

PD-ABE-648

**VISIT TO TURKEY TO ASSIST THE  
MCHFP DIRECTORATE IN DEVELOPING  
MANAGEMENT INFORMATION AND  
COMMODITIES LOGISTICS SYSTEMS**

**JULY 4 - 25, 1992**

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**FAMILY PLANNING MANAGEMENT DEVELOPMENT**

**Project No.: 936-3055  
Contract No.: DPE-3055-C-00-0051-00  
Task Order No.: TAI 98 TK**

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## **I. EXECUTIVE SUMMARY**

The Family Planning Management Development Project (FPMD) and CDC/FPLM Project provided technical assistance to the Maternal Child Health and Family Planning General Directorate of the Ministry of Health in organizing and conducting an MIS-Contraceptive Logistics orientation workshop for 35 family planning providers from 8 provinces in western Turkey. Participants at the workshop are in Annex 1.

FPMD and CDC/FPLM will collaborate on all activities under this project. Collaboration began with a joint needs assessment conducted in November-December 1991, followed by the preparation and delivery of an orientation workshop for Central-level managers from the MCHFP Directorate.

The workshop was enthusiastically received by the participants, and we expect the project to move forward as scheduled. All 8 provinces were represented by 2 or more officials, including several Provincial Health Directors and Deputy Directors.

The workplan was modified to combine training activities for MIS and logistics. The MCHFP General Directorate will continue to review the plan and suggest modifications as appropriate.

In addition, FPMD continued to explore establishing a local contract for computer work and other support. Several contacts were made to identify local support. The MCHFP General Directorate will review the initial scopes of work and identify several prospective contractors.

CDC/FPLM assisted the MCHFP General Directorate in inspecting a shipment of condoms that had been involved in an accident at sea. The condom shipment consisted of one 40-foot and one 20-foot container. The 40-foot container was not damaged, but oil and water had penetrated the 20-foot container, and at least 60 cartons were damaged. A sample was drawn from the other cartons and sent to Family Health International for testing.

The next activities will be: (1) to establish data analysis techniques and up-date the LAN at the MCHFP General Directorate in October, (2) to assist with establishing new logistics procedures in the Izmir region, perhaps in November, and (3) to conduct central and regional training in February/March.

## **II. BACKGROUND**

This workshop was part of a project in association with the MCHFP General Directorate to develop an integrated Family Planning Service and Contraceptive Logistics Management Information System. The goal of this project is to develop Management Information and Contraceptive Logistics Systems which will improve managers' capabilities to achieve the

goals of the MCHFP General Directorate. Its objectives and two-year workplan activities are in Annex 2 of this report.

This project will result in a substantially improved MIS for both regional and central MCHFP managers and an operational contraceptive logistics system. The focus of the project activity will be on an 8-province region in western Turkey. It will include training of management and field personnel, the establishment of a local MIS Technical Support Team, the redesigning of data collection, processing and analysis sub-systems and the testing of these new systems in the 8-province region.

### **III. PURPOSE**

The objectives of this visit were:

- (1) to assist the MCHFP General Directorate MIS Technical Team in conducting a workshop on MIS and contraceptive logistics for personnel in the 8 provinces in the Izmir region;
- (2) to update the two-year workplan for the MIS/Logistics project;
- (3) to reestablish the relationship of the MIS/Logistics project with the Management/Health Information Systems (M/HIS) component of the First Health Project of the MOH which is assisted by the World Bank.

### **IV. FINDINGS/CONCLUSIONS**

#### **A. MIS Technical Team at the MCHFP General Directorate**

A prerequisite to implementing the two-year work plan for developing management information and commodities logistics systems was the creation of an MIS technical team at the MCHFP General Directorate. A team of at least two physicians was envisioned and agreed to prior to our visit in March. Between our March visit and this most recent trip, a new General Director was appointed and one of the MIS team members resigned from the Directorate to pursue an advanced degree. Prior to our arrival on this past trip, two team members were re-appointed.

The two technical staff currently identified as the MIS team cannot devote sufficient time to developing the management information and commodities logistics systems and the expertise necessary to maintain them. Physicians and public health staff work on many projects and are frequently called upon by senior staff, without notice, to provide necessary documentation for Ministry officials. For example, Dr. Handan Topçuoğlu, one of the MIS team members, was required to participate in activities

for a breast-feeding project; she could not train during the regional workshop in Izmir. However, to assist the project Dr. Erdem Yazganoğlu, of the Hospital Decentralization Office of the First Health Project, was trained to make the commodities logistics presentation.

After meeting with the General Director and Senior Deputy General Director, it was decided that the MCHFP General Directorate would search for another physician who would make a full-time contribution to the MIS effort. Once the team is ready, it will be important to assist the Directorate in establishing an operational M/HIS office that incorporates the MIS team and clerical (data entry/system maintenance) staff.

#### **B. Regional Workshop**

The first workshop for the test region (Izmir, Balıkesir, Manisa, Uşak, Denizli, Muğla, Aydın, and Çanakkale provinces) was held July 23-24 in Izmir (see Annex 5 for workshop agenda). Its purpose was to orient selected staff from provincial health directorates and selected MCHFP and health centers in the test region, and senior staff from the MOH's MCHFP General Directorate in the project and in its relationship to the First Health Project's MIS activities. In so doing, participants were presented with overviews of service statistics and "top-up" commodities logistics (see Annex 6) systems development, and with issues current to the status of these systems in the test region. All provinces were represented by at least 2 people, including several Provincial Health Directors and Deputy Directors; attendance was virtually 100 percent, and participation was enthusiastic.

