237
29	Istanbul Samatya	194	200	47	347	47	*	6	500	39	467	13	*	1784	5800	768	6816	24	*	15		126	322
30	Izmir Aliaga																						No Fl
31	Izmir Tepecik																						No Fl
32	Kahramanmaras																						No Fl
33	Kayseri	100			100			100			100			500			500						No Fl
34	Kirikkale	227	200	37	390	37	*	1277		168	1109	56	*	5926		144	5782	9	*	35		140	492
35	Kirklareli																						No Fl

Columns : 1=Beginning Balance, 2=Quantity Received, 3=Quantity Issued, 4=Ending Balance, 5=#of Acceptors, 6=Months of Supply Status, 7=Tubal Ligation, 8=Vasectomy, 9=#of Clients, 10=

## QUARTERLY REPORT of FP SITES

1st Quarter / 1993

SN	Facility	I U D					PILLS					C O N D O M					SURGERY		TOTAL				
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10
36	Kocaeli Izmit	283		13	270	13	*	1239		54	1185	18	*	5396		715	4681	41	*	55		161	604
37	Kocaeli Sopalı																						
38	Konya	125		67	58	67	3	1128		133	995	52	*	6394		1692	4702	85	8	12		435	375
39	Kutahya	600			600			1200			1200			6000			6000						
40	Kutahya Tavsanlı																						
41	Malatya	95			95																		
42	Manisa							147			147			236			236						
43	Rize	450		5	445	5	*	1300															
44	Rize Cayeli									9	1291	5	*	6200		688	5512	43	*	5		48	73
45	Sakarya Adapazari																						
46	Samsun	10	200	15	195	15	*	160		12	148	4	*	264	500	266	498	18	6	15		26	205
47	Sanlıurfa																						
48	Sinop																						
49	Sivas	87	200	108	179	108	5	1195															
50	Tekirdag									338	857	113	8	3500	6000	3800	5700	310	5			585	426
51	Tokat																						
52	Trabzon	50			50			100															
53	Van										100			200			200						
54	Zonguldak	414		87	327	87	*	1208		258	950	86	*	5284		2862	2422	177	3	47		561	811
55	Zonguldak Eregli																						
56	Zonguldak Karabu	325		13	312	13	*	1400		5	1395	3	*	7400		96	7304	6	*	32		252	366
<b>DISPENSARIES</b>																							
57	Istanbul Cibali	200			200			200						1500			1500						
58	Kocaeli Gebze																						
Total		14008	8000	5342	16666	5342	*	34996	1500	3963	32533	1398	*	196826	48300	54273	190853	2545	*	942	86	15334	29603

Columns : 1=Beginning Balance, 2=Quantity Received, 3=Quantity Issued, 4=Ending Balance, 5=#of Acceptors, 6=Months of Supply Status, 7=Tubal Ligation, 8=Vasectomy, 9=#of Clients, 10=...

\* : Overstock