EVALUATION REPORT:
FPMD ASSISTANCE TO THE MCHFP
GENERAL DIRECTORATE OF THE TURKEY
MINISTRY OF HEALTH

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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ACRONYMS

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

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I. EXECUTIVE SUMMARY

The Management Information Systems (MIS) project with the Maternal Child Health/Family Planning (MCHFP) General Directorate of the Turkey Ministry of Health (MOH) is a joint technical assistance project of the Family Planning Management Development (FPMD) project of Management Sciences for Health (MSH) and the Family Planning Logistics Management (FPLM) project of the Centers for Disease Control (CDC). The goal of the project is to develop and test a comprehensive logistics and services information system to help in more rational decision making for improvement of the quality of family planning service delivery.

This evaluation is based on review of project documents (see Bibliography); interviews with personnel at the Turkey Ministry of Health (MOH) in Ankara and in two provinces and a representative from USAID (see Annex 2); and seven short, self-administered questionnaires filled out by each of five MIS test provinces, a representative from the MCHFP central level, and an outside observer.[1]

Under this project, the central Logistics/MIS (LMIS) Technical Team in Ankara and five provincial teams have 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 selected logistics information and for report writing has been developed and tested.

The transfer of technical skills to the LMIS team is the most important contribution of this project; there now exists in the MCHFP a group that can provide technical assistance to the provinces. The project has instilled knowledge of the importance of MIS for family planning and health into the MCHFP General Directorate and the test provinces. However, more efforts should be spent on training for practical application of MIS in family planning and health decision-making; it is strongly recommended that a manual on the use of MIS for better management be developed.

While MSH technical assistance was considered to be of very high quality and very useful and the workshops considered valuable, respondents felt technical assistance was too sporadic and the lack of a permanent advisor created problems in communication. A Turkish-speaking resident advisor would have been a valuable addition to the project.

The expectation from the beginning of this effort to establish a comprehensive logistics and services information system has been for its expansion to other parts of Turkey, but insufficient systematic attention has been paid to this. For an expansion plan to be successful, economic, political and demographic issues need to be taken into account (see Section VII). Other problems that need to be addressed in an expansion plan include lack of resources and changes in personnel.

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[1] For detailed information on Methodology, see Annex 1.

II. NATURE AND BACKGROUND OF PROJECT

The Management Information Systems (MIS) project with the Maternal Child Health/Family Planning (MCHFP) General Directorate of the Turkey Ministry of Health (MOH) is a joint technical assistance project of the Family Planning Management Development (FPMD) project of Management Sciences for Health (MSH) and the Family Planning Logistics Management (FPLM) project of the Centers for Disease Control (CDC). The goal of the project is to develop and test a comprehensive logistics and services information system to help in more rational decision making for improvement of the quality of family planning service delivery. Although FPMD focuses on service statistics and FPLM/CDC deals with the logistics system and statistics, it is a joint project where both groups have worked on both areas. The project involves collaboration with the MCHFP General Directorate of the Ministry of Health in the organization of training programs, development of the MIS technical team at the MCHFP General Directorate and support for local training and assistance at the provincial level.

The current project can be viewed as the first phase of a more comprehensive program of activities. The first phase is basically at test phase during which the MIS is designed[2] and tested in five provinces of Turkey selected by the MOH: Ankara, Aydin, Izmir, Kirikkale, Manisa. In the future an expansion of this phase is intended for other parts of Turkey. Under the current project, the central Logistics/MIS (LMIS) Technical Team in Ankara and five provincial teams have 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 selected logistics information and for report writing has been developed and tested.

III. 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 counterparts. The listing of these characteristics, positive and negative, does not necessarily imply that they are the only—or even the most important—ones. They are the ones that are most prominent in the minds of the Turkish counterparts.

A. General Impressions of MSH/FPMD Assistance

In general interviewees were very positive on the quality of the technical assistance provided by MSH/FPMD and on the interpersonal skills in the provision of this assistance. Typical are the following comments:

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[2] It should be emphasized that this MIS did not include any modification of the data collection instruments because the MOH did not want these to be modified.

- We were very fortunate to be associated with MSH in learning how to process data and how to turn data into meaningful information.

- Without the continuous stimulus of MSH our personnel would not have kept to the deadlines for the implementation of the project.

According to the questionnaire answers, four of the five provinces selected for the test phase considered MSH's technical assistance to be essential for the success of the project.[3] This was also the view of the outside observer and that of the person from the central office who filled out the questionnaire. In one province, though, the technical assistance was considered helpful but not essential for the project because "in our country there is a sufficient amount of well-trained and effective personnel on this subject." The same province could not identify in the questionnaire any important technical assistance contribution provided by MSH/FPMD, and felt that "it (MSH technical assistance) was limited in capacity".