#### **C. Revisions to Two-Year Work Plan**

The two-year work plan that was drafted during our trip to Ankara in March was revised to improve coordination with commodities logistics efforts and respond to the MCHFP General Directorate's timetable. Essentially 20 activities have been collapsed into 15 by uniting what were separate workshops for management information and commodities logistics. The revised work plan is attached as Annex 2.

#### **D. Local Technical Assistance for the MIS Project**

Progress in securing local technical assistance has been moderated by requests from the new MCHFP General Director to examine options other than UNICOM and other private organizations. Contracting a private university such as Bilkent was recommended by the General Director as a possible alternative. The Directorate is exploring that option now.

The scope of work for the first task order is attached as Annex 3. The scope of work for the second task order has been proposed as a translation of FPMD's *The Family Planning Manager, Using Service Data: Tools for Taking Action* for publication. Some minor revisions to fit the family planning program in Turkey will be needed prior to distributing in the test region. A translation of the *Manager's* new issue on contraceptives logistics may also be of value as a beginning to updating the logistics manual.

#### E. Assessment of Data in Izmir Province

We were accompanied by Dr. Handan Topçuoğlu to Izmir province for two days to become acquainted with staff, prepare for the workshop, and assess the status of service and commodities logistics systems. Health and MCHFP centers in Izmir and the provincial health directorate show ample evidence of routine, monthly data collection. However, there is virtually no evidence that data are used at service delivery sites or at the directorate for program management, perhaps with one exception. Data on commodities dispensed is used marginally to issue commodities to health and MCHFP centers. Stock outs of condoms and orals at the Izmir provincial store in May, June, and July, however, ruptured the logistics system.

Attached as Annex 4 is an English translation of the current form used by health and MCHFP centers and hospitals to monitor family planning activities. There is currently no consensus on data definitions at service delivery sites, provincial directorates or at the MOH. Users and visits are confounded rendering the data almost useless, and the commodities dispensed and ending balance data have proven questionable.

The Izmir Health Directorate was most accommodating and clearly interested in expanding and improving family planning services by strengthening data processing efforts. The Izmir Directorate has the human and computer resources to serve the project as the test-region's hub and as a spearhead to expansion of the family planning management information and commodities logistics systems.

#### F. Coordination with World Bank-funded First Health Project

Coordination between projects has been exemplary. The First Health Project's staff recognizes the value of developing the MCHFP General Directorate's family planning service statistics and commodities logistics systems as a case study for M/HIS development under their project. In fact, Dr. Ersin Topçuoğlu and Dr. Erdem Yazganoğlu of the FHP were principal facilitators of the aforementioned workshop, and Dr. Fatoş Vural of the FHP made a presentation on the project's objectives and activities.

**G. Inspection of Damaged Condom Shipment**

At the request of A.I.D./Washington Mr. Graves inspected two containers of condoms that had been involved in an accident at sea off Piraeus, Greece, where a Lykes Steamship Lines vessel collided with a barge containing oil. This inspection was conducted at the customs yard in Istanbul on July 28. He was accompanied by:

- Mr. Atanur Atar, in charge of port clearing for the MCHFP
- Dr. Murat Api, Physician at Zeynep Kamil Hospital, Istanbul, who acted as interpreter
- Dr. Asuman Karaman, Director, Family Planning, Zeynep Kamil Hospital.

The two containers involved were one 40-foot and one 20-foot. The 40-foot container was opened, and there was no evidence of water or oil penetration or other damage. The interior was clean, dry, and in good order. All agreed that these condoms were in as good condition as any other shipment, and saw no reason to sample and test the condoms. Mr. Atar was instructed to clear this container and move the contents to the Istanbul Regional Warehouse for unrestricted distribution.

Before the 20-foot container was opened, it was observed that the threshold of the container was streaked with black oil, and, upon opening the container, black oil marks were found about 2/3 of the way up the bottom tier of cartons (containing 60 cartons). Although the upper 133 cartons did not appear to be damaged, they seemed to feel damp, and the inner boxes felt soft and damp. Ten cartons were selected at random from the upper 133 cartons and removed, again at random, 2 boxes of 100 condoms were selected from each carton. There were 3 lot numbers in our sample; these were:

202015900	.....	8 boxes of 100 each
202016600	.....	2 boxes
202016700	.....	10 boxes
Total	.....	20 boxes, 2,000 condoms

Mr. Atar was instructed:

- (1) to clear the 20-foot container through customs;
- (2) to remove the contents to the Istanbul Regional Warehouse;
- (3) after reaching the warehouse, to separate the 60 obviously damaged cartons from the rest and to hold them until instructions for their destruction are received from the proper authorities;
- (4) to hold the other 133 cartons pending results of testing. The tests should be completed in less than 6 weeks.

The sample of 20 boxes were transported to Atlanta by Mr. Graves. Upon his reaching Atlanta, a report was submitted to Dr. John Crowley, AID/R&D/POP/CPSD, and the condoms were shipped to Eli Carter, Family Health International, Durham, North Carolina, where they will be tested to determine if they are fit for use. A copy of the report was included with the shipment with a request that the results be sent to the MCHFP General Directorate in Ankara to the attention of Uğur Aytaç, Deputy General Director. Mr. Graves also requested that a copy of the test results be sent to him.

