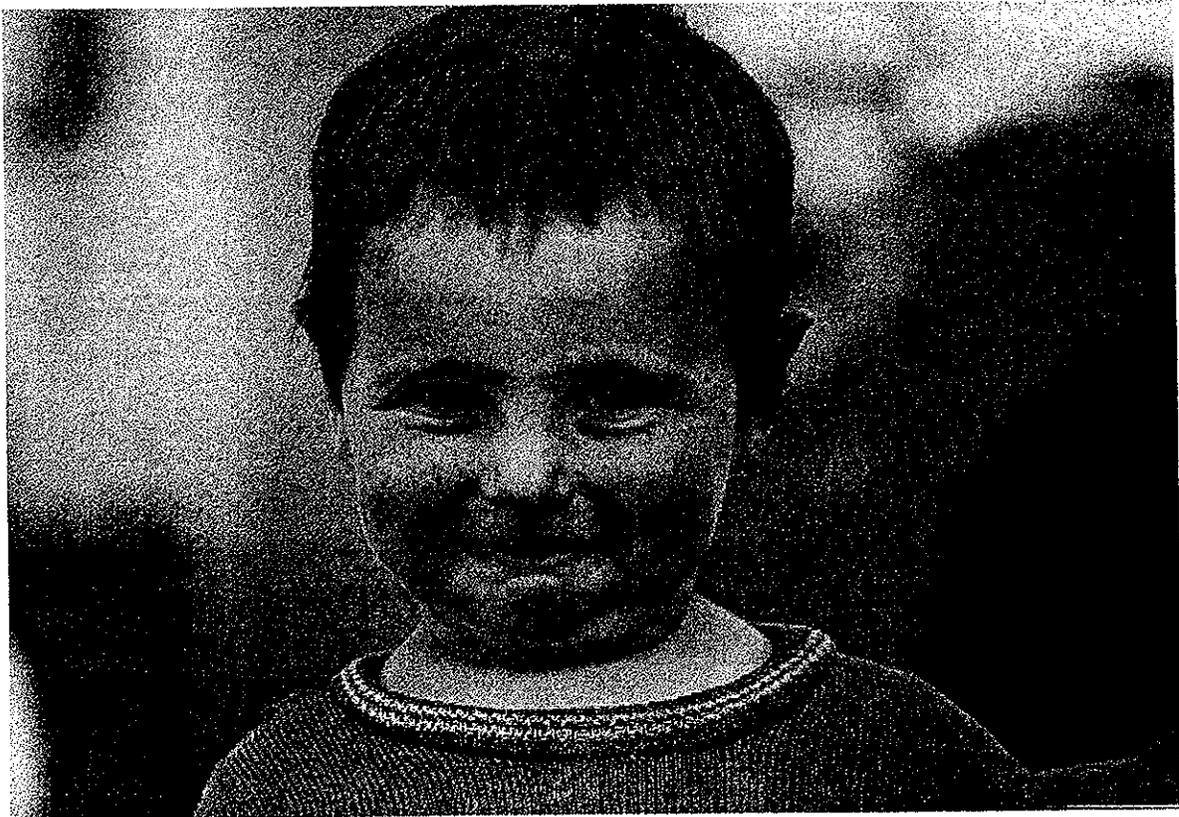


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**USAID's Population and Family Planning  
Assistance in Turkey**



*Annual Report - 1996*

## EXECUTIVE SUMMARY

USAID population assistance to Turkey began phasing down in 1996, as called for in the 1995-1999 Program Strategy. The total program budget was reduced to \$5.6 million in FY 1996 from its level of \$7.2 million in FY 1995. Despite these reductions, which were compounded by overall cuts to USAID population programs, the Turkey Program saw great progress toward the benchmarks and overall program goals in 1996. Eight USAID Cooperating Agencies (CAs) working in Turkey successfully combined their respective areas of expertise, providing technical assistance to both public and private sectors in the areas of policy, quality and access. Faced with budget uncertainties and U.S. government furloughs, CAs and their local counterparts effectively accomplished the activities in the 1996 workplan and came closer to the goal of institutionalizing family planning in both sectors.

Operating without the presence of a USAID Mission since the mid-1970's, the Turkey Program is now managed by a three-person population team at the U.S. Embassy in Ankara. A Joint Programming Team with members from the Embassy, USAID's Global Bureau and Europe and Newly Independent States Bureau, oversees the annual workplan and budget of the country program. In 1996 the program's workplan activities focused on policy, management, training, service delivery and information, education and communication. 1996 was also the first year of the contraceptive donation *phase-out* to the Government of Turkey (GOT). Out of a \$5.6 million program budget for Turkey, USAID donated \$1.6 million worth of IUDs, pills and condoms to the Ministry of Health in 1996.

Several high level dignitaries visited Turkey in 1996 and took special note of the USAID population assistance program. During a visit by First Lady Hillary Clinton, U.S. government officials highlighted USAID's population efforts and arranged for meetings and site visits related to the program. For the second time in two years, population advisors accompanied Assistant USAID Administrator Sally Shelton to project sites supported by USAID. Population advisors and local non-governmental organizations (NGOs) working in family planning discussed the emerging role of Turkish NGOs with Secretary of Housing and Urban Development, Henry Cisneros, at the United Nations' Habitat II Conference in Istanbul.

## ***EXECUTIVE SUMMARY cont.***

Program highlights from 1996 include:

- ✓ The GOT and private sector representatives ratified a strategic framework and initiated an implementation plan for the National Strategy for Women's Health and Family Planning, assisted by the Policy Project and other CAs.
- ✓ The Ministry of Health (MOH) and Social Insurance Organization (SSK), supported by AVSC, introduced Depo Provera in three provinces on a pilot basis.
- ✓ SOMARC launched and expanded a private sector reproductive health services network in Istanbul's low-income districts.
- ✓ JHPIEGO oversaw the clinical family planning training of 378 medical school interns and prepared to expand the program to nurses and midwives.
- ✓ SEATS supported the SSK's quality of care initiative in six SSK family planning training centers.
- ✓ FPMD expanded the MOH's Logistics Management Information Systems (LMIS) project to seven new provinces after completing an LMIS situation analysis.
- ✓ PCS completed the production of the KAYNAK video package, a family planning counseling training kit.
- ✓ Policy Project and FPMD collaborated on technical assistance to a new network of NGOs in Istanbul -- the NGO Advocacy Network for Women.