Another confirmation of the credit given to MSH/FPMD are the answers to Question 5, on whether, if the project had to be done over again, MSH/FPMD should provide the technical assistance. The answers indicate a strong preference for MSH:

Very strongly prefer	3	
Strongly prefer	1 [2][4]	
Probably prefer		1
Not interested at all	zero	

These responses on the whole reflect very positive attitudes toward the technical assistance provided by MSH. It should be stressed, however, that the responses are based on a perception of MSH technical assistance defined primarily in terms of assistance for the development and installation 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.

B. The Most Important Aspects of the Technical Assistance: Workshops Organized by, and Visits from, MSH Personnel

Seminars and technical visits were mentioned in the personal interviews and on the questionnaires as the most important aspects of the technical assistance, aspects that should receive even more attention if the project had to be done over again.

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[3] For details on the questionnaires and other methodological issues, see Annex 1.

[4] Numbers between brackets refer to the two questionnaires not filled out by the provinces. See Annex 1.

Seminars, Training and new knowledge: There is no doubt that the training and advice provided by FPMD are highly appreciated, evidenced in both the personal interviews and in the responses to the questionnaire:

- 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.

- Through workshops and personal visits 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. For many health branches we still collect too much information which in fact is useless because its quality is substandard.

- The workshops were a prominent feature in the transmission of knowledge and any future extension of the project should include even more of this training always in close collaboration with support from the Ministry.

Technical assistance visits by MSH personnel: These visits were considered very useful within the overall technical assistance. There was unanimous agreement in the questionnaires that they were indeed the most important form of technical assistance provided by MSH. The following comments from the personal interviews show the admiration for the quality and efforts by MSH personnel:

- 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.

- If the project ever gets extended, field trips and training of the local staff should get first priority.

- Representatives of MSH should have come more frequently to our province and observe problems where and when they occur and organize workshops to resolve problems.

- If the project had to done over again, training and personal visits at appropriate times for computer help should receive even more attention and should continuously respond to the needs of the developing system.

One province added suggestions for making these visits even more useful:

- During these visits the provinces' resources should be evaluated and shortfalls should be investigated. As a result of this exercise a combined meeting should be organized between MSH and the provincial health authorities. Visits should also be made to the city health departments and its branch offices. This will provide more enthusiastic support for service delivery and statistical information.

C. The Most Important Result of the Project: The Introduction of the Concept of MIS in the Family Planning Program in Turkey

MIS is a relatively new concept in Turkey, certainly in the family planning and health area. While this situation constituted an important restraint on this project, it also provided full justification for it. This was amply reflected in the comments of the interviewees who considered the introduction of this concept to be the most important result of the project:

- Introducing the concept of an MIS at MOH headquarters and at the field level was the most important contribution of MSH/FPMD.

- 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. But MSH/FPMD was the first agency to really make us familiar with the concept and consequently with some of its methodological implications.

- Becoming familiar with MIS philosophy and methodology was the most important contribution of the project. It has enabled us to give attention to the evaluation of the correctness of incoming data and to minimize the errors on the forms which are inputted in the computer. It provides us with the ability to compare the performance of various organizations and to evaluate internal performance within the organization itself.

D. The Most Important Weakness in the Technical Assistance: Limited Visits from MSH Personnel

One weakness in the technical assistance that was repeatedly and most strongly expressed in the interviews and in the questionnaires was that the technical assistance tended to occur in bursts, predominantly on the occasion of visits from MSH personnel, and, therefore, it lacked continuity:

- There are problems regarding communications due to infrequent visits of MSH staff. The fact that there is no permanent MSH representative creates difficulties for rapid communication.

- 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 creates frustration.

- The inability to establish immediate communication with the MOH coordinators or with MSH personnel when there is a hitch in the computer program is the biggest frustration in this project.

IV. PROBLEMS AND BOTTLENECKS

During the interviews a series of problems and bottlenecks were mentioned. A selection 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: MOH and provincial health personnel involved in the project are very much aware that the long-term success of the project depends on political and economic stability and on the ability of Turkey to maintain a secular state. One comment clearly reveals this preoccupation:

- 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 that even a smaller government has to be promoted. 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. As expressed by one of the interviewees:

- 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.

Changes in personnel: The bottleneck emphasized the most, by far, was the problem of personnel change. The Turkish government bureaucracy is indeed subject to high rates of job turnover. This frequently has created tremendous problems in project continuity and

consistency over time and the comments of the interviewees amply bear witness to this problem:

- The transient nature of personnel employment has been one of the great obstacles to the smooth implementation of the program. This is a structural problem. Its solution can only be in the long term and requires revision of the incentive structure of the Turkish government bureaucracy.

- Three levels of the government bureaucracy are involved in this project: the central level, the provincial offices and the local level clinics. All three have fast turnover rates so that the connections among the three levels have continuous problems.

- Turnover of personnel is very high. They come and go. The reason of the turnover varies according to level. At higher levels there is change because of persons who do not really take an interest in the family planning MIS. At lower levels it is simple economics which drives the turnover.