#### **H. Future Activities**

In October 1992, FPMD will develop data analysis procedures, including computer programs, based on the recommended management reporting system, to facilitate installation of LAN at the General Directorate in order to improve MIS reporting capability. Upon request, CDC will assist one or more provinces in the test region in implementing the "Top-up" logistics system in November.

In February-March 1993, FPMD and CDC/FPLM will organize and conduct a 3-day seminar for Central Staff and a 5-day seminar for Provincial Staff in the Test Region in the use of new data analysis procedures for the management reporting and logistics systems including microcomputer training. In addition, CDC/FPLM will organize and conduct a 3-day seminar for senior logistics staff of the MCHFP Directorate in contraceptive forecasting and using contraceptive logistics data for program management.

#### **V. RECOMMENDATIONS**

The MCHFP General Directorate should:

1. Identify and appoint appropriate personnel to staff the MIS Technical Team.
2. Review the Two-Year Work Plan (Annex 2) and make adjustments, as appropriate.
3. Review the Task Order: Scope of Work (Annex 3) and determine appropriate private organizations for these types of tasks.
4. Review the description of the Direct Distribution/Top-Up Logistics System (Annex 6) to determine its appropriateness and make modifications, if indicated.
5. Conduct a national inventory of contraceptive products in preparation for updating the forecast of contraceptive needs in February/March 1993.

**ANNEX 1:  
PERSONS CONTACTED**

## **ANNEX 1 (PERSONS CONTACTED)**

### **U.S. Embassy**

Dr. Pinar Senlet, Health and Population Advisor

### **Mother Child Health Family Planning General Directorate, Ministry of Health**

Prof. Dr. Ayşe Akin Dervişoğlu, General Director

Mr. Ugur Aytaç, Deputy General Director

Mr. Mehmet Çatana, Deputy General Director

Dr. Handan Topçuoğlu, physician

Dr. Kemal Hoşgeçin, public health specialist

### **Ministry of Health Project Coordinating Unit**

Dr. Fatoş Vural, MIS Component, First Health Project

Dr. Ersin Topçuoğlu, MIS Component, First Health Project

Dr. Erdem Yazganoğlu, Hospital Decentralization, First Health Project

Steering Committee for MIS Activities under the World Bank-sponsored First Health Project

Technical Counterpart Committee for MIS Activities under the World Bank-sponsored First Health Project

### **Izmir Provincial Health Directorate, MCHFP Centers and Health Centers**

Dr. Kunter Perim, Director

Dr. Lütfiye Coşkun, Deputy Director

Dr. Meltem Ağzitemiz, Deputy Director

Dr. Çetin Başöz, Medical Officer and MIS Coordinator

Dr. Saadet Yardım, MCHFP Director

Gülşen Tepe, MCHFP

and the physicians and health-care providers at MCHFP centers and health centers in Izmir Province

## **Izmir Workshop Facilitators, Participants and Guests**

**Ayşe Akin Dervişoğlu  
Mehmet Çatana  
Kemal Hoşgeçin  
Fatoş Vural  
Lütfiye Coşkun  
Çetin Başöz  
Gülşen Tepe  
M. Ali Biliker  
Emine Burç  
Sülkrü Fazıl  
Yasemin Yalçın  
Fazıl Balçık  
Suzan Bozkaya  
Nüfil Çetin  
Fatih Algur  
Keriman Göker  
Banu Hasegeli  
Saime Şahan  
Mesude Özsöz  
Kanite Mergen  
Birsan Ergin  
Jack Graves**

**Ugur Aytaç  
Ersin Topçuoğlu  
Erdem Yazğanoglu  
Kunter Perim  
Meltem Ağzitemiz  
Saadet Yardım  
Kadir Sümbüloğlu  
Suphi Bingöl  
Bülent Çelikboya  
İnci Özşölen  
Levent Saraç  
İsmet Nardal  
Nabi Coşkun  
Ahmet Yakincan  
Ender Gönen  
Türkan Karatosun  
Emel Güldemet  
Ayşen Akin  
Atilla Güngör  
Ayşe Özeren  
Akif Anlaşık  
Bob Timmons**

**ANNEX 2:  
TWO-YEAR WORK PLAN**

## **ANNEX 2 (TWO-YEAR WORK PLAN)**

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

#### **General Goal:**

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

#### **Specific Objectives:**

- **To ensure that information is timely, accurate and complete.**
- **To develop capabilities to analyze information in relation to goals, objectives, targets and strategies.**
- **To develop reporting systems supporting management decision-making needs.**
- **To ensure that all contraceptives are always available in all service units.**

**The proposed Management Information and Contraceptive Logistics systems development initiative will be carried out in four phases via the following activities, as described below:**

#### **Activity 1: January - February 1992.**

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

- **Directorate has designated 2 persons as the MIS technical team; however one has left the General Directorate and should be replaced.**

#### **Activity 2: November - March 1992.**

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

- **This activity has been completed, but it should be repeated at the end of 1992.**

Activity 3: 16-18 March 1992.

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

- This activity has been completed.

Activity 4: 19-25 March 1992.

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

- This has been completed, but it should be updated early in 1993.

Activity 5: 19-25 March 1992

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

- The system has been designed, but it should be reviewed for implementation in the test region early in 1993.

Activity 6: July 1992

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

**Resources:**

- FPMD will provide 1 person week of TA. FPMD will finance the contract for computer software/hardware support.
- The General Directorate will provide 2 person weeks of MIS Technical Team support to collaborate with FPMD TA.