# TABLE OF CONTENTS

Executive Summary.....	i
Table of Contents.....	iii
List of Abbreviations.....	iv
Background.....	1
Coordination and Implementation.....	4
Program Progress in FY 1996	
Policy.....	5
Quality.....	10
Access.....	14
Other Activities and Special Events.....	17
Lessons Learned.....	19
Appendices	
Appendix A: Major Conferences and Workshops.....	21
Appendix B: Turkey JPT Organizational Chart.....	22
Appendix C: List of Reporting Cables in FY 1996.....	23
Appendix D: CAs Contact List.....	24

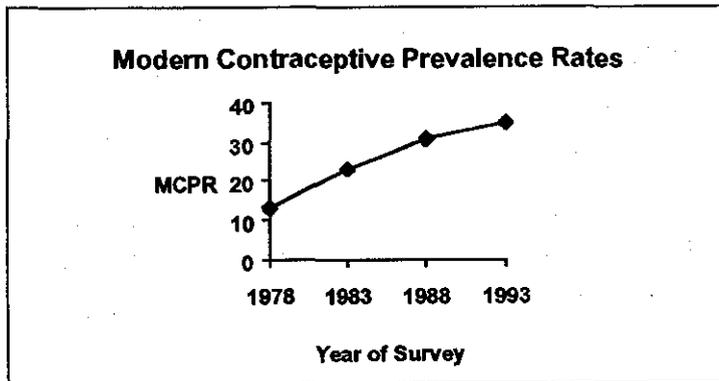
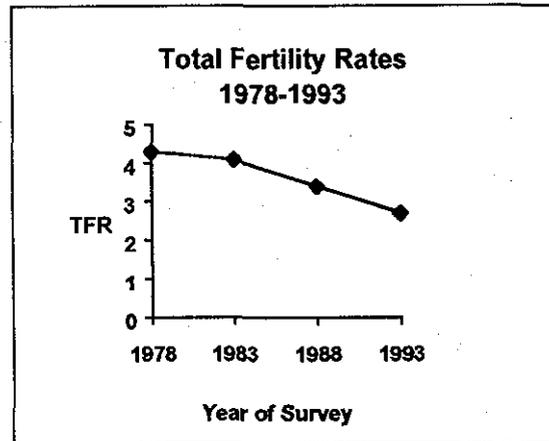
## LIST OF ABBREVIATIONS

AVSC	AVSC International, <i>Access to Voluntary and Safe Contraception</i>
CA	Cooperating Agency
CBS	Community Based Services
CDC	Centers for Disease Control and Prevention
DHS	Demographic Health Survey
FPLM	Family Planning Logistics Management
FPMD	Family Planning Management Development
GOT	Government of Turkey
HRDF	Human Resource Development Foundation
IEC	Information Education and Communication
IUD	Intrauterine Device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JICA	Japanese International Cooperating Agency
JPT	(Turkey) Joint Programming Team
KAPS	Women's Health and Family Planning Service System
KIDOG	NGO Advocacy Network for Women
LMIS	Logistics Management Information System
MCH/FP	Maternal and Child Health/Family Planning
MOH	Ministry of Health
NGO	Non-governmental Organization
OB/GYN	Obstetrician-Gynecologist
PCS	Johns Hopkins University Population Communication Services
SEATS	Family Planning Service Expansion and Technical Support
SOMARC	Social Marketing for Change
SSK	Social Insurance Organization
QOC	Quality of Care

## BACKGROUND

USAID's support for population and family planning activities in Turkey peaked in the mid-1990's as both the private and public sectors increased commitment to quality services for men and women in Turkey who desire to plan their families. 1996 marked the first year of a downward trend for USAID funding in Turkey, based on the five year (1995-99) strategy endorsed by the governments of the U.S. and Turkey in 1994. Because of the overall cuts to USAID population programs in 1996, population assistance to Turkey was cut 22% -- from \$7.2 million in 1995 to \$5.6 million in 1996.

The fifteenth most populous nation in the world with over 64 million inhabitants, Turkey remains a priority country for USAID through the end of the millennium. The program to date has met with great success. The total fertility rate dropped from approximately 4.3 in 1978 to 2.7 in 1993. However, there are significant regional differences in fertility rates. The fertility rate in the East (4.4) is over twice the rate in the West (2.0).



There is still a great unmet need for family planning throughout Turkey. Although 63 percent of couples are using contraception, only one third are using a modern method. The modern contraceptive prevalence, which tripled in the last 15 years, is still only 35 percent.

USAID has long been the lead international donor for population activities in Turkey. Other donors include the United Nations Population Fund (UNFPA), the European Union, the Japanese International Cooperation Agency (JICA), the International Planned Parenthood Federation and the German Technical Cooperation Agency (GTZ).

## **BACKGROUND cont.**

In 1994, USAID Washington and the Embassy, with the collaboration of partners in Turkey, developed the Strategy for USAID Population Assistance to Turkey, 1995-1999, with the intent to provide overall direction to the assistance program.

### **PROGRAM GOALS**

- ① Improve women's health
- ② Lower fertility
- ③ Reduce population growth rates to levels consistent with sustainable development

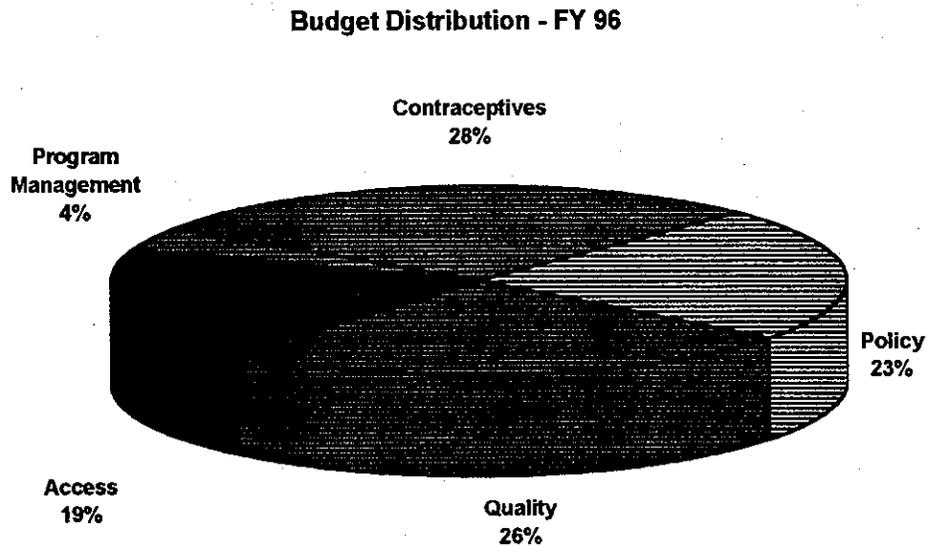
According to the long-term strategy, assistance is provided in three program components of *policy*, *quality* and *access* for the public and private sectors in Turkey.