- Turnover rate is on the mind of every manager in the health sector. Only long-term solutions will work. The lack of qualified mangers leads to an authoritarian vacuum. The politicians step in and make decisions. This then leads to further problems. Education of qualified managers is needed.

- 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.

Although solutions to the problem of high job turnover can only be solved in the long run, the resulting problem of project continuity is being addressed by trying to involve more technical staff of the MCHFP General Directorate in the project so that one person's departure does not affect the project's continuity on either the national or provincial level.

Lack of physical and human resources: Lack of physical resources such as insufficient availability of physical plant, vehicles, fuel, steady supply of material, and computers was cited by many interviewees. Human resources too were considered insufficient both because of insufficient number and because of lack of adequate training:

- There are simply not enough people to work on this project. There are only four persons in the Central Office which deal with the MSH/FPMD project but they are involved in many other projects. At the provincial level it sometimes looks like a lot of manpower is involved in the project but you shouldn't forget that they have many other duties.

Continuous reference was made to MOH budgetary limitations and to limited provincial resources. One province emphasized in the questionnaire that it did not have a warehouse of its own. Although the limited material assistance (computer equipment supplied by FPMD) was

very much appreciated, it was considered insufficient. It was felt that MSH should provide more physical resources, too. FPMD/MSH was criticized for not involving the Turkish counterparts in the initial budget discussions of the project.

Lack of resources is a normal ingredient of underdevelopment. However, it can also reflect lack of political will and the inability of persons involved in a project to sell it convincingly to key policy makers. Which factor or combination of factors are the most important remains unknown but there is no doubt that lack of resources was a frequent complaint on the lips of the Turks involved in the project.

Lack of resources is also the consequence of a lack of focus and clearly defined priorities. At the central level, the LMIS team members are called upon to do many jobs that could be delegated to others. Also, the capacity of the General Directorate of the MCHFP to take on more obligations should be carefully reviewed when entrusting it with more responsibilities.

One particular manifestation of the shortage of resources which needs to be singled out is the lack of visits from MOH personnel to the provinces. Apparently the only time that field visits were made by central level personnel was in conjunction with visits from MSH and CDC personnel.

B. MIS-Specific Problems

Problems with other data gathering activities: The provincial Health Directorates are responsible for the collection of data besides family planning data, for example, dental health data and laboratory services. 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 quotes show:

- 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 health system is in dire need.

Compatibility of computers: As the provincial 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.

Existing data processing programs: Although MIS may be new to Turkey, in some Provincial Health Directorates there are some people who, usually through self study and on-the-job-experience, have acquired a lot of expertise in the use of the PC for data processing. In some cases, they even developed or adapted existing programs which were subsequently accepted for use in the particular province. Such situations, of course, require skillful handling and well-explained rationales for changing to the system now recommended by the MCHFP General Directorate. Such a situation existed in one of the test provinces that I visited. The transition to the new MSH-developed system, however, was relatively smooth, 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 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. In the first workshop, which introduced the system, a brief "how to" module was developed. For possible future endeavors of this kind, it may be worthwhile to extend the range of 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).[5]

Problems with MSH computer program: It took considerable time before the MSH program prepared for the Turkish program operated smoothly. 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. There is no doubt that problems with the program increased frustration and caused some skepticism among some of the participants in the program, even while it was admitted that the program contained many innovations.

- In our province it was thanks to the MSH program that for the first time we were able to transfer the information obtained through forms, which the various establishments had to fill out, into the computer and that we got statistical computer-processed tables. Still, there were deficiencies in the program which caused us a lot of sweat.

- The MSH assistance helped in the effective running of the "Top-UP" system for our city for the first time. Still, a lot of obstacles were met on the road toward efficiently running software.

Two respondents even revealed extreme skepticism towards the whole operation:

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[5] A full technical documentation was delivered to the LMIS team in June 1995. This documentation is huge, highly technical, and available only in English. It is not really needed at the operational level. Furthermore, a 20-25 page users guide is currently being finalized and will be available in Turkish at the user level.

- The HWARE program caused difficulty in its current operation. It was non-functional in its current operation and it was non-functional in its content.

- The computer program presented by FPMD only referred to the present time and therefore caused reluctance in enthusiasm to go forward.

III. COOPERATION BETWEEN TWO AGENCIES PROVIDING TECHNICAL ASSISTANCE

Many people in the field in Turkey are not aware that this is a joint MSH/CDC project, and consequently do not realize that there might be problems with that collaboration. Even among those who are aware of the collaboration, there are individuals who thought that it was, in general, smooth and did not present any problems. This is different from the opinions of those in Turkey who are more intimately familiar with the collaboration between those agencies. This is confirmed by an inspection of reports and related correspondence and from conversations with FPMD staff which all show that indeed there have been problems in regard to the exact division of labor and to the coordination of the two components (service statistics and logistic information). The following statement from an interviewee familiar with the collaboration shows the awareness:

- Issues regarding the cooperation between the two agencies providing technical assistance presented relatively important problems

One of the definite frustrations of this collaboration was that CDC did not produce a complete and smoothly functioning software program for the logistics system. In the absence of such a program, MSH decided to modify some aspects of its own program for service statistics so that some information on the logistics system could be inserted into it.