### Activity 7: July 1992

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

#### Resources:

- FPMD will provide 2 person weeks of TA.
- CDC/FPLM will provide 1 week of TA.
- The General Directorate will provide 4 person weeks of MIS Technical Team support to collaborate with FPMD and CDC/FPLM TA, and access to existing computer facilities.

### Activity 8: July 1992

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

#### Resources:

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

### Activity 9: October 1992

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

#### Resources:

- FPMD will provide 3 person weeks of TA, including 6 person weeks of local computer programming, software, and LAN installation support.
- The General Directorate will provide 3 person weeks of MIS Technical Team support and access to computer facilities.

#### Activity 10: February-March 1993

Organize and conduct a 3-day seminar for Central Staff and a 5-day seminar for provincial Staff in the Test Region in the use of new data analysis procedures for the management reporting and logistics systems including microcomputer training. Implement the new logistics procedures at central and regional levels, and at provincial and local program levels in the test (Izmir) region.

#### Resources:

- FPMD will provide 3-person weeks of TA and 3-person weeks of local contractor support for training General Directorate and Provincial staff in test regions.
- FPMD will cover travel and seminar costs including lodging, meals for participants and facilitators.
- FPMD will also provide training materials and supplies for these seminars and for provincial training activities conducted by provincial MIS teams.
- FPMD will also provide for local transportation for the provincial MIS teams.
- CDC/FPLM will provide 3 person-weeks of TA
- The General Directorate will provide 6-person weeks of MIS Technical Team support.
- The General Directorate and Provincial Directorates will provide facilities and per diem for the provincial MIS Technical Team and participants.

#### Activity 11: February - March 1993

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

#### Resources:

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

#### Activity 12: August - September 1993

Evaluate the new logistics procedures implementation, make adjustments and revise the Contraceptive Logistics Supply Manual to reflect the changes and evaluate the service statistics data collection and reporting system in the test region and at the General Directorate.

**Resources:**

- CDC/FPLM will provide 3 person weeks of TA.
- FPMD will provide 3 person weeks of TA, and 3 person weeks of local contractor.
- FPMD will cover travel costs, lodging, and meals for MIS Technical Team.
- The General Directorate will provide 8 person weeks of MIS Technical Team support.

**Activity 13: September - October 1993**

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

**Resources:**

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

**Activity 14: September - October 1993**

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

**Resources:**

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

**Activity 15: November 1993**

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

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**ANNEX 3:  
TASK ORDER: SCOPE OF WORK**

### ANNEX 3 (TASK ORDER: SCOPE OF WORK)

#### TASK ORDER #1

1. *Find a working solution for using the two computer systems now available at the MCHFP Directorate.*

Currently at the MCHFP Directorate there are two micro-computer systems in some state of operation. One is a MS-DOS based system operating on a Novell LAN. There are two 286 PCs without hard disks, one in the DG's office and the other in a Deputy Director's office. Each is networked to a 386SX IBM PC2 server in an office where documents are prepared and translation is done. The server is currently used at times by a staff person as is an IBM XT that is a stand-alone station. In addition, the Directorate has a UNIX-based NCR system with 4 dedicated terminals. It is, perhaps, in a state of disrepair.

For the most part, neither system is used to process data valuable to the Directorate's management. Therefore, identify a working solution for using these two computer systems at the MCHFP Directorate to process data and prepare useful reports for technical and senior staff. To do so, read the trip reports and documents made available to familiarize yourself with the project's work plan and issues surrounding it. Work collaboratively with the Directorate's MIS technical team and MIS coordinator to the World Bank health project. Then, prepare your working solution for a convincing presentation to the DG and senior staff, and reach an agreement so that you and the MIS technical team can continue the MIS development effort.

2. *Systematize data processing of service and commodities logistics data to prepare tabular, graphic and text reports appropriate for decision making by senior staff.*

After reaching agreement on configuring the systems and establishing appropriate user stations, identify the data, install suitable software, and enter or make data suitable for analysis. [Remember, your task is not primarily systems development but data processing for decision making.] Again, this process should be conducted jointly by you and the MIS team. The MIS team learning the process is as important as the information produced, and learning the deficiencies in the data, in data collection, and in the system at the Directorate is critical to the exercise.

Reporting commodities logistics information is the first priority, and reporting service statistics the second. At this stage you and the MIS technical team should interact with senior staff to determine the most appropriate presentations of the data. Therefore, we expect a set of reports (e.g., graphic, tabular, text) that are most likely to provide senior staff with the information they need and influence their decision making.

3. *Recommendations.*

You should prepare a final report of your activities under this task order. It should include an analysis for a system configuration working solution, an analysis of data processing issues from data collection at service delivery sites, to data flow, to the status of current information use by senior staff, and, of course, the recommended set of standard reports.

4. *Timing.*

The task order should begin by August 15 and be completed by October 9.

**ANNEX 4:  
FAMILY PLANNING FORM**

TURKISH REPUBLIC  
 MINISTRY OF HEALTH  
 MOTHER-CHILD HEALTHCARE AND FAMILY PLANNING  
 GENERAL MANAGEMENT  
 FORM NO: 102

CITY :  
 YEAR :  
 MONTH :  
 ESTABLISHMENT NAME :

FAMILY PLANNING MONTHLY STUDY FORM

	METHODS APPLIED						ABORTIONS		NUMBER OF PATIENTS WHO HAVE BEEN EXAMINED
	IUD	ORAL CONTRACEPTIVES	CONDOMS	TUBLI-GATION	VASEC-TONY	* T.E.L.	MR	OTHER METHODS	
NUMBER OF USERS									
COMMODITY USED (CONSUMPTION)				/	/	/	/	/	/
COMMODITY LEFT				/	/	/	/	/	/

APPROVED BY:

NAME, SURNAME:

TITLE :

SIGNATURE:

\* T.E.L. TUBIGATION DONE WITH MEDICAL INDICATION.