### **ANTICIPATED OUTCOMES FROM USAID ASSISTANCE PROGRAM**

<b>POLICY</b>	<b>QUALITY</b>	<b>ACCESS</b>
Increased support for family planning within the Government of Turkey	High quality services and information available in both public and private sectors	Family planning services expanded in existing public and private service delivery channels
Increase private sector involvement in family planning programs	Family planning training reoriented to emphasize quality of care	Postpartum and post-abortion services established in public and private sectors
Strengthened NGO structures assuming more important roles	IEC efforts focused on resolving specific problem areas as identified in surveys and program evaluations	Family planning services directed to underserved groups

## ***BACKGROUND cont.***

In addition to providing technical assistance to the public and private sectors, USAID donates contraceptive commodities to the Ministry of Health (MOH). 1996 was the second year of a five-year phase-out strategy for contraceptives. USAID donated approximately \$1.6 million worth of pills, IUDs and condoms to the Government of Turkey, 28% of the overall program budget.



## **COORDINATION AND IMPLEMENTATION**

Representatives from USAID's Global Bureau, Europe and Newly Independent States Bureau, and the U.S. Embassy Ankara comprise the Turkey Joint Programming Team (JPT) which oversees the population assistance program in Turkey. While the JPT prepares the country budget and approves the annual workplan, day-to-day management rests with the Embassy's Population Advisor, a Michigan Fellow and the Embassy's Deputy Economic Counselor.

USAID has contractual agreements with several Cooperating Agencies (CAs) to implement program activities. CAs in Turkey represent U.S. universities, voluntary organizations and private companies with differing specializations in the fields of training, policy, management, information education and communication. CAs work with local counterparts such as the MOH, Social Insurance Organization (SSK), universities, NGOs, labor unions, and private sector providers.

CAs working in Turkey in 1996 were:

AVSC International, Access to Voluntary and Safe Contraception Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO) Johns Hopkins University - Population Communication Services (PCS) John Snow Inc. - SEATS and FPLM Macro International - Demographic Health Surveys (DHS) Management Sciences for Health - Family Planning Management Development (FPMD) Pathfinder International The Futures Group International - SOMARC and Policy Project University of Michigan Population Fellows Program
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As part of the consolidation and phase-down effort, Pathfinder International, working in Turkey for over 15 years, graduated its USAID-supported assistance projects at the end of FY 1996. Pathfinder worked to create two family planning NGOs in the 1980's, implemented several community-based distribution projects and worked with the MOH, labor unions and other institutions to introduce comprehensive family planning services, including vasectomy, to the Turkish population. The remaining CAs benefit greatly from the foundation established by Pathfinder in Turkey over many years.

## **PROGRAM PROGRESS IN FY 1996**

*The following summary of program accomplishments flows according to the objectives, indicators and benchmarks set forth in the 1995-1999 Strategy.*

### **POLICY**

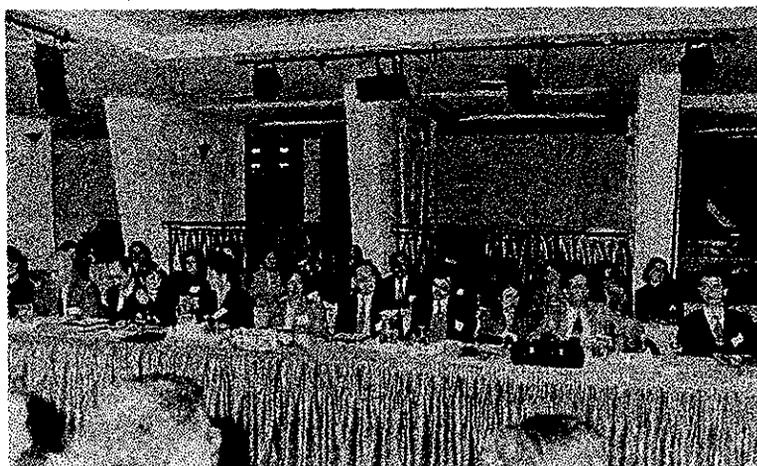
***Objective: Increased support for family planning and reproductive health from the Government of Turkey***

#### **National Strategic Plan**

In early 1996, the MOH, joined by the State Planning Organization, Ministries of Education, Labor, and Finance, SSK, Railways Organization, private sector representatives, numerous NGOs and international donors, ratified the National Strategy for Women's Health and Family Planning. OPTIONS and later, the Policy Project, led the technical assistance working closely with the multi-sector committee and other USAID CAs to achieve this end. With this benchmark achieved, Policy Project continued to offer technical assistance to the implementation working groups with a final implementation and monitoring plan to be finalized in 1997.

#### **Contraceptive self-reliance**

As part of its commitment to institutionalizing family planning services, the MOH, assisted by OPTIONS/Policy Project, developed a plan for forecasting and procuring contraceptives. Although the MOH does not yet have a line item for contraceptives in its current budget, the General Directorate of Maternal and Child Health/Family Planning (MCH/FP) may use funds from the "consumable" budget line item for such



**Contraceptive self-reliance workshop**

purchases. Using these funds, the MOH plans to procure condoms and pills in early 1997. Policy Project, USAID Washington and PATH provided technical assistance to the MOH on contraceptive forecasting and procurement in order for the MOH to have internal capabilities given the planned phase-out of USAID-donated contraceptives.

## ***PROGRAM PROGRESS - POLICY***

FPMD continued working with the MOH to expand the Family Planning Logistics and Management Information System (LMIS) at the provincial level. Prior to 1996, five provinces participated in the pilot LMIS which included a new contraceptive distribution system as well as revised record-keeping and data-using procedures. The distribution system, known as "top-up", requires provincial health directorates to routinely supply MCH/FP and health centers with contraceptives rather than requiring the centers to come to the health directorate, which often results in stock-outs. In 1996, FPMD and the MCH/FP General Directorate conducted a situation analysis of existing distribution and record keeping systems in seven new provinces to be incorporated into the new system. The situation analysis indicated that there was much room to improve the existing systems, both in terms of contraceptive logistics and collection of service statistics in these provinces. FPMD then completed a trainer's guide and user's guide to be used by the LMIS Team at the General Directorate and the new provinces.

### **Family planning policy dialogue**

Strategic planning exercises, inter-sector working groups, a self-reliance workshop and follow-up communication in 1996 strengthened government support for family planning, including the procurement of contraceptives. As a result of this policy dialogue, the MOH's budget for MCH/FP increased 38% between 1996 and 1997, after adjusting for inflation. In addition, the SSK, an organization which provides services to over one-third of Turkey's population, started the contraceptive commodities procurement process.

MACRO International continued to provide technical assistance on the further analysis of the 1993 Demographic Health Survey in order for data to be used for policy decision-making. In early FY 1996, two technical staff persons from the MOH and three from the Hacettepe Institute for Population Studies traveled to Macro Headquarters for data analysis skills training. MOH and Hacettepe staff worked with MACRO to prepare six papers using data from the survey.