Part of the problem has its origin in the lack of a clear division of labor between FPMD and CDC. The MOH and USAID often seemed to assume that MSH was the team leader when there was never a formal agreement in this sense, nor a clear-cut definition of levels of skills and experience required from both organizations. This was clearly reflected in the comments of one of the knowledgeable interviewees:

- Although right from the beginning two organizations were involved there never existed a text of agreement stipulating a clear division of labor between the two agencies.

VI. THE USE OF MIS TO IMPROVE MANAGEMENT AND TO INCREASE THE EFFICIENCY AND QUALITY OF THE FAMILY PLANNING PROGRAM

The *raison d'être* of MIS is the production of information to allow management at all levels to follow the performance of the program, to continuously adjust strategies and plans, and to review the whole program at critical points. MIS should never stand alone. The weakest point of many MIS systems is their partial or even complete failure to satisfy this basic requirement.

This is confirmed by the evaluation of several other FPMD MIS projects, and this project is no exception to this finding. On one level, the idea that the only justification for MIS is to be the handmaiden of management is very much present in the Turkey project. Many memos, trip reports, and other documentation related to the project include references to this essential concern. Especially during the last phase of the project, attention was directed to this issue, culminating in a small workshop dedicated to the subject in April 1995.

On another level, however, the concern is much less vividly present. It is much less present in the mind of many persons working on the program; it is also less present in institutional terms. There are several indications that have brought this evaluator to this conclusion.

- The project, in the eyes of the evaluator, has spent too much 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[6] and the accompanying unfamiliarity with MIS systems and thinking were important factors in driving the efforts in that direction. The question of whether there was a need to spend so much energy in that direction was never seriously debated. The efforts to come up with a bug-free program created delays and, in some cases, inefficiencies which—as already shown—were responsible for the diminished enthusiasm for the program by some persons in the provinces. The answers to Question 7 on the questionnaire on the relative importance of the efforts in the project in regard to data processing and related issues and efforts to use those data to improve decision making, suggest that several provinces are aware of the imbalance. The results of that question are presented below. If just the provinces' answers are taken, three of the five respond that too much effort was spent on data processing and related procedures. If we add the two additional questionnaires, however, there is a majority which feels that ideal proportions were spent. It should be remembered, though, that these two last answers represent an individual at the central level and an outside observer.

[6] It should ne noted that MSH was very much aware of this problem and tried to address it during the implementation of the project. However the MOH did not want any changes in the data being collected or the manner in which it was collected.

Question 7:

This project includes both the development of expertise to coordinate and to process data on family planning services and logistics and their use to improve decision making for family planning/MOH programs.

Do you think too much time has been spent on :

the development of expertise to coordinate and process data on family planning services and logistics at the expense of efforts to improve decision making for family planning/MOH programs?	3
efforts to improve decision making for family planning/MOH programs at the expense of the development of expertise to coordinate and to process data on family planning services and logistics?	zero
Ideal proportions of time have been spent on both components.	2[4]

- As a further consequence of the focus on program compilation, less attention could be given to other important aspects of MIS, such as the quality of the original data. 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 and appropriateness. By giving priority to quality of data problems which can be caught relatively easily through computerized procedures it is possible to deviate attention from other important data quality problems which reflect important problems concerning the quality of the program itself.

- Although concern with the use of MIS was never absent from this project, it should have received far more prominence from the very beginning of the project. By leaving full attention to this issue until the end of the project, several persons active in the project almost got the impression that it could be isolated from the other aspects of the project and that it could be boxed in for full attention until the end of the project. This issue is one which can never be successfully handled within a short time frame. From the very beginning, the project should have spent more time on the crucial problems of the Turkey family planning program, on how management could contribute to their solution and what essential data were required and how they should be modified under the changing circumstances of the program.

- The use of MIS systems for improvement of management systems is still very inadequately understood by many persons involved in the project. Some persons in the provinces thought this was an issue that was the sole concern of the central level. Others felt that there should be more feedback from central levels. Few persons in the personal interviews could give very concrete examples on how the resulting data had improved their programs. The answers to the questionnaire administered towards the end of the project do not show any real change in this regard. A careful analysis of the admittedly limited information in the questionnaire suggests the same conclusion. The answers to Question 10 on the questionnaire (See Annex 3), on concrete suggestions of how to use the data for the improvement of the provinces' family planning programs, can be classified into two types. One type presents real suggestions for use, but these are all very general and have more the flavor of a schoolmaster's admonitions than a real concrete concern with the workings of the local provincial program:

    - use of the data for the evaluation as a guide for the next program.
    - data will be useful for the purpose of decision making when requesting materials and logistic support from the Ministry[7].
    - evaluate the success of this work and to provide the continuity of it.
    - evaluate the individual organizations in relation with others and within itself through CYP calculations.
    - compare the performance of organizations.
    - through comparisons problems will be discovered and can be addressed through educational supervision.
    - with better data usage will increase with continuous supply of materials to the health organization.
    - it will provided the control of the material supply and availability of materials to the health organization
    - through team work to convert the data into information and indicators which will provide us with a basis for developing newly revised programs.