## INFORMATION ON SENDING AND FILLING OUT THE FORM

THE STEPS TO BE TAKEN FOR FILLING OUT AND SENDING THIS FORM WHICH AIMS GATHERING INFORMATION FROM THE ESTABLISHMENTS SERVING FOR FAMILY PLANNING IN TURKEY; ARE AS FOLLOWS:

1. MOTHER-CHILD HEALTHCARE AND FAMILY PLANNING BRANCH MANAGERMENTS IN THE STRUCTURE OF THE HEALTH MANAGEMENT, ARE TO SEND THESE FORMS OBTAINED FROM THE ESTABLISHMENTS TO THE MINISTRY OF HEALTH. ESTABLISHMENTS SERVING FOR FAMILY PLANNING ARE AS FOLLOWS:

- MOTHER-CHILD HEALTHCARE AND FAMILY PLANNING CENTER,
- LOCAL HEALTH CENTER,
- GOVERNMENT HOSPITAL
- MATERNITY HOSPITAL
- OTHER PUBLIC ESTABLISHMENT HOSPITALS,
- PRIVATE PHYSICIAN,
- PRIVATE HOSPITAL,
- VOLUNTEER ESTABLISHMENTS..

2. HEALTH HOUSES ARE TO DECLARE THE INFORMATION ON FAMILY PLANNING SERVICES TO THE LOCAL HEALTH CENTER.

3. ADDING THE INFORMATION RECEIVED FROM HEALTH HOUSES, LOCAL HEALTH CENTERS ARE TO SEND THEIR MONTHLY REPORTS TO THE MINISTRY OF HEALTH.

4. THESE PRINCIPLES IN CONTRACEPTIVE USAGE;

a) FIRST; A MONTHLY BOX OF ORAL CONTRACEPTIVE WILL BE GIVEN TO APPLICABLE PATIENTS; THEN AT THE END OF THIS PERIOD, PRIOR TO EXAMINATION; A 3 MONTH SUPPLY WILL BE GIVEN AND EXAMINATIONS WILL CONTINUE.

b) 36 CONDOMS ARE TO BE GIVEN TO DEMANDING APPLICANTS TO MEET THEIR 3 MONTHS NEED.

5. IUD INSERTION, WOMEN USING ORAL CONTRACEPTIVES AND PEOPLE RECEIVING CONDOMS ARE TO BE WRITTEN IN THAT MONTH BY THE ESTABLISHMENT IN THE SECTION OF THE METHODS USED.

THE AMOUNT OF THE SUPPLIES USED AND DISTRIBUTED ARE TO BE INDICATED IN THE AMOUNT CONSUMPTED SECTION. IUD AND CONDOMS ARE TO BE INDICATED AS NUMBERS AND ORAL CONTRACEPTIVES AS MONTHLY PACKAGES.

6. IF THE PROCEDURES; THE ESTABLISHMENT USES; ARE SURGICAL METHODS AND ABORTIONS, THEY ARE TO BE INDICATED IN THE RELATED COLUMNS.

7. THE AMOUNT OF ABORTIONS AND TUBIFICATIONS DONE FOR MEDICAL REASONS IN CLINICS BESIDE THE HOSPITALS' AND MATERNITY HOSPITALS' FAMILY PLANNING CLINICS; ARE TO BE INDICATED IN THE RELATED COLUMNS.

8. THE AMOUNT OF PATIENTS APPLYING IN THAT MONTH RELATED TO FAMILY PLANNING SERVICES (EXAMINATION AND CONTROL ETC.) ARE TO BE INDICATED IN THE NUMBER OF "PATIENTS EXAMINED" COLUMN.

FORM A

TEMPORARY ISSUE VOUCHER

DATE ISSUED: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_

ISSUED TO: \_\_\_\_\_ RETURNED TO: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ RETURNED BY: \_\_\_\_\_

ITEM	QUANTITY			
	ISSUED FROM WHSE	COLLECTED	RETURNED TO WHSE	ISSUED

22'



FORM C

RECORD OF CONTRACEPTIVE SUPPLIES

Name of site: \_\_\_\_\_ Person in charge: \_\_\_\_\_

Name of Supervising SDP: \_\_\_\_\_

DATE	NAME OF CONTRACEPTIVE:								SIGNATURE
---									ISSUER
MO/DA	COUNT	DISP.	REC'D	BAL.	COUNT	DISP.	REC'D	BAL.	RECEIVER
/									-----
/									-----
/									-----
/									-----
/									-----
/									-----
/									-----

24

FORM D

GOODS RETURN NOTE

Items fit for use

Items not fit for use

NAME OF LOCATION \_\_\_\_\_ CODE NO. \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_

NAME OF ITEM	QUANTITY COLLECTED	REASON FOR COLLECTION

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**ANNEX 5:  
AGENDA OF THE WORKSHOP**

