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Turkey

FOREIGN TRIP REPORT

April 19 - May 20, 1993

Paul Auxila, MIS Program Director

**Management Sciences for Health
Family Planning Management Development Project**

**Jack L. Graves, M.P.H., Program Analyst
Mary Schauer, Public Health Advisor**

**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION
AND HEALTH PROMOTION
DIVISION OF REPRODUCTIVE HEALTH**

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I. Summary

The Family Planning Management Development Project (FPMD) of Management Sciences for Health (MSH) and Centers for Disease Control, Family Planning Logistics Management Project (CDC/FPLM) provided technical assistance to the Maternal Child Health and Family Planning General Directorate (MCH-FP) of the Ministry of Health (MOH) in training a team which will provide training to five pilot provinces in a new service statistics Management Information System (MIS) and a new Direct Distribution Top-Up Contraceptive Logistics System.

The Logistics/MIS (LMIS) team from the MCH-FP was trained in logistics and MIS concepts and their application in the new systems to be implemented. The choices for pilot provinces were revised with five selected and orientation sessions conducted in three. The team was also trained in the MIS software, and standard reports to be incorporated into the final system were developed cooperatively.

Site visits were conducted at the central and provincial levels and meetings were held with representatives of the MCH-FP General Directorate, MCH-FP Centers, Health Centers as well as representatives of the Finance/Admin General Directorate to determine how the change in procedures will be coordinated and to identify potential problems with the new system. Customs clearance procedures were also discussed.

A short term forecast for contraceptive requirements necessary over the next three years was done for MCH-FP and the Social Security (SSK) programs. These figures were cooperatively discussed and growth figures agreed upon.

A workplan of activities that must be completed prior to an implementation workshop to be held in the fall was completed. This workshop will train staff in the provinces on how to implement and use the new systems. Detailed training for the teams involved in the top-up system management and delivery and the MIS data entry and report functions will also be provided. Tentative dates for these workshops to be held in Izmir for Izmir, Manisa and Aydin provinces and in Ankara for Ankara and Kirikkale provinces were set for the 2nd and 3rd week of September in anticipation of Top-Up deliveries and the use of the new MIS software beginning October 1.

II. Places, Dates and Purpose of Travel:

Paul Auxila, Management Information Program Director of Management Sciences for Health acting as consultant for the Family Planning Management Development Project (FPMD), Jack Graves, Program Analyst and Mary Schauer, Public Health Advisor, both in the Division of Reproductive Health of the Centers for Disease Control and Prevention, Atlanta, Georgia travelled to Turkey in April and May: Mr. Auxila from April 19 - May 8, Ms. Schauer from April 15 - May 14 and Mr. Graves from April 15 - May 27. During this time period Mr. Graves was involved with this project for a limited amount of time as his primary role was to serve as a team member on a United Nations Population Fund (UNFPA) assessment team for which a separate report is available.

The objectives for this visit were:

- * To organize a mini-workshop on information systems and commodities logistics systems for the appointed Ministry of Health (MOH) Logistics and MIS (LMIS) team.
- * To test the computerized system for processing data collected on family planning services and commodities dispensed at the MCHFP and health center level.
- * To conduct the initial training of the LMIS team and selected staff in the use of the computerized system.
- * To conduct an in-depth review of the field (commodities and services) data collection and flow. The objective of this review was to identify and articulate the issues/problems related to quality of data collected and reported from the field level.
- * To work with the LMIS team to identify commodities and services information requirements and develop prototypes of reports to be produced by the system (commodities and services).
- * To plan for implementation of both the top-up direct distribution system and the computerized MIS in designated pilot provinces.
- * To train the LMIS team to prepare a 3-year forecast of contraceptive commodities requirements and prepare contraceptive procurement tables (CPTs) for the MCH-FP and to prepare forecasts for the MCH-FP and SSK programs.