[7] Some of the answers confirm what has been noted in Section V on the lack of awareness that two organizations are involved in the project: one for service data, the other for logistic data.

The other type of answers to the same question reflect continued preoccupation with data and computer programs and put the use of these data for concrete provincial programs even more on the back burner:

- to assure an accurate data flow.
- to put this information into well developed computer programs.
- to identify the information well.
- to better identify the rates and sources of information.
- to improve reporting.
- to send well designed tables to the MOH in Ankara.
- to have information by the of health unit and to aggregate data at the provincial and national level.

The few comments in connection with Question 11, about the degree of helpfulness of the project to the family planning program of Turkey also reflect absence of concrete ideas about the potential use of the data and their eventual contribution to the improvement of the family planning program:

- Fast population growth of Turkey indicates the necessity of family planning services [*and by implication relevant data on the program -evaluator's note*].
- The type of project [the MSH project] draws attention to the subject of family planning in Turkey.

The last workshop, held in April-May 1995, specifically addressed the problem of the use of data for decision-making and showed that the provinces were actually trying to interpret the data and use indicators that had been developed in collaboration with MSH. However, the experience of the workshop also showed that more training is needed in this topic and that the whole process of the use of MIS for decision-making needs more persistent attention.

VII. CONSOLIDATION AND EXPANSION OF THE PROJECT

The current project is a test program limited to five provinces of Turkey. It should be remembered that these provinces, with the exception of Ankara and Kirikkale, are all located in the West. This is one of the most developed regions of Turkey with the lowest fertility. The provinces of Ankara and Kirikkale are either part or close to the metropolitan area of Ankara and therefore also tend to be more developed. Although no detailed concrete plans exist for it,

the intention is to expand the system to other parts of Turkey so that it really becomes a national family planning MIS system. To do this several important issues need to be considered.

It now seems very likely that the expansion of the project will be delayed. For the system to be successful in the long run, urgent attention should go to a phased expansion plan that tries to take into account some of the problems discussed in this report (Section VII. A.) and which has a strategy adjusted to the economic, political and, especially, demographic problems (Section VII. B.) that Turkey will have to face in its immediate future.

A. Availability of Necessary Resources, Strategies to Reduce Bottlenecks, and Reorientation of the Project Toward More Emphasis on the Use of the System for Better Decision-Making

Any consolidation and, especially, expansion of the project will require special attention the availability of resources. One constraint to the expansion of the project 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 reenforced because the project, when extended, is going to require a lot of technical assistance to the newly participating provinces. As one external observer commented:

- The MOH system has several weaknesses which would make the expansion difficult in a short time frame. However discussions should start with MOH so it can make commitments to the extension of the project.

For the provincial activities to be sustainable, support and additional training will have to be provided by the central team, especially on the use of information for decision-making and supervision. This requires that the central team has all the necessary resources to fulfill its responsibilities and that its activities are not diverted to sectors and projects which should not be the concern of a central LMIS.

Several interviewees, furthermore, warned that the expansion of the system to other parts of Turkey would be an expansion to parts of Turkey with a lot thinner resources than those of the five test provinces:

- Geographic, climatic and population differences in the remaining provinces of Turkey might interfere with the smooth operation of the system. Every province might not have a computer or trained personnel. The socio-cultural level of the public also might block advancement of the program. The Eastern provinces might encounter a lot more of under reporting and a lot more faulty data.

A very 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 indigenous

resources caused by the current financial troubles of the Turkish government. The withdrawal of USAID support, foreseen for 1999, may affect the timely provision of good-quality contraceptives. Quality of the distribution system and the motivation to collect good data may decline. As several persons from the provinces said:

- When we regularly provide our clients regularly 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 FPMD/MIS program.

- No attempt to expand the system should be made unless the contraceptive materials are completely obtained.

- Continuous logistic support [*meaning, continuous supply of contraceptives - evaluator's note*] is very important for the continuation and expansion of the project.

Several of the of the above-listed problems and bottlenecks are part of the bureaucratic environment of Turkey about which it is difficult do very much in the short run. It is important, though, to be aware of them and 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. The phasing-out of USAID makes it also very important for the MOH to have a firm handle on their services and logistics systems.

The eventual expansion of the MIS to other provinces of Turkey should also be the occasion for a critical look at the appropriateness of the data currently being collected, for a better definition of the data needs of the family planning and health programs, and for streamlining the integral data collection process.