**JUNE, 23-24 1992 İZMİR WORKSHOP AGENDA**

**23.7.1992**

**09:30 - 09:45 OPENING CEREMONY**

**09:45 - 10:15 INTRODUCTION (MCH/FP-WB PROJECTS)**

**10:15 - 10:30 COFFEE BREAK**

**10:30 - 11:10 MIS OVERVIEW**

**11:10 - 11:30 DISCUSSION**

**11:30 - 12:00 HEALTH INDICATORS OVERVIEW**

**12:00 - 12:15 DISCUSSION**

**12:15 - 13:30 LUNCH**

**13:30 - 15:00 LOGISTICS OVERVIEW**

**15:00 - 15:15 COFFEE BREAK**

**15:15 - 15:45 GROUP EXERCISES (PROBLEM IDENTIFICATION)**

**15:45 - 16:30 GROUP PRESENTATIONS AND DISCUSSION**

**24.7.1992**

**09:00 - 09:15 REVIEW OF THE ISSUES**

**09:15 - 10:00 SERVICE/LOGISTICS DATA DEFINITIONS**

**10:00 - 10:15 COFFEE BREAK**

**10:15 - 12:15 GROUP EXERCISES (SERVICE DATA/LOGISTICS)**

**12:15 - 13:30 LUNCH**

**13:30 - 14:30 GROUP PRESENTATIONS**

**14:30 - 15:30 DETAILED DISCUSSION OF THE WORKPLAN**

**15:30 - 15:45 COFFEE BREAK**

**15:45 - 16:00 FINAL ISSUE DISCUSSION**

**ANNEX 6:  
TOP-UP LOGISTICS SYSTEM**

## **ANNEX 6 (TOP-UP LOGISTICS SYSTEM)**

### **The Direct Distribution/Top-Up Contraceptive Logistics System Turkey - Mother Child Health Family Planning (MCHFP)**

In this proposed Direct Distribution/Top-Up Program (DDP), contraceptives are distributed by having staff, called DDP Technicians, of the provincial store (PS) visit the major service delivery points (SDPs) at regular intervals with stocks of the items to be distributed. An SDP is any location from which contraceptives are dispensed to users. In some instances, however, there are health centers or MCH centers which serve as SDPs and supervise health houses (HH), mobile units, and/or community based distribution points. The HHs are served by supervisory staff of the SDP and not by the DDP Technicians. In these cases, supervising SDPs operate top-up systems which should be designed to make deliveries monthly during routine supervisory visits.

The DDP requires that the MCHFP Program establish a minimum or safety stock level and the frequency of resupply. The recommended safety stock should be 1 month's supply with monthly resupply for HHs and 2 months' supply with quarterly resupply for SDPs. The delivery schedules should be established so that each HH is visited once a month and SDPs are visited one time every three months on a regular basis. During the visit, stock levels should be adjusted (topped-up) to the maximum level which should be safety stock plus resupply interval, or 2 months' supply for HHs and 5 months' supply for SDPs.

The first visits to the SDPs and HHs will be more complex than subsequent visits, because the system must be established and the stock levels must be adjusted. If possible, the supervising SDPs should set up the top-up system in the HHs before the first visits from the DDP Technicians begin.

#### **Serving Health Houses (HH)**

Before departure from the SDP, the supervisor should estimate the quantities of each item that constitute 2 months' supply for the HHs to be visited, i.e., the quantities that, under normal circumstances, would be expected to be dispensed to users or otherwise used by the HHs in 2 months. In some instances, when special programs have been (or will be) implemented in an effort to increase demand for one or more products, more than 2 months' supply will be needed.

The quantities chosen should be checked out of the store of the SDP and a Temporary Issue Voucher (Form A) should be prepared by listing the quantities of each item in the "ISSUED FROM WHSE" column; this voucher should be signed by the persons issuing and receiving the items. Two copies should be prepared; the original should be retained by the SDP storekeeper, and the duplicate should be given to the supervisor. Supervisors will take the contraceptives and copies of Form C (which will be described later) on their supervisory visits to the HH.

After explaining the purpose of the visit to the person in charge, the supervisor's first activity upon arrival at the HH should be to collect all contraceptives in one place and examine them for fitness for use. If any contraceptives are found to be expired, damaged, or otherwise unfit for use, they should be separated from those that are in acceptable condition, and both groups should be counted. A list of the unfit contraceptives should be made, and they should be packaged for return to the SDP. The next activity should be to compute the average monthly consumption (AMC) for the contraceptives dispensed from the HH, using one of the following methods:

1. Adding together the quantities dispensed over the last 6 months and dividing by 6.
2. If quantities dispensed are not known, adding the quantity on hand 6 months ago to the quantities received during the 6-month period, subtracting the quantities lost, transferred, and/or returned during the 6-month period, subtracting the quantities currently on hand, and dividing the result by 6. When using this method, any item that was out of stock during the period should be considered, and the resulting calculation should be adjusted so that the quantities are representative of true demand.
3. If no records exist, accepting the estimate of the person in charge of family planning at the HH.<sup>1</sup>

After determining the AMC for each contraceptive, multiply the results by 2; this will be the maximum stock level. Count the stocks that are fit for use, and, if the stock is less than the maximum level, deliver enough to bring the stock level to maximum; if the stock is more than the maximum, remove the excess.

The last activity should be to set up the contraceptive accounting system at the HH. For HHs, this is Form C. This form should be completed in duplicate; one copy should be maintained at the HH and the other should be kept with logistics files at the SDP except when the supervisor visits the HH.