III. Primary Contacts

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, LMIS Team
Supervisor

Mr. Uğur Aytaç, Deputy General Director, LMIS Team
Supervisor

Dr. Mehmet Ali Biliker, Deputy General Director

Mr. Munip Ustundag, Deputy General Director

Dr. Kemal Hoşgeçin, LMIS Team Member

Dr. İbrahim Açıkalın, LMIS Team Member

Dr. Ufuk Miski, LMIS Team Member

Mr. Erdoğan Kiraz, Customs Clearance

Finance and Administration Section, Ministry of Health

Mr. İsmail Kursun, Deputy Chief

Ankara City Health Directorate, MCHFP Centers and Health Centers

Dr. Ali Koç, Director

Dr. M. Ali Özbek, Deputy Director

Dr. Mustafa Ağca, Medical Officer

Dr. Handan Bilgiç, Medical Officer

Dr. Sera Inomoğlu

Dr. Gülent Denisker

Dr. Olean Demiral

Dr. Nilgün Koler

Dr. Mehmet Ali Özbek

Dr. Needet Birgen

Izmir Provincial Health Directorate, MCHFP Centers and Health Centers

Dr. Meltem Ağzitemiz, Deputy Director
Dr. Çetin Aşöz, Medical Officer and MIS Coordinator
Mr. Nüfil Çetin, Regional Depot Director
Dr. Üzeyir Kırca, Director Maternity Hospital
Dr. Saardet Yardım, MCHFP Div Director
Dr. Neşe Zeren Nohuteu
Dr. Nibat Özsey
Mr. Yikset Hemsne Özalink
Mr. Ali Gündüğüdu
Dr. Gülsen Tepe
Ms. Deniz Birici
Mr. Teoman Can
Mr. Nilgün Artus
Dr. Muharrem Çetin
Dr. Gunay Eldem
Dr. Nihat Sözsoy
Mr. Samim Sökmen

Manissa Provincial Health Directorate, Health Centers and Health Houses

Dr. A. Ismet Nardal, Provincial Health Director
Dr. Suzan Çelik, Head MCHFP
Mr. Necdet Taşkın
Mr. Sinay Türk
Dr. Douut Genç
Ms. Nazmiye Güzel
Mr. Mehmet Emrn Parnaksiz
Ms. Ebe Fatma Kulgi, Nurse-Midwife

Translation and Assistance

Mr. Abdullah Kasapçı, LMIS Team Associate

Note: Our team would like to thank the many staff people (both named and unnamed) of the central MCH-FP office, provincial health offices, MCH-FP Health Centers, Maternity Centers, hospitals and warehouses for their assistance and warm hospitality during our stay in Turkey. Special thanks as well to our translator who facilitated communication and comprehension for us all.

IV. Background

This visit was part of an ongoing project in association with the MCH-FP General Directorate to develop an improved contraceptive logistics system and an integrated Family Planning Services 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 MCH-FP General Directorate.

V. Activities

A. Schedule of Activities (See Annex 1)

Note on Annexes: The annexes attached to this report include documents prepared during the course of the visit detailing work done at the time as well as descriptions of future work

B. Planning and Informational Meetings

Planning and informational meetings were held involving MCH-FP staff and included introduction of new team members, reviewing and revising previous workplan, setting up a plan of activities for this visit, and discussing the issues involved in implementing the proposed systems for MIS and Logistics. Informational meetings were held with the Finance/Administrative section in order to clarify the cooperative role they play in the distribution of contraceptive commodities and with a staff member involved in customs clearance to gain a better understanding of that process. (See Annex 2 for selected meeting outline.) Further meetings included developing a provincial preparation checklist and a summer workplan. (See Annexes 3 and 4)

C. Field Visits

Field visits were conducted in order to review and assess the data collection system and the flow of contraceptives including months of supply in health facilities, ordering procedures, record keeping, and staff perceptions of difficulties and problems. Recommendations on how the field procedures can be improved to enhance the quality and reliability of the data will be included in the final system design and in the workshops for system implementation.

D. LMIS team training

A needs assessment was verbally conducted with the LMIS team to determine baseline skills and appropriate curricula. Training was then conducted on basic logistics and MIS concepts, the proposed