Although the necessity of strengthening the use of the MIS data for the improvement of program and management did not loom very large in the discussion on the expansion of the project, it should be clear from Section VI that this is a *conditio sine qua non* for any successful consolidation and expansion of the system.

B. Implications of the Current Fertility Situation of Turkey for Family Planning Policies and Family Planning Management Information Systems

Management information systems and family planning policies 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 (Ministry of Health, Hacettepe University, and Demographic and Health Surveys 1994).

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 important. In the aggregate, coitus interruptus has an important effect on fertility as is well known from the fertility transition in France and other European countries. It might be useful to remember 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 (Cliquet and Lodewijckx).

It can be safely predicted that, provided there are adequate IEC activities, proper distribution channels, and satisfactory quality of care, 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.

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 East Turkey are substantially above the national level) of Turkey. This will have important implications for family planning information systems MIS. The system should allow for collection of good data for those groups which will require priority attention in the near future.

VIII. CONCLUSION AND LESSONS LEARNED

Although this project undoubtedly has some weaknesses, the project is in many ways successful. Its current status can be compared to some of the magnificent temples of ancient Turkey: strong foundations exist; the columns and friezes rise into the blue Mediterranean sky. However to be complete again they need roofs and walls. The project has clearly instilled the importance of MIS for family planning and health (by implication) into the MCHFP General Directorate and in the test provinces. A small but skilled group that can give technical assistance to the provinces has been developed. The transfer of skills to a central LMIS team is undoubtedly the most important contribution of this project. In the test provinces computer programs have been installed and personnel have been trained in MIS. There is a growing awareness that both the family planning program and health program could profit enormously from good MIS. However the use of the data collected and processed needs to be attuned much more closely to the concrete problems of each province.

The experience suggests that several lessons can be learned:

- The many strong comments from the Turkish counterparts on the desirability of having more continuous technical assistance points to an immediate practical lesson to be learned from the project experience, one which should be taken very much into account for any expansion of the 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 strongly support the view that the project could have used a resident adviser to a productive end. Preferably—almost necessarily—such a person should have a good working knowledge of the Turkish language. Language problems were often cited in the interviews as compounding the already-existing problem of insufficiently frequent communication.

- 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. The problem of the use of MIS to reach these objectives has been shown to be an important weakness of this project. As also previously emphasized, this is the case with several of FPMD's MIS projects. This points to structural weaknesses in the process of the conceptualization and the implementation of MIS projects. This should not be understood as reflecting negatively on the goals and efforts of MIS personnel. To a large extent it is the consequence of the fact that MIS have had to function in a void where the voice of program managers was often weak because of their general ignorance of MIS and of problems in conceptualizing expectations. Other reasons include the lack of effort, especially at the central level, to consult and use MIS data for proper decision-making, rather than making decisions on strictly personal experience or intuition—in short how to make the MIS horse an integral part of the team. This should become one of the primary concerns in case of an implementation of FPMD II. As one of the instruments for obtaining the integration it is strongly recommended that MSH puts the compilation of a manual on the use of MIS for better management (combined with computerized lessons and exercises, based on real life experiences) on its priority list. The enthusiastic reception of the *Family Planning Manager's Handbook* all over the world is a harbinger of the success that a well-designed manual dealing with the topic of use of MIS for improvement of management and quality of family planning programs could have.

- From the beginning, the expectation has been created that this project could be extended to the remainder of Turkey. The use of the term "test provinces" is a clear confirmation of this expectation. As often happens in the case of the possible expansion of the projects, at the initiation of the project little thought is given during its original formulation regarding requirements of an eventual expansion of the project, partially because of uncertainty about future funds and partially because of the legitimate desire to maintain flexibility. Nor is much attention given to it during the implementation of the test phase of the project, when the intelligent discussion of preliminary results could give hints, ideas, and even suggestions for concrete plans which could, even

partially, be integrated into the ongoing project. For example selected persons from selected provinces could be invited to visit some of the test provinces and to attend some of the meetings concerning the project[8]. Selected persons from the test provinces could have been asked to visit some of the provinces to look at weaknesses. At the central level, formal and informal strategy sessions could have been organized for the eventual expansion of the project. This would have allowed for more explicit attention to issues such as phasing and timing of expansion, the nature and organization of technical assistance needed for the expansion of the system, the characteristics of the expanded system (should it be just a duplication of what was done in the test provinces?; will the MIS system in the test provinces have to change as a consequence of the experience with additional provinces?; how to adjust the expansion of the system to the changing demographic characteristics of Turkey? -- see Section VII.B).

As one respondent stated:

- 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.

This insight bespeaks a knowledge that a project designed to satisfy current needs may not be adequate in the future.

[8] The possible expansion of the project was never completely absent from the mind of MSH personnel or the Turkish counterparts. For example, five other provinces had been invited to the last workshop of the current project in July 1995. However, it was never present in a *persistently* systematic fashion, nor were mechanisms developed to facilitate the construction of bridges between the two phases.