To set up Form C, enter the names of the HH, the person in charge of the HH, and the supervising SDP at the top. Then enter the year in the first space under "DATE," and the names of the contraceptives dispensed from this HH in the spaces under "NAME OF CONTRACEPTIVE"; each form will accommodate 2 contraceptives. Enter the month and day under "MO/DA" in the "DATE" column. Enter the number of contraceptives counted in the first cell under "COUNT," leave "DISP." (dispensed to users) blank. All entries should be in units, not cartons, boxes, or packages, because items to be received in the future may be packaged differently:

Next, enter the quantity of each contraceptive issued to the HH during this visit under

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<sup>1</sup>When the Top-Up system has been in use for 6 months, this method will not be accepted.

**"REC'D."** If contraceptives are withdrawn because of overstock, enter the number withdrawn with a circle around the number (the circle signifies that the number is negative; in this case withdrawn instead of received). If contraceptives are withdrawn because of expiration, damage, etc., draw a diagonal line across the cell and enter the number issued above the line and the number withdrawn with a circle around it below the line.

Enter the quantity on hand at the end of the visit under **"BAL."** (balance on hand). The persons issuing and receiving the contraceptives should sign in the column under **"SIGNATURE."**

On subsequent visits, the supervisor should:

- enter the month and day;
- count the contraceptives on hand and enter the quantity in the **"COUNT"** column;
- subtract the count from the last entry in the **"BAL."** column, and enter the results in the **"DISP."** column (if this quantity is substantially different from the AMC, the AMC should be recalculated);
- multiply the AMC by 2 (maximum stock level for HHs); and
- subtract the count from the result. This is the quantity to be issued to the HH and recorded in the **"REC'D"** column. This assumes that there have been no losses through theft, damage, etc. If there have been losses, draw a diagonal line across the **"DISP."** cell, and enter the quantity dispensed above the line and the quantity lost below the line.

The issuer and receiver should sign at the end of the line, as instructed above.

Upon the supervisor's return from HH visits to the SDP, the Temporary Issue Voucher (Form A) should be completed. The contraceptives brought back by the supervisor should be counted and the quantities entered in the **"RETURNED TO WHSE"** column of the Temporary Issue Voucher. Any quantities taken from HHs will be entered in the **"COLLECTED"** column. Add the quantities collected from HHs to the quantities originally issued to the supervisor and subtract the quantities brought back by the supervisor. The results should be the quantities issued to HHs; enter this quantity in the **"ISSUED"** column. When the accounting has been completed, the Temporary Issue Voucher should be signed by the SDP storekeeper and the completed forms should be returned to the storeroom. The supervisor who made the deliveries should retain a signed copy of the completed Temporary Issue Voucher to show that s/he has been cleared of responsibility for the goods. If any unfit-for-use goods are returned, they should be held to be collected by the DDP Technician on the next visit. The remaining contraceptives should be returned to the storeroom, and the supervisor's copies of Forms C should be filed with other logistics documents.

## **Service Delivery Points**

Contraceptives should be delivered to SDPs by the DDP Technicians every three months. Before departure from the PS, the DDP Technician should estimate the quantities of each item that constitute 4 months' supply for the SDPs to be visited, i.e., the quantities that, under normal circumstances, would be expected to be dispensed to users or otherwise used by the SDPs in 4 months. In some instances, when special programs have been (or will be) implemented in an effort to increase demand for one or more products, more than 4 months' supply will be needed. A Temporary Issue Voucher should be used in a similar manner as instructed above for HH visits.

Books of Issue Vouchers (IVs, Form B) will be used in documenting the transactions. These books of IVs are retained by the PS except when deliveries are being made. All entries should be in units, not cartons, boxes, or packages, because items to be received in the future may be packaged differently. Also, the items are dispensed in units, and using other accounting quantities causes confusion.

Upon reaching the SDP, the purpose of the visit should be explained to the person in charge. Then, the stocks of each contraceptive should be collected, counted, and examined with attention being paid to the condition and age of the items; this includes any quantities that might have been returned from HHs. The names of the contraceptives are then listed in the "ITEM" column of Form B by brand name, and the quantities that were on hand at the end of the last visit are entered in the "BEG. BAL." (beginning balance) column. If this is the first visit, this column can be left blank.

Next, the quantities used or dispensed to users during the last three months are recorded in the "USED" column of Form B. Then the average monthly consumption (AMC) of each item should be calculated or estimated using one of the methods described above. The AMC of each item should be entered in the "AMC" column of Form B.

Next, items not fit for use, if any, are separated from items fit for use and counted; these quantities are entered in the "ADJ." (adjustments) column.<sup>2</sup>

The "TEMP. BAL" (temporary balance) should be calculated by subtracting the amount in the "USED" column from the beginning balance, or, if this is the first visit, by counting the items. In any event, it should be the same as the number of contraceptives on hand and in usable condition at the beginning of the visit.

The AMC for each contraceptive should be multiplied by 5, and the "TEMP. BAL." should

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<sup>2</sup>These items are also listed on a "Goods Return Note"; this form is prepared in 3 copies and signed by the responsible person in the SDP and the person collecting the goods. One copy is retained at the SDP; one is packaged with the goods, and the original is collected by the DDP Technician. "Items Not Fit For Use" is written across the top of the form. The items are packaged and loaded onto the vehicle for return to the PS for ultimate destruction. Also, the package is marked with the name of the SDP, date, and "Not fit for use - to be destroyed."

be subtracted from the result. Where the result of this calculation is positive, it should be entered in the "REC'D" (quantities of contraceptives received by the SDP from the DDP Technician) column. When practical, the quantities required are rounded up to package quantities to determine the quantities actually supplied. Remove these quantities to be issued from the vehicle and place them in the store of the SDP being careful to place the oldest stock in front or on top of the newest stock so the oldest will be used first. If the total of items fit for use for any item on hand is greater than 5 times the AMC, the quantity to be returned to the CS should be entered in the "REC'D" column with a circle around the number.<sup>3</sup> There may be instances when it is not desirable to return the surplus. Some examples: if the quantity in question is less than 10 months' supply, if the item is not in short supply, and if the SDP has ample storage room and the items are not likely to expire before they can be used.

