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EVALUATION TRIP REPORT: TURKEY

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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Acronyms

CDC	Centers for Disease Control
FPLM	Family Planning Logistics Management
FPMD	Family Planning Management Development
LMIS	Logistics/Management Information Systems
MCHFP	Maternal/Child Health and Family Planning
MIS	Management Information Systems
MOH	Ministry of Health
MSH	Management Sciences for Health
USAID	United States Agency for International Development

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I. EXECUTIVE SUMMARY

Dr. Walter Mertens, FPMD Director of Evaluation, visited Turkey to begin fieldwork for the qualitative evaluation of FPMD's technical assistance in management information systems (MIS). He visited Ankara, Izmir and Manisa to interview people who are knowledgeable about FPMD's efforts in Turkey. The interviews were designed to elicit information in four areas: FPMD's technical assistance, characteristics of MIS, bottlenecks in the MIS program, and implications of improved MIS.

FPMD's assistance in developing the computerized service statistics system positively, both in the area of ongoing technical assistance and in the area of training. However, the intermittent nature of technical assistance was viewed as a drawback. It is suggested here that the project could have benefited from a resident advisor.

The interviewees cited several problems and bottlenecks. These include the context in which the program is carried out, such as political problems in Turkey, government structures, uncertainty about the future, and personnel turnover. They also cited problems that are specific to MIS. These include the time needed to introduce persons to the concept of MIS, difficulties with data gathering and processing, documentation, incompatibility of computers in the field, and communication problems.

There are several key issues that should be considered for the future. First, attention should be paid to the role of technical assistance in Turkey's fertility transition. Because Turkey is approaching the final stage of its fertility transition, the family planning program will likely, in the future, require a strategy that targets specific social groups and geographic areas. An MIS system should therefore allow collection of data for these areas and groups. Attention should also be paid to the quality of original data and the use of the data to improve management. It is suggested that a manual and, perhaps, a computer tutorial would be beneficial towards this end.

Another issue that should be considered is the implication of project expansion. The intention is to expand the MIS program so that it becomes a national family planning MIS system. There are two problems associated with this. One is that MIS personnel at the central level are limited and have duties related to other programs. In order for expansion to work, the MIS group at the central level should be reinforced. Second, and more important according to the interviewees, is the lack of financial resources. Given the financial troubles of the Turkish government and the proposed phase-out of USAID assistance, there is some concern that good-quality contraception will no longer be available and that this will, in turn, affect the quality of the distribution system and the motivation to collect good data.

Fieldwork for the Turkey MIS evaluation is scheduled to be completed by June 1995, after which the final evaluation report will be issued.

II. OBJECTIVE OF VISIT

The objective of this four-day visit was the preparation and initiation of the internal evaluation of the FPMD MIS project with the Maternal/Child Health and Family Planning (MCHFP) General Directorate of the Ministry of Health (MOH) (see Annex 1 for scope of work). Two days were spent in Ankara in meetings with the Deputy Director, MCHFP General Directorate, the chief USAID Population Advisor and the personnel of the MCHFP General Directorate Logistics/MIS Technical (LMIS) Team. The two remaining days were spent in the provinces of Izmir and Manisa, interviewing persons responsible for the execution of the project at the provincial level (see Annex 2 for list of persons met in Turkey). Topics explored during the meetings and interviews were divided into four parts: basic characteristics of the MIS system; quality and appropriateness of FPMD technical assistance; major bottlenecks in the MIS program; and implications of improved MIS for program management, program monitoring and evaluation, and staff morale.

The final evaluation report will be completed after the second evaluation visit, tentatively scheduled for June 1995. This trip report should therefore not be considered an intermediary evaluation report. This report only indicates the current status of the evaluation process while extracting in preliminary fashion some of the impressions gleaned from this first evaluation visit. The report starts with some background information on the project. Second, it looks briefly at some of the characteristics of FPMD assistance as perceived by Turkish counterparts. Then, some problems and bottlenecks which had to be confronted by the project are listed. This is followed by a focus on some major issues requiring further attention in the second part of the evaluation. Finally, the report closes with suggestions for the eventual expansion of the project.