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ANNEX 1

METHODOLOGY

This evaluation is basically qualitative. It was intended to be based on semi-structured interviews of staff persons responsible for the MIS project at the central level; that is, at the Maternal/Child Health and Family Planning (MCHFP) General Directorate of the Ministry of Health (MOH) in Ankara and of staff members in each of the test provinces. The original plan was to conduct these interviews over two visits. The first visit took place in December 1994. Two days were spent in Ankara in meetings with the Deputy Director, MCHFP General Directorate, the chief USAID Population Adviser and the personnel of the MCHFP General Directorate Logistics/MIS Technical 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, together with their collaborators and assistants (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 an improved MIS system for program management, program monitoring and evaluation, and staff morale.

The second visit was initially scheduled to take place at the time of the workshop on the use of the MIS system to improve the efficiency and quality of the program. This workshop took place in the final stage of the current project and was organized in Izmir in July 1995. This second visit had to be canceled because of lack of approval from the US embassy in Turkey. This cancellation caused several problems for a satisfactory completion of the evaluation. At the time of the first visit, the project still required the completion of a variety of crucial activities, especially the use of the data to improve management. A complete and fair evaluation of the project could therefore only be done once those activities had been executed. This second visit would have included interviews with the relevant people in the test provinces, including the provinces already visited, because it would allow for comparison of notes for a period during which the system was supposedly to be completely operational.

As a replacement for the lack of personal interviews resulting from the cancellation of the second visit, a short self-administered questionnaire (see Annex 3) was designed. The questionnaire was translated into Turkish and the Turkish respondents could answer in Turkish; the answers were then translated into English. This approach gave only very limited results, thereby confirming the general feeling of social scientists that in-depth knowledge on the installation, management, implementation and results of a process such as the introduction of a management information system can only be acquired satisfactorily through in-depth personal interviews. For several reasons, the information obtained through the administration of these questionnaires proved to be unsatisfactory. First, the five test provinces preferred that only one questionnaire per province would be filled out collectively. This resulted in rather standard answers without much substance and color. Neither did it allow for checking on how well persons involved with the MIS system knew about basic demographic indices for their region. The rationale for asking these knowledge questions was that those who had a better knowledge of these indices would be more concerned with the use of the data for the improvement of the family planning program. Whether the answers were a real collective product or the work of one individual is not known. Secondly, and even more troubling, the absence of an experienced interviewer resulted in very general and superficial information

without any real in-depth perspectives. It should be further noted that the total number of questionnaires is very small: there are seven questionnaires, five from each of the test provinces, one from the central office and one from an outside observer. Although reference to the results of these questions is made in the report, it should be noted that the value of this information is somewhat limited.

It was possible though to interview in depth four Turkish staff members from the Ankara during a one-week training workshop in Boston in April 1995. Two of the four participants had already been interviewed in Turkey on the occasion of the first visit but were interviewed again. Persons from MSH who were directly involved in the project were also interviewed. In addition a rather voluminous collection of trip reports and memos were also consulted (See Annex 3 for list).

Issues of social desirability, acquiescence and other response sets always crop up in this type of evaluation. They are especially important in the context of Turkish culture which in personal interaction, especially with newcomers and foreigners, for the sake of politeness tends to emphasize agreement and deference. Although response sets to a certain extent are operative in any culture, some cultures are more prone to it, and Turkish culture certainly is one of them.* Many techniques were used to circumvent or mitigate them. The fact that the evaluator was able to elicit critical comments is an indication that at least partially he has been successful in his efforts.

Implicit in the execution and implementation of a MIS project is the expectation that eventually a better MIS system should be translated in a wider acceptance of family planning through improved family planning services and a greater satisfaction on the part of the clients. This impact normally is a long run affair which needs a much longer time lag before it can be satisfactorily studied. This was repeatedly pointed out by the interviewees and this evaluator can only agree with them. No direct efforts have been made to evaluate this impact.

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* A response set refers to the phenomenon that for certain types of questions, respondents in social surveys tend to answer not according to its contents, but according to other criteria such as the desire to give answers which are thought to make the interviewer happy (social desirability response set) or to promote one's own image in the eyes of the interviewer (self-promotion response set).

ANNEX 2

LIST OF PERSONS INTERVIEWED

Persons interviewed

Dr. Burcu Açikalin, LMIS Team

Dr. Ibrahim Açikalin, LMIS Team

Dr. Ahmet Afşar, Ministry of Health, Ankara

Dr. Meltem Ağzitemiz, Deputy Director of Health, Izmir

Mr. Uğar Aytaç, Deputy General Director, MCHFP

Dr. Suzan Gelik, Director, Provincial Health Directorate, Manisa

Dr. Ufuk Miski, LMIS Team

Dr. Pinar Senlet, USAID

Sağlik Müdür Yardimcisi, Provincial Health Directorate, Manisa

ANNEX 3

QUESTIONNAIRE

Evaluation Questionnaire

Technical Assistance of MSH/FPMD to

The Maternal/Child Health and Family Planning

General Directorate of the Ministry of Health

Introduction

The purpose of this questionnaire is the evaluation of the project design and the technical assistance provided by Management Sciences for Health/Family Planning Management Development (MSH/FPMD) for the Management Information Systems (MIS) project with the Maternal/Health and Family Planning General Directorate (MCHFP) of the Ministry of Health (MOH). All individual information will be kept confidential. The questionnaire will be distributed to each of the provinces, to be filled out collectively by province. It will also be distributed among high-level personnal at the MCHFP. No effort will be made to identify individual respondents.

The information obtained through this questionnaire will be used to finalize the evaluation report. The evaluation will be used to provide information to MSH/FPMD for the improvement of its technical assistance and the design of future MIS projects for family planning. The evaluation is not an inspection, but an essential management tool for improving the conduct of projects and related activities. While this evaluation only pertains to the role of MSH/FPMD in the Family Planning MIS project, the project is executed within the wider framework of Turkey's family planning program. Therefore, some of the questions deal with the general environment within which this project is implemented in Turkey.

You are urged to be extremely concrete and very frank in answering questions. Do not limit yourself to generalities. If you want to write more, please do not hesitate to do so. For such a case, use additional paper while taking care to clearly identify the particular question being answered.

Province (To be filled out only for provinces): _____

QUESTIONNAIRE

1. Do you think the technical assistance provided by MSH:

   is essential for the success of the project? ☐

   is helpful but not essential for the success of the project? ☐

   is superfluous? ☐

   causes more problems than it solves? ☐

   Please comment on your answer:

   _____

   _____

   _____

   _____

2. In your personal view what are the three most important contributions of the technical assistance provided by MSH/FPMD?

Contribution 1 _____
Comments:

_____

_____

_____

_____

_____

4

Contribution 2 _____
Comments:

Contribution 3 _____
Comments:

3. In your personal view what are the three most important weaknesses in the technical assistance of MSH/FPMD to this project (remember no technical assistance is perfect!)?

Weakness 1 _____
Comments:

Weakness 2 _____
Comments:

Weakness 3 _____
Comments:

4. In your view what are the three most important external circumstances, not under the control of MSH/FPMD which have created problems for the implementation of the project?

External circumstance 1 _____
Comments:

External circumstance 2 _____
Comments:

_____

_____

_____

_____

_____

External circumstance 3 _____
Comments:

_____

_____

_____

_____

_____

5. If you had to start the project over again, would you want to receive MSH/FPMD technical assistance?

Very strongly	☐
Strongly	☐
Probably	☐
Not interested at all	☐

Comments:

_____

_____

_____

_____

_____

6. Technical assistance provided by MSH/FPMD takes on different forms such as workshops, visits to the central office in Ankara, visits from MSH staff to the test provinces and others. Which form(s) of technical assistance should receive most attention?

_____

_____

_____

_____

_____

7. This project includes both the development of expertise to coordinate and to process data on family planning services and logistics and their use to improve decision making for family planning/MOH programs.

Do you think too much time has been spent on

the development of expertise to coordinate and process data on family planning services and logistics at the expense of efforts to improve decision making for family planning/MOH programs? ☐

efforts to to improve decision making for family planning/MOH programs at the expense of the development of expertise to coordinate and to process data on family planning services and logistics? ☐

Ideal proportions of time have been spent on both components. ☐

Comments:

_____

_____

_____

_____

_____

8. Give three very concrete suggestions of how you plan to use the data for the improvement of the family planning program in your province.

Suggestion 1 _____

Comments:

_____

_____

_____

_____

_____

7/4

Suggestion 2 _____
Comments:

_____

_____

_____

_____

_____

Suggestion 3 _____
Comments:

_____

_____

_____

_____

_____

9. Have you used the data from the MIS system to improve your program?

Yes ☐ If yes continue with question 10

No ☐ If no continue with question 11

10. Give very concrete examples of how MIS data from your province improved your program:

_____

_____

_____

_____

11. For the execution of the family planning program of Turkey, do you think this project is:

essential? ☐

helpful but not essential? ☐

of little value? ☐

not needed? ☐

Please comment on your answer:

12. List some of the major problems you see in extending the project to other provinces of Turkey.

13. Can you give some recommendations on how the extension of the project should be structured?

14. Do you think this project should have been part of a larger project with the aims of improving management along with the MIS system?

No ☐

Yes ☐

Comments:

15. We also want some personal information:
(Individual respondents should use response line for "Person 1".)

	Years of experience in data processing	Years of experience working with a personal computer	Years of experience working in family planning and MCH related activities	Profession
Person 1				
Person 2				
Person 3				
Person 4				
Person 5				

16. What is the approximate value in your province for:

Crude Birth Rate ☐

Total Fertility Rate (1993) ☐

Contraceptive Prevalence Rate (1993) ☐

Infant Mortality Rate ☐