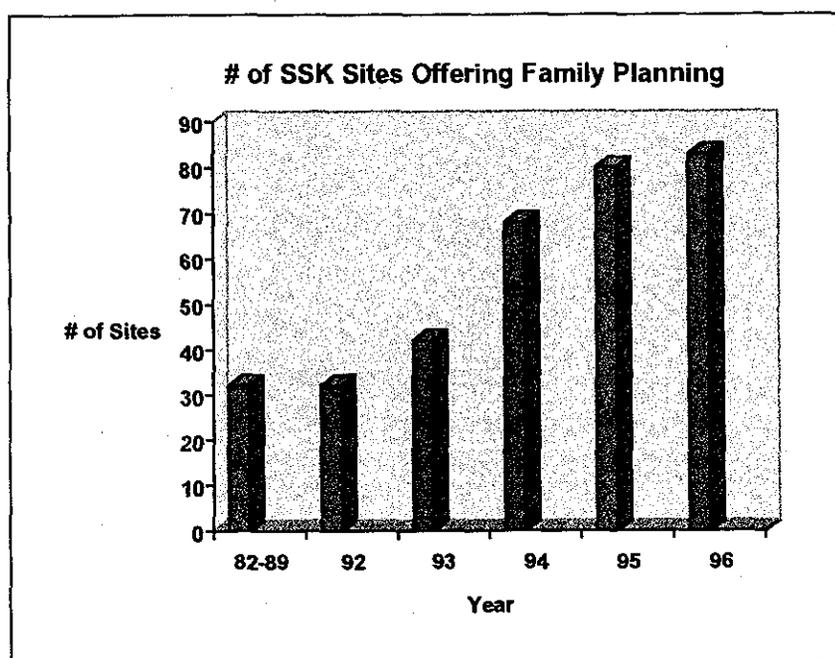
### **Reduction of service delivery and training barriers**

AVSC worked with the MOH to establish two free-standing clinics, designed to provide all methods of family planning, including surgical methods, outside a hospital setting. These are first-of-their kind clinics that provide surgical sterilization services on an outpatient basis. AVSC hopes to replicate the model in several other provinces in the upcoming year. In addition, the MOH introduced Depo Provera on a pilot basis in three provinces. AVSC facilitated the introduction of the USAID-donated injectable in 17 MOH and SSK sites. AVSC oriented and trained physicians and nurses on counseling and administration of the contraceptive. Registration of Depo Provera is

## PROGRAM PROGRESS - POLICY

imminent, which would allow the commercial distribution of the injectable. NORPLANT was introduced in Turkey at selected MOH and SSK sites through donations from USAID two years ago. However, to date, no pharmaceutical company has applied to register the contraceptive and the MOH does not have plans to procure non-donated units. This is mainly due to the high costs associated with the implant.

### SSK's commitment to family planning



SEATS worked with the SSK to institutionalize family planning services in over 80 sites. Following the Executive Board's 1995 decision to procure contraceptives, SEATS provided assistance to the SSK on forecasting and procurement and improving a Management Information System to standardize record keeping and contraceptive distribution.

### Market segmentation

Policy Project began an in-depth market segmentation study using data from the 1993 Demographic Health Survey to analyze current sources of family planning services. Recognizing the importance of resource allocation, public-private sector dialogue, and private sector participation in family planning service delivery, Policy Project is playing a key role as intermediary between the public and private sectors.

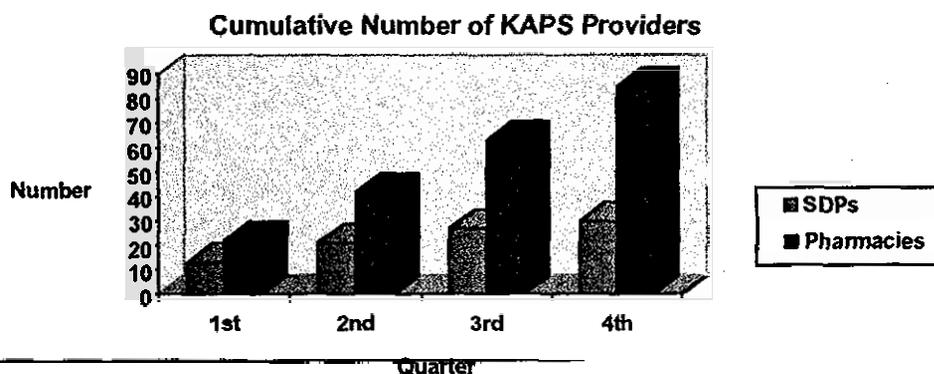
***Objective: Increased private sector involvement in family planning and reproductive health***

### Private sector network

SOMARC launched and expanded a private sector health services network in Istanbul in 1996. The Women's Health and Family Planning Services Network ("KAPS")

## **PROGRAM PROGRESS - POLICY**

consists of private health care providers committed to providing affordable, quality services for low-income women. When launched, the KAPS network consisted of 13 service delivery points (SDPs) including hospitals, polyclinics and private physician's offices, and 22 pharmacies. By the end of the year, KAPS had expanded to 30 SDPs and 85 pharmacies. Network members complete a comprehensive training program consisting of contraceptive technology, family planning counseling, services marketing, and total quality management. The initial KAPS Network pilot areas were two large squatter neighborhoods on the European side of Istanbul. The network has now expanded to the Asian side and will expand to Izmir in 1997. AVSC collaborated with SOMARC on the KAPS project in the areas of clinical training and quality assurance.



### **Health insurance schemes include family planning**

SOMARC continued to lobby for private insurance companies to include family planning in their insurance packages. To date, the market leader in Turkey, Halk Yasam Sigorta, has agreed and includes family planning in its coverage.

### **Objective: NGO structures strengthened and assuming an important role in family planning**

#### **NGO structures strengthened**

Following FPMD's assessment of family planning NGOs in Turkey in 1995, USAID gave priority to a new network of NGOs, the NGO Advocacy Network for Women ("KIDOG"), for future assistance. This network, which originally convened for an OPTIONS training course on advocacy for family planning in 1995, with Policy Project's support continued collaboration and expanded to 19 NGOs by early 1996. The Policy Project and FPMD provided technical assistance to the network in refining advocacy skills and strategic planning. KIDOG was highly visible at the Habitat II Conference in

## **PROGRAM PROGRESS - POLICY**

Istanbul, hosting a booth, site visits to member NGO project sites, and conference sessions at the NGO forum covering a wide range of women's issues. Assisted by Policy Project, KIDOG also produced a booklet on women in Turkey and a poster which read "Support Women for Sustainable Development." KIDOG supports family planning as a priority area for advocacy, as well as women's education and legal rights.