III. NATURE AND BACKGROUND OF PROJECT

The MIS project with the MCHFP General Directorate of the Ministry of Health is a joint technical assistance project of FPMD/MSH and the Family Planning Logistics Management Project/Centers for Disease Control (FPLM/CDC).The goal of the project is to develop and to test a comprehensive logistics and services information system to help in developing more rational decision making for improvement of the quality of service delivery. FPMD focuses on the service statistics information system and FPLM/CDC on the logistics information system. The project involves collaboration with the MCHFP General Directorate of the Ministry of Health in the organization of training programs, development of the MIS team at the MCHFP General Directorate, and support for local training and assistance.

The current project can be viewed as the first phase of a more comprehensive program of activities. The first phase is basically a preparatory phase during which the MIS is designed and tested in five provinces of Turkey. In the future an expansion of the project is planned for all of Turkey. Under the current project, a central LMIS Technical Team in Ankara has been trained, several workshops have been organized for central and provincial

staff, training curricula have been designed and a computer program for the processing of service statistics and for report writing has been developed and tested.

IV. CHARACTERISTICS OF FPMD ASSISTANCE AS PERCEIVED BY TURKISH COUNTERPARTS

The following paragraphs briefly review some of the major characteristics of the FPMD assistance as perceived by the Turkish hosts. Occasionally some comments are cited literally. Comments from different persons are separated by three dots.

General impressions: In general, people were very positive about the quality of the technical assistance provided by FPMD and about the interpersonal skills of those providing the assistance. Material assistance (computer equipment supplied by FPMD) was also very much appreciated. "We were very fortunate to be associated with MSH in learning how to process data and how to turn data into meaningful information." The only strong regret—repeatedly expressed—is that the technical assistance tends to occur predominantly on the occasion of visits and is not continuous.

Training and new knowledge: The training and advice provided by FPMD are highly appreciated. "They trained us without overwhelming us. It was done in an informal way. They didn't say 'You don't know anything'. We acquired new knowledge without having the impression that we were little schoolchildren supervised by a strict schoolmaster... I really learned from MSH how to be a good consultant and how to provide technical expertise in a timely manner. We now can go to the provinces with a lot of self-confidence... We got very good advice about the need to collect only what is needed."

Technical assistance visits by MSH personnel: They were considered very useful. "MSH personnel are tireless. They sometimes worked during late hours in the hotel to solve programming problems...Your (MSH) technical assistance is stronger than what we could give. The only drawback is that you are so far away...Visits are more useful than manuals. One learns much more quickly."

These comments on the whole reflect very positive attitudes towards the technical assistance provided by MSH. It should be stressed however that these comments are based on a perception by many of those interviewed of MSH technical assistance defined primarily in terms of assistance for the compilation of a smoothly running computer program for the processing of family planning service data, with on-line instructions in Turkish and an accompanying manual in the Turkish language.

Previous and subsequent comments on the desirability of having more continuous technical assistance may point to a lesson that can be learned from the experience of this project. The efficiency of the project, the need to give more attention to the use of the data for decision making, and the imperative for a careful strategy for the expansion phase (all

points touched on in Section VI) indicate that the project could have productively used a resident advisor.

Cooperation between two agencies providing technical assistance: Although many people in the field are not aware that this is a joint MSH-Centers for Disease Control, Family Planning Logistics Management Project, those who are knowledgeable about it thought that the collaboration was, in general, smooth and did not present any problems. This does not mean that there are no problems in this collaboration. From an inspection of reports and related correspondence and from conversations with FPMD staff it can be inferred that indeed there have been problems in regard to the exact division of labor and the coordination of the two components (service statistics and logistics information). The issue will be further explored in the final evaluation report.

V. PROBLEMS AND BOTTLENECKS

During the interviews a series of problems and bottlenecks were mentioned. A selection[1] from the list is presented in summary fashion in the next paragraphs, occasionally with direct quotes. The problems and bottlenecks have been divided into two broad categories: problems following from the general context in which the project has to be executed, and problems directly associated with the nature of the project.