If the stock on hand at the beginning of the visit is less than 5 months' supply, add the quantities in the "TEMP. BAL." column to the quantities in the "REC'D" column and enter the results in the "END. BAL." column. If the stocks on hand are more than 5 months' supply, subtract the quantity to be returned from the stock on hand, and enter the result in the "END. BAL." column. Finally, the form should be signed by the person who received the goods and the person who delivered them. The quantities listed in the "END. BAL." column should be the quantities on hand at the SDP when the DDP Technician is ready for departure.

Form B should be prepared in an original and 3 copies should be distributed as follows:

1. The original to the PS.
2. The first copy to the MCHFP Central office.
3. The second copy to the SDP.
4. The third copy to the Officer-in-charge of the Office responsible for supervising SDPs in this area.

As the DDP Technician makes his initial rounds, he will repeat the above process at every SDP visited. If any goods in fit-for-use condition have been collected and they are older than the stock taken from the PS, they should be issued to other SDPs before issuing stock taken from the PS.

Upon returning to the PS, the goods remaining in the vehicle will be counted and the quantities entered in the "RETURNED TO WHSE" column of the Temporary Issue Voucher (Form A). Any quantities taken from SDPs will be entered in the "COLLECTED" column (this information is taken from the Goods Returned Notes, Form D). Add the quantities collected to the quantities originally issued and subtract the quantities of goods remaining on the vehicle. The results should be entered in the "ISSUED" column (the quantities issued to SDPs is taken from the Issue Vouchers). When the accounting has been completed, the

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<sup>3</sup>If items are to be returned to the CS, a Goods Return Note is required. "Items fit for use" should be written at the top of the form.

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Temporary Issue Voucher should be signed by the PS storekeeper, and the completed forms and the remaining goods should be returned to the PS. The DDP Technician should retain a signed copy of the completed Temporary Issue Voucher to show that s/he has been cleared of responsibility for the goods. If any unfit-for-use goods are returned, they should be disposed of as quickly as possible.

Information from the forms should be entered in the PS management information system (MIS) for recording, analysis, and reporting. After the system has been in operation for 6 months, all information needed to operate the system should be available from the MIS. Also, the need to return, destroy, or transfer goods will be minimized.

## **Job Description for Direct Distribution Program Technician**

The Provincial Health Directorate should appoint Direct Distribution Program (DDP) Technician(s) to resupply the program's service delivery points (SDPs) with the appropriate amount of contraceptive commodities through the Direct Distribution/Top-Up contraceptive logistics system. The DDP Technician will be supervised by the Provincial Logistics Manager, and will work with the supervisors at the SDPs. The DDP Technician must have mathematical skills and be able to exercise good judgment when faced with different conditions and situations in the field.

The duties of this position include:

- a) On a pre-established scheduled known to all SDPs, a DDP Technician will visit each SDP every three months. The DDP Technician will visit \_\_\_\_ SDPs per day on average. Before leaving the PS, the DDP Technician will calculate the amount of contraceptive commodities needed for the next four months by each of the SDPs to be visited that day (the extra month's supply is in case of increased demand), and enter the total amounts on the Temporary Issue Voucher.
- b) Upon reaching each SDP, the DDP Technician will collect, count, and examine all the contraceptive stocks to see whether any have expired or are otherwise unfit for use. This includes any commodities that may have been returned by field sites. Items not fit for use are separated and returned to the PS to be destroyed.
- c) By counting the number of units of each commodity on hand, the DDP Technician calculates the amount dispensed in the past three months and consults the records to calculate the average monthly consumption (AMC) for the past six months. The DDP Technician then multiplies the AMC by five and subtracts the stock on hand to determine what quantity of contraceptive commodities to deliver (or retrieve, if the SDP is overstocked).
- d) The DDP Technician should exercise judgment in determining the amount of contraceptives to deliver. The top-up system rules should be regarded as guidelines, and adjustments can be made if calculated quantities do not exactly match the amount issued, particularly if SDPs anticipate increased demand, if the SDP is overstocked by only a small amount, etc.
- e) The DDP Technician should employ the "First To Expire, First Out" system and place the oldest stock in the SDP in front or on top of the newest stock so the oldest will be used first.
- f) The DDP Technician will fully and correctly fill out the Issue Voucher at each SDP and the Temporary Issue Voucher before and after each delivery trip. The DDP Technician will submit the Issue Vouchers and a copy of the Temporary Issue Voucher to the Logistics Manager and retain a signed copy of the Temporary Issue

**Voucher to show that s/he has been cleared of responsibility for the goods. Goods Return Notes will be completed when appropriate.**

- g) When not travelling on delivery trips, the DDP Technician will assist in maintaining the Provincial Store, i.e. help to maintain stocks in First To Expire, First Out order, assist with receiving supplies, and possibly assist in maintaining the records of the warehouse.**