### **KIDOG MISSION STATEMENT**

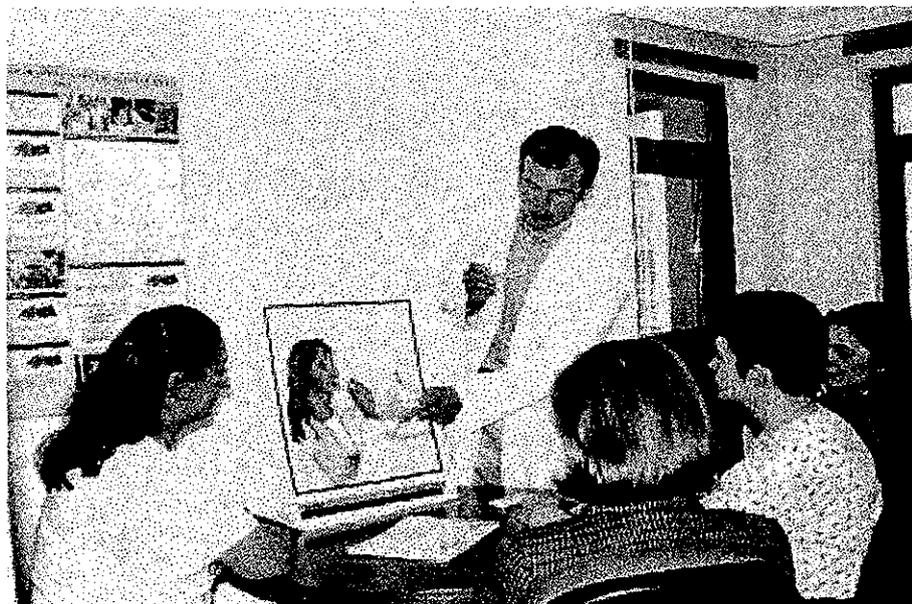
To unite the knowledge, resources, and skills of non-governmental organizations working on women's issues to advocate for policies and programs that will improve the quality of life of women in Turkey.

## PROGRAM PROGRESS

### QUALITY

*Objective: Quality contraceptive services readily available*

#### Contraceptive choice



**Family planning counseling training**

USAID CAs worked with local counterparts including the MOH, SSK and private sector to reinforce the importance of family planning counseling and quality of care (QOC). SEATS, with its total quality of care initiative, began to train providers from the six SSK family planning training centers on the importance of counseling and other aspects of

QOC. Each facility developed its own quality strategy, set up quality teams at the hospitals and shared information with each other in two workshops sponsored by SEATS Project. AVSC disseminated the results of the 1994 Situation Analysis to providers and administrators from the Samsun, Izmir, Adana and Ankara provinces followed by training for physicians, nurses and midwives on counseling and contraceptive technology. AVSC and SOMARC collaborated on counseling training for KAPS private sector providers in Istanbul including physicians and non-physician providers. PCS finalized the KAYNAK counseling training package, including a step by step video, discussion guide, poster and checklist. This training package will be used by the MOH, universities and other institutions to train family planning service providers in the importance of quality counseling.

#### Voluntary surgical contraception

AVSC assisted the MOH in the completion of the vasectomy and minilaparotomy training program curricula. AVSC supported the establishment of two training centers: one for vasectomy in Ankara and another for minilap in Eskisehir. SEATS facilitated

## PROGRAM PROGRESS - QUALITY

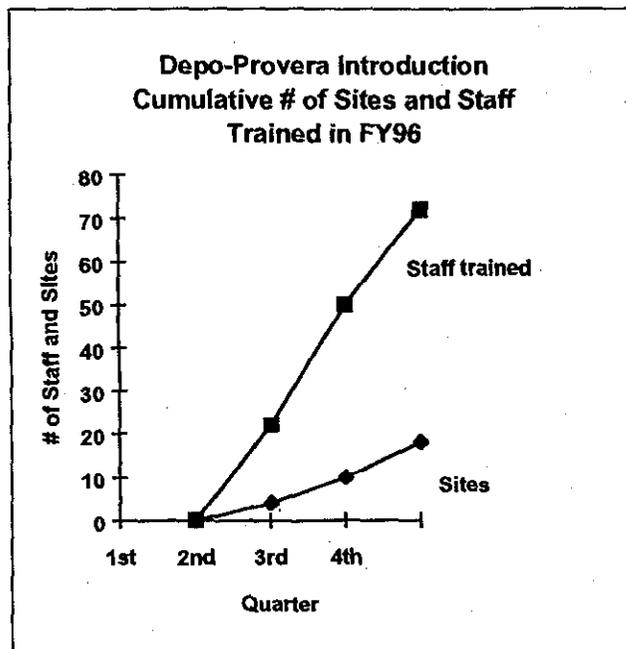
the training of three SSK OB/GYNs in minilap and two urology residents in no-scalpel vasectomy.

### Injectable services

AVSC assisted the MOH and SSK in the introduction of Depo Provera to selected provinces in the public sector. In April, four service delivery sites in Ankara began to administer the contraceptive following an AVSC-sponsored orientation meeting for providers and training for the selected sites. Depo Provera services expanded to two additional provinces, Adana and Diyarbakir. A total of 508 staff from the three provinces were oriented to Depo Provera and 72 trained in counseling and administration of the method. The MOH is evaluating the pilot introduction and plans to expand to several additional provinces. AVSC and SOMARC worked closely with Eczacibasi and Pharmacia - Upjohn Pharmaceutical companies on the imminent expansion of Depo Provera to the private sector. With registration still pending, Eczacibasi is prepared to launch the product nationwide in early 1997.

### IUD services

IUDs continued to be the most popular method among users of modern contraception. JHPIEGO assisted in training an additional 378 medical school interns on IUD insertion using the Zoe anatomical model and a competency-based training approach. JHPIEGO is working with the MOH to revise the requirement for IUD certification which emphasizes competence rather than a pre-determined length of course and number of insertions.



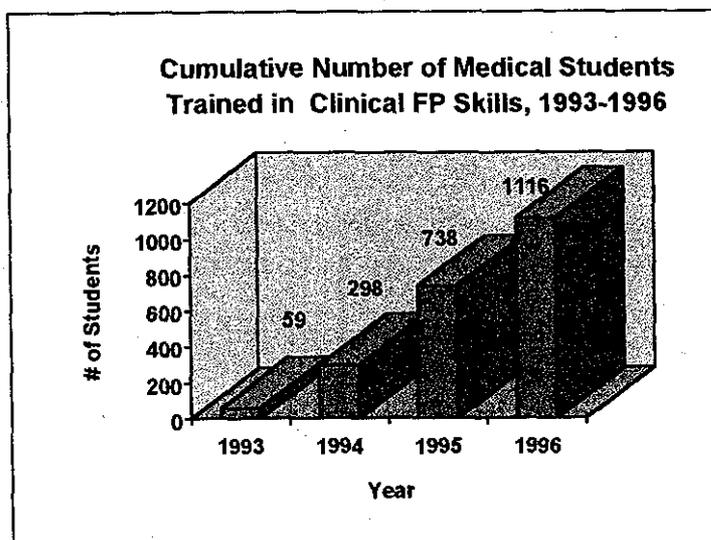
Medical school interns with Zoe model

## PROGRAM PROGRESS - QUALITY

*Objective: Family planning training reoriented to emphasize counseling and quality of care, using competency-based methodologies*

### Family planning curriculum institutionalized in schools for health professionals

JHPIEGO continued its work with 13 university medical schools to standardize family planning training for interns. In 1996, JHPIEGO supported the training of 378 interns in family planning counseling and IUD insertion. In addition, JHPIEGO worked to strengthen the clinical and training skills of the National Training Team and Central Training Team. JHPIEGO also helped initiate a new training curricula for midwives and nurses in 1996 and plans to expand to both pre-service and in-service training for midwives and nurses in 1997.