A. General Context

Possible political problems: "There are not only economic problems but also dangers in the current political situation. No political party gives all-out support to the family planning program. Some politicians are lukewarm, if not straightforwardly indifferent, about it. There is no imminent danger that the program will be stopped, but priorities might change and the family planning MIS might suffer from it."

Efficiency of government structures: Several people in Turkey are convinced that many parts of the government are bloated and need reorganization and even a smaller government. Such transformations are always painful. It is also recognized that the technical preparation of a lot of government personnel is low. In addition, there are problems of morale and insufficient incentives. "Not many people want to work in MCH/Family Planning because of low salaries and insufficient opportunities for promotion. Personnel of General Directorate are in fact very devoted even if government is not very efficient."

Uncertainty about future needs: Any project designed to satisfy current needs may not be adequate in the future. "As many things are changing in Turkey, also in the family planning field, a careful extension plan should be drafted which is flexible enough to incorporate adjustments to some of these changes."

[1]More extensive discussion of problems and bottlenecks will be part of the final evaluation report.

Job mobility: The Turkish government bureaucracy is subject to high rates of turnover and job mobility. This has sometimes created tremendous problems in project continuity and consistency over time. "The composition of teams has been changing over time. Some persons, when moving, take the documentation and their replacements subsequently have to figure out how the system works."

Some of the above-listed problems are part of the environment about which it is difficult do very much in the short run. It is important to be aware of them in order to have a full understanding of some problems the project had to face, especially in regard to commitment, morale and time frames. Their potential impact on the expansion of the project in the future should be reviewed before finalizing strategies for the expansion phase. Other problems such as the interference of job mobility on project continuity are being addressed by involving more people in the project so that one person's departure does not affect project continuity on the national or provincial level.

B. MIS-specific Problems

MIS is a relatively new concept in Turkey: "Even to properly understand what is meant by MIS took some time. To get fully acquainted with MIS and to implement such a system in the field took even more time."

Problems with other data gathering activities: The provincial Health Directorates are responsible for the collection of other data such as dental health data, laboratory services, etc. Some persons in the provinces consider the collection of these data as useless because of their very low quality and, for some of them, their irrelevance. Apparently, several problems follow from this situation as the following quote shows: "The fact that we have to gather a lot of information, some of it of low quality and some not very useful for our purposes creates several problems. Sometimes we have to design forms for the other needs but often we have to accept classification categories from other agencies over which we do not have direct control. We are not always successful in collaborating for other needs. This situation can cause bottlenecks...The whole system for health data collection and processing needs revision in function of the current needs of Turkey. Isolated approaches, limited to specific topics, can never have the efficiency of a comprehensive approach towards data processing of which the Turkish system is in dire need."

Existing data processing programs: Although MIS may be new to Turkey, there are in some Provincial Health Directorates some persons who, normally through self study and on-the-job-experience, have acquired a lot of expertise in the use of the computer for data processing. In some cases, they even developed or adapted existing programs which subsequently were accepted for use in the particular province. Such situations, of course, require skillful handling and well-explained rationales for changing the system now recommended by the MOH. Such a situation existed in one of the test provinces that I visited. The transition to the new MSH-developed system, however, was smooth both because of skillful technical assistance and because its superiority was readily recognized.

Documentation problems: Documents, such as the instruction manual for the computer program, were originally not available in Turkish. This has delayed both the understanding and the introduction of the program. This issue was brought up by many interviewees in the provinces. It is of course impossible to come up with a full-fledged manual when the computer program itself has not been finalized. However, for any future endeavors of this kind it may be worthwhile to look into intermediate solutions (such as a draft manual which at least gives the major characteristics of the intended program and a hint of where major glitches can be expected).

Compatibility of computers: As the provincial health offices have complete autonomy in purchasing the kind of computers they prefer, there is substantial variety in the different systems used. In one of the five test provinces Macintoshes are used. This of course added further obstacles to the smooth implementation of the program.

Communication problems: Some persons commented on the communication problems inherent in the nature of the project. "Programming errors in a computer program to be tested crop up regularly but unexpectedly. They often need to be solved immediately for the program to remain operational. During personal visits of MSH staff it is always easy to solve such problems, but in their absence it sometimes creates frustration."