### In-service training

JHPIEGO worked with members of the MOH Central Training Team to revise the refresher training program for midwives and began working with the MOH to standardize in-service training for midwives. JHPIEGO also worked with the Central Training Team and the Human Resource Development Foundation (HRDF) to draft an in-service family planning course handbook for nurses and midwives. In addition, AVSC, SOMARC and SEATS provided in-service training for MOH, SSK, and private sector providers in the areas of contraceptive technology, counseling and QOC.

*Objective: Information, Education and Communication (IEC) efforts focused on resolving specific problem areas*

### Provider and client-targeted IEC

All of the CAs worked to design and disseminate IEC materials, much of it aimed at providers to help educate and reduce bias. AVSC's Situation Analysis reports were

## PROGRAM PROGRESS - QUALITY

widely used in the provinces where the study was conducted to inform providers of common misinformation and incorrect practices. AVSC also worked with the public and private sectors on providing Depo Provera IEC and worked with the MOH to finalize the postpartum training package and vasectomy and minilap training curricula. Istanbul University, through a small grant from AVSC, published its report, "Postpartum Family Planning and Health in Istanbul: Bringing Fathers into the Picture."

JHPIEGO, in addition to producing training materials for students and trainers, developed a poster with the MOH on infection prevention, and supported the production of four family planning bulletins with HRDF. These newsletters covered a variety of topics from male contraception to the Beijing Conference on Women and were sent to 700 medical professionals and institutions.

SOMARC, the Turkish Family Health and Planning Foundation and a public relations firm, developed numerous materials for KAPS providers and clients. In addition to brochures, posters, newsletters, mugs, t-shirts and aprons, SOMARC placed a video news release on television stations and began a radio campaign late in the year. The KAPS 24-hour hotline provided IEC to over 7,000 clients in 1996. SOMARC held 82 local IEC meetings to inform 2760 women about women's health issues and the KAPS network, and contacted another 12,000 women with field teams in the community.

PCS facilitated IEC development with the other CAs, MOH, local NGOs and other international donors such as JICA and the World Bank. PCS completed the KAYNAK counseling training package and issued 15,000 Turkish versions copies of the NOR-PLANT Population Report. PCS also worked on a contraceptive methods pocket book for providers and began translation and production of an Injectables Population Report. PCS hosted a booth at the Habitat II Conference featuring a population



A display of Turkey IEC materials

computer quiz, on-line access to the population data base Popline, recent issues of Population Reports and other IEC material to hundreds of conference attendees.

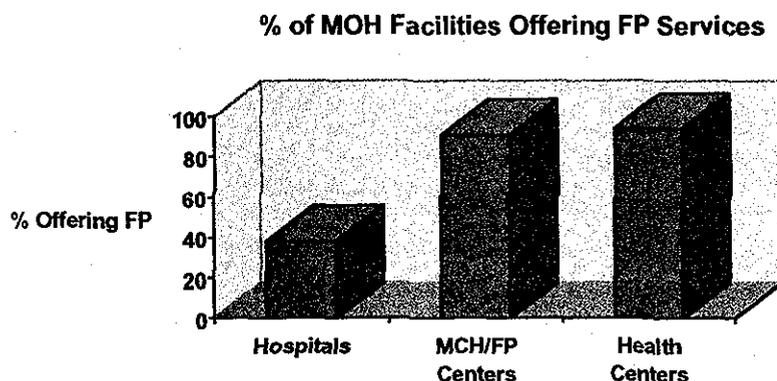
# PROGRAM PROGRESS

## ACCESS

*Objective: Quality services and information in public and private sectors*

### Family planning services in MOH hospitals, MCH/FP centers and health centers

By January 1996, 38% of MOH hospitals, 91% of Maternal and Child Health/Family Planning Centers, and 94% of health centers offered at least one clinical method (IUD) of family planning. These facilities usually provide pills and condoms as well. However, due to stock-outs and reassignment of trained staff, it is difficult to assess the exact percentage of sites which continuously offer all three methods.



### Family planning services in SSK hospitals and dispensaries

To date, 75 out of 114 SSK hospitals and eight dispensaries offer family planning services. Similar to the situation at the MOH, there is temporary cessation of services in some clinics, mainly due to the lack of trained personnel.

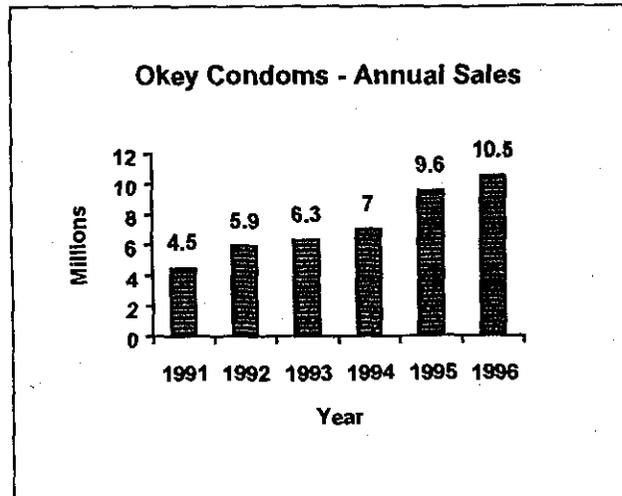
### Private sector programs with focus on clinical methods and injectables

AVSC and SOMARC trained 69 private physicians, nurses and midwives in contraceptive technology, including clinical methods, in 1996. With the new vasectomy and minilap curricula, sterilization training for private and public providers will be an important part of the 1997 workplan. In addition, because of the delay in the registration of Depo Provera, the product was not introduced in the private sector in 1996. However, AVSC and SOMARC initiated discussions and drafted a Memorandum of Understanding with Eczacibasi, the local pharmaceutical company which plans to market the product in Turkey.

## **PROGRAM PROGRESS - ACCESS**

### **Oral contraceptive and condom social marketing campaigns**

The Oral Contraceptive Social Marketing program, launched in 1991 by SOMARC, has operated independently of USAID funds since 1994. SOMARC continues to monitor the progress of the product, low-dose pills, which now enjoy a 74% market share of total pill sales, compared to 50% in 1991. In addition, the Okey condom program, launched at the same time as the pill program, continues to be highly successful in the private sector market independent of USAID support. The manufacturer now donates 10% of the profits to the Turkish Family Health and Planning Foundation.



### **Social marketing of Depo Provera and provider networks**

SOMARC launched the first of its kind reproductive health services social marketing project in Turkey in early FY 1996, as a follow-up to the highly successful pill and condom projects. Focusing on Istanbul with a population of over 11 million, the KAPS Network serves a catchment area of 2 million people in the lower income districts. In 1996, SOMARC began discussions with Eczacibasi to plan limited social marketing support for Depo Provera in 1997.



**KAPS booth at local supermarket**

## **PROGRAM PROGRESS - ACCESS**

*Objective: Postpartum and post-abortion family planning services expanded/established in the public and private sectors*

### **Postpartum and post-abortion services**

In 1996, the MOH asked AVSC to combine the postpartum and post-abortion training curricula into one integrated curriculum. This was finalized in the summer of 1996. The standardized training for providers was therefore delayed to the early part of FY 1997. To complement the training curriculum, AVSC produced an all-methods post-abortion poster. SEATS introduced postpartum/post-abortion family planning to six of the SSK family planning sites. In addition, nearly all of the six training centers participating in the quality initiative identified postpartum family planning as a number one priority at their facilities and developed relevant strategies to focus on this area.

*Objective: Family planning services directed to under-served groups*

### **Under-served groups**

CAs continued to orient certain projects to two main underserved groups, people in the urban squatter areas and in Southeast Turkey. SOMARC's private health services network targets low-income neighborhoods in Istanbul, squatter areas densely populated with migrants from less developed areas. SOMARC conducted client intake and exit surveys during the first year of the network to evaluate clients' behaviors and practices and impressions of private sector services. SEATS supported the two new SSK family planning training centers, both located in Southeastern Turkey. The MOH requested AVSC to introduce Depo Provera in Diyarbakir, the largest city in Southeastern Turkey, where the need for effective methods is great. Pathfinder continued its community-based services work in the squatter areas of Izmir, concluding a decade-long project of supplying contraceptives and making referrals to MOH centers.

## **OTHER ACTIVITIES AND SPECIAL EVENTS**

*The following are activities which were not included in the 1996 workplan but were important components of the year's work.*

### ***First Lady's visit to Turkey***

Embassy officials highlighted the Turkey population program during a visit by First Lady Hillary Rodham Clinton to Ankara and Istanbul in April, 1996. Because of the First Lady's interest in women's, children's and health issues, the population advisors were asked to recommend site visits and contact persons for special events. A reporting cable on the Status of Women in Turkey, prepared by the population advisors, was used as a briefing paper during the visit. First Lady Clinton visited the Bakirkoy SSK Maternity Hospital in Istanbul, one of the largest maternal and child health care facilities in Istanbul. She then participated in a lively discussion with doctors, nurses and clients at the hospital's family planning clinic. USAID has provided assistance to Bakirkoy Maternity for several years, and in 1996 the hospital participated in SEATS' Quality of Care initiative as a family planning training center. Press coverage of the First Lady's visit included front page headlines quoting Clinton commending the Turkey program's strategic planning efforts in family planning.

### ***Habitat II Conference***

In June, the United Nations convened the Second International Conference on Human Settlements, Habitat II, in Istanbul. Hundreds of official delegates and thousands of representatives from non-governmental organizations participated in the two-week event. The two themes of Habitat II were "sustainable human settlements development in an urbanizing world" and "adequate shelter for all." USAID CAs in Turkey participated in the NGO forum and in lobbying for appropriate population and reproductive health language in the conference's official declaration. AVSC, PCS and the Policy Project-supported KIDOG NGO Advocacy Network had booths at the NGO Forum. KIDOG also sponsored site visits to NGO projects and workshops at the Forum. A University of Michigan Population-Environment Fellow, Charles Pill, worked as a coordinator of the NGO Forum, facilitating the participation of over 750 Turkish NGOs and 1800 NGOs from around the world who attended the conference.

### ***Community-Based Services Cost-Effectiveness Analysis***

The Evaluation Project and Pathfinder International collaborated on a cost-effectiveness analysis of Pathfinder's community-based services project in Izmir. The project, dating back to 1986, was implemented by the Human Resource Development Foundation from 1989 until its end in September, 1996. The analysis indicated that the project raised

## ***OTHER ACTIVITIES AND SPECIAL EVENTS cont.***

modern contraceptive prevalence levels from 42% to 62%. IUD acceptance levels rose from 25% to 35% and condom use increased from 9% to 16%. The total cost to USAID per new user was \$133. Sixty percent of the costs were direct subproject costs and 40% was for Pathfinder's external or indirect costs. The results of the study are useful for community-based services projects still in operation in Turkey, funded by other international donors, as well as to USAID and Pathfinder to examine how such projects can be done more cost-effectively.

### ***FPMD assists with Embassy's Management Information System***

FPMD provided assistance to the Embassy's Population Team in 1996, evaluating and making recommendations for the Embassy's Management Information System. After meeting with the population advisors and CAs individually, FPMD assisted in modifying annual workplan and quarterly management reporting forms, travel and commodity tracking flow-charts and the standard operating procedures.

## LESSONS LEARNED

As an advanced program nearing graduation, the Turkey program was full of lessons learned in 1996, both for the Turkey JPT on the management side, and for the CAs on implementation. According to the Country Strategy, by the end of the millennium the program budget will be reduced to insignificant levels. Unanticipated additional cuts due to Congressional reductions in overall population funding and restrictions in disbursement of funds complicate the planned phase down. Therefore, the final years of the program call for scrutiny in planning and prioritizing among the several successful ongoing activities.

The challenge on the JPT's part is that there is very little fat in the program. In 1996, the JPT had the difficult task of prioritizing among several successful and promising project activities to allocate shrinking resources. As a result, in 1996 the program phased out the activities of two cooperating agencies, Pathfinder International and CDC. Through this painful task of consolidation, the long term strategy was the principal guide.

Another worthwhile lesson learned through the consolidation process is the experience with the contraceptive self-reliance initiative. In 1994, after donating contraceptives to the public sector for more than two decades, USAID negotiated a contraceptive phase-out plan with the MOH. The parties agreed that USAID would continue extending technical assistance to help the national program become self-reliant while phasing down the contraceptive supplies. In the last two and a half years, important steps were taken towards shifting the responsibilities and transferring technologies. Achieving contraceptive self-reliance is a complex process with several interrelated facets which function independently, e.g., development of commodity distribution and logistics systems, and building in technical capabilities for forecasting, budgeting and procuring contraceptives. In addition, self-reliance requires a considerable budget. The MOH was able to allocate a symbolic amount of money to initiate contraceptive procurement but, though determined to achieve self-sustainability, was not able to include a line item for contraceptives in its budget by 1996. The lesson learned is that it is never too early to initiate a self-reliance process since each of the facets takes longer than anticipated. In fact, every program receiving external commodity donations should have an integrated phase-out plan.