VI. KEY ISSUES FOR THE NEAR FUTURE

A. Implications of the current fertility situation of Turkey for family planning policies and family planning management information systems

Family planning policies and management information systems need to be attuned to the fertility and family planning situation of the country under consideration. Turkey is now fast approaching the last stage of the fertility transition, when the total fertility rate (TFR) will fall to replacement level and even below. Between 1988 and 1993 the TFR declined from 3.0 to 2.5. Looking at contraceptive prevalence rates, there seems to be a certain plateauing. Current contraceptive use has not changed drastically since 1988 and hovers around 63 percent. However, it is wrong to conclude that there is no change in contraceptive use patterns. The use of modern methods has increased from 31 percent to 34.5 percent. Among the traditional forms, withdrawal—with a current use of 26 percent—remains significant.[2] In the aggregate, coitus interruptus has an important effect on fertility as can be observed in the fertility transition in France and other European countries. It might be useful to note that up to the mid-1970s in Flanders—one of the two main regions of Belgium—this contraceptive method was the most important. It was superseded by the pill when about 30 percent of married women were still using withdrawal.[3] It can be safely predicted that

[2] Hacettepe University Institute of Population Studies. *Turkish Demographic and Health Survey, 1993, Preliminary Report.* Calverton, Maryland: Macro International Inc., January 1994.

[3] Cliquet, R. and Lodewijcki, E. "Contraceptive Transition in Flanders."

provided there are adequate IEC activities and proper distribution channels, many couples who are using this method will easily transfer to more efficient methods. Reproductive intentions signal strong desires for family planning and access to contraceptives. Seventy percent of currently married women (15-49) do not want more children and barely 10 percent want another child within the next two years.[4] The current situation strongly suggests that the family planning program in the future will need less of a strategy that targets the whole country, and more of a strategy directed to selected social groups and geographic areas (fertility levels in Eastern Turkey are substantially above the national level) of Turkey. This will have important implications for family planning management information systems. The system should allow collection of good data for those groups requiring priority attention in the near future.

B. Expansion of project

The current project is a test program limited to five provinces of Turkey. The intention of the MCHFP General Directorate is to expand it to the rest of Turkey so it becomes a national family planning MIS system. There are two problems looming on the horizon. One is that the number of personnel associated with the project at the central level in Ankara is small and has additional duties related to other programs. An expansion will only be feasible if the MIS group at the central level is reinforced because the project, when extended, is going to require a lot of technical assistance to the newly participating provinces. A more important problem, according to my Turkish interlocutors both at the central level and in the provinces visited, is the phasing-out of USAID assistance and the shortage of local resources caused by the current financial troubles of the Turkish government. The withdrawal of USAID support, foreseen for 1998, will affect the timely provision of good-quality contraceptives. Quality of the distribution system and the motivation to collect good data will decline. As one person from the provinces said: "When we regularly provide our clients with a supply of quality contraceptives, we get good data and, consequently, good reports. The fact that we (the Turkish government) have to provide our own contraceptives will affect the implementation of the FPMD MIS program." It now seems very likely that the expansion of the project will be delayed. For the project to be successful in the long run, urgent attention should be paid to a phased expansion plan which tries to take into account some of these problems and has a strategy adjusted to the current economic and political problems of Turkey. Otherwise, the fruits of our labor may be very limited.

C. Appropriateness of the project

There is no doubt that Turkey can profit immensely from better family planning and health data, provided they are seriously used to clarify policy issues and improve the design and implementation of family planning and health programs. Currently the project is

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[4] Hacettepe University Institute of Population Studies. *Turkish Demographic and Health Survey, 1993, Preliminary Report.* Calverton, Maryland: Macro International Inc., January 1994.

spending a lot of energy on the finalization of a bug-free computer program with Turkish on-line instructions and a manual for the computer processing of family planning data. The relatively weak status of health data collection and processing in Turkey and the accompanying unfamiliarity with MIS systems and thinking have almost necessarily driven the efforts in that direction. The question of whether there was a need to spend so much energy in that direction will be addressed in the final evaluation report. The efforts to come up with a bug-free program have created delays and, in some cases, inefficiencies which were responsible for the diminished enthusiasm for the program by some persons in the provinces. In one province, parallel with the experimental use of the program, data were manually processed because of the fear that the program bugs could deliver faulty results.