The Turkey program is also rich with lessons learned on ensuring sustainability. Practical evidence points to the fact that actual sustainability can only be achieved when each project has its own built-in sustainability plan. In other words, the question of "What will happen when the project is over?" needs to be addressed at the launch of any new project.

One specific lesson learned relates to the work of the NGOs. For many years, USAID supported local family planning NGOs by helping found them, providing initial funding for administrative costs and granting projects. Beginning in mid-1995, as called for in the long term strategy, USAID's support to the NGOs shifted to a new focus. In 1996, the program began providing assistance to strengthen the NGO structures so that they can play a more important role in the family planning arena. This type of support included, for example, assistance to form an NGO network, management assistance, advocacy skills development, and communication/public relations skills development. Formation of a network involving non-family planning NGOs working in education, health and women's issues to advocate for family planning was a risky endeavor that began paying off immediately.

In 1996, the program made considerable progress in the way the projects worked together. Working on the country workplan toward common goals, routine CA meetings and exchange of information, joint planning and shared reporting helped to improve and refine the level of collaboration among the projects. All these efforts led to the establishment of an increasingly productive environment for the projects working together.

In 1996, the CAs were also able to plan more effectively. Almost all CAs were able to accomplish the planned activities in the workplan. Delays and cancellations, were almost exclusively due to external factors. There is still room to improve planning by being more realistic in anticipating these external factors, and more flexible by working on alternative scenarios.

Finally, and perhaps most importantly, the Embassy Team and CAs working in Turkey learned how to live with the uncertainties of the overall USAID budget and U.S. government operations and were able to make best of this unfavorable situation. Thousands of miles from their counterparts, Embassy staff were unable to communicate with colleagues during the government shut-downs and furloughs and postponed some activities which were caught up with later in the year. CAs managed to smoothly scale down activities and make alternate workplans when faced with funding delays and cuts. In sum, the Turkey program withstood the challenge of operating effectively with no guarantee of continued funding, and with visible opposition to population programs on the part of many U.S. elected officials. While Turkey was not alone in this predicament, the program fared remarkably well given the absence of a USAID Mission.

## APPENDIX A

### MAJOR CONFERENCES AND WORKSHOPS

#### Quarter 1

- Contraceptive Self-Reliance Workshop, Ankara (GOT, private sector, OPTIONS)
- SSK Quality of Care Conference, Ankara (SSK, SEATS, AVSC)
- Regional Dissemination Seminar of 1994 Situation Analysis, Samsun (MOH, Gazi University, AVSC)
- KAPS Network Launch, Istanbul (SOMARC, NGOs, private sector)

#### Quarter 2

- National Strategy for Women's Health and Family Planning Ratification Meeting, Bolu (GOT, NGOs, Policy Project, CAs)
- Provincial Depo Provera Orientation Meeting, Ankara (MOH, SSK, AVSC)
- KIDOG NGO Network Advocacy Workshop, Istanbul (NGOs, Policy Project)

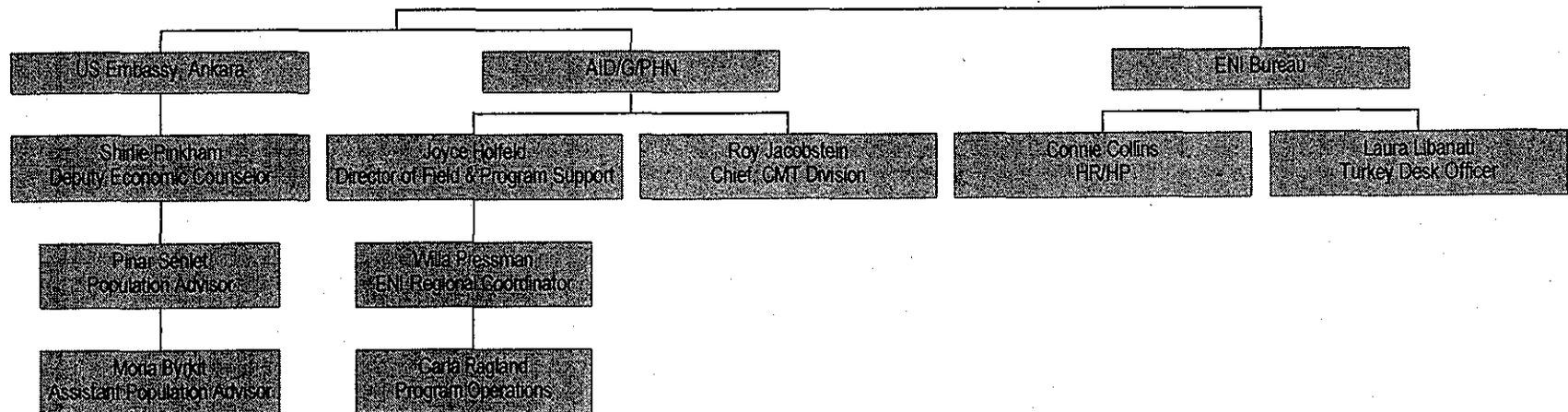
#### Quarter 3

- Habitat II Conference, Istanbul (United Nations, GOT, NGOS, CAs)
- Provincial Depo Provera Orientation Meeting, Adana (MOH, SSK, AVSC)

#### Quarter 4

- SSK Quality of Care Follow-up Workshop, Izmir (SSK, SEATS)
- KIDOG NGO Network Strategic Planning Workshop (NGOs, FPMD, Policy Project)
- Provincial Depo Provera Orientation Meeting, Diyarbakir (MOH, SSK, AVSC)
- Contraceptive Procurement Workshop, Ankara (MOH, SSK, Policy Project, PATH)
- National Strategy for Women's Health and Family Planning Implementation Plan Orientation Meeting, Ankara (GOT, NGOs, Policy Project, CAs)

## APPENDIX B TURKEY JOINT PROGRAMMING TEAM



## APPENDIX C

### *FY 1996 REPORTING CABLES*

DATE	CABLE #	TITLE
Dec 1995	Ankara 13968	Get the private sector involved: A new approach to health and family planning
Dec 1995	Ankara 14142	Islam and family planning in Turkey
Dec 1995	Ankara 14609	Quality of care: Turkey's biggest challenge for improving health services
Dec 1995	Ankara 14706	Population in Turkey: Still worth it (Amb. Grossman's letter to Amb. Shelton)
Mar 1996	Ankara 02380	Status of women in Turkey: Ataturk's legacy remains undone
Mar 1996	Ankara 02219	Emerging population trends: Shifting from abortion to contraception
Mar 1996	Ankara 03156(C)	The tale of two cities in Southeast Turkey
May 1996	Ankara 04771	HIV/AIDS: An emerging health issue in Turkey
Sep 1996	Ankara 09458	Doing business outside of Government: NGOs blossom in Turkey

## APPENDIX D

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*\* The list includes the primary local and US based contacts of the Cooperating Agencies working in Turkey in FY1996.*