Focus on program compilation has made it more difficult to give attention to two other important aspects of MIS: quality of original data and the use of these data to improve management. The computer program apparently has marvelous procedures to check and improve on the quality of the data. However such procedures can never identify and cure all data quality problems, especially their completeness.

The use of MIS systems for improvement of management systems is still very inadequately understood. Some persons in the provinces thought that this was an issue which was the sole concern of the central level. Others involved felt that the central level should provide more feedback to the provinces. Few persons could give very concrete examples on how the resulting data had improved their programs. This issue will receive strong attention for the remainder of the project. This is admittedly a difficult thing because of the short time frame and because no good training manuals on the use of family planning service and logistic data for decision making exist. I would strongly recommend that MSH put the compilation of such a manual (combined with computerized lessons and exercises) on its priority list.

VII. FUTURE EVALUATION PLAN

The Scope of Work for this trip assumes that there will be second evaluation visit. This second visit should take place towards the end of the project, in June 1995. The project currently requires the completion of several crucial activities, especially the use of data to improve management. A complete and fair evaluation of the project can only be done once those activities have been executed. This visit should include interviews with the relevant people in the test provinces, including the provinces already visited because this will allow comparison of notes for a period which is supposed to make the system completely operational. The information gathered during that visit, together with that gathered during this trip, will serve as the basis of the final evaluation report, which will be completed after the second trip.

ANNEX 1

SCOPE OF WORK

SCOPE OF WORK: WALTER MERTENS

Turkey, On/About December 5-9, 1994

The purpose of this assignment in Turkey is to initiate FPMD's internal evaluation of its subproject with the Maternal/Child Health and Family Planning (MCHFP) General Directorate, in accordance with requirements of FPMD's contract with USAID/Washington. The broad objectives of this evaluation are to:

- assess the **suitability** of FPMD MIS activities as regards the needs and priorities of the MCHFP General Directorate and the objectives of the national family planning program;
- assess the **appropriateness** of FPMD technical assistance, including the MCHFP General Directorate's ability to absorb technical assistance and maintain/sustain the MIS system developed and installed;
- assess the **relevance** and **contribution** of the MIS system for the MCHFP General Directorate and Provincial Directorates in the five test provinces as a management tool for planning, monitoring, and evaluating service delivery and quality of care activities

The specific objectives of this initial assignment are to meet with and interview:

- MCHFP General Directorate Director and Deputy Director (Coordinator of FPMD subproject);
- MCHFP General Directorate Logistics/MIS Technical Team;
- Representatives from the five test provinces, including managers and MIS specialists; [Note: to the extent possible, Dr. Mertens will meet with provincial personnel during the planned FPMD workshop and/or accompany Thom Graziano, MIS Systems Programmer, on field visits.]
- U.S. Embassy AID Population Advisors

The interviews will be guided by a semi-structured list of issues and questions.

Expected outputs of this assignment include:

- A finalized framework/scope of work for the evaluation of this subproject which reflects consensus among the MCHFP General Directorate, AID Population Advisors, and FPMD.
- A preliminary assessment of the subproject.

A second and final assignment to complete the evaluation is scheduled for June 1995.

ANNEX 2

LIST OF PERSONS SEEN

Persons Seen

Ankara

Dr. Ibrahim Açikalin, LMIS Team
Mr. Uğar Aytaç, Deputy General Director, MCHFP
Dr. Pinar Senlet, USAID

Izmir

Dr. Ahmet Afşar, Ministry of Health, Ankara
Dr. Meltem Ağzitemiz, Deputy Director of Health, Izmir
Dr. Ufuk Miski, LMIS Team

Manisa

Dr. Suzan Gelik, Director, Provincial Health Directorate
Sağlik Müdür Yardimcisi, Provincial Health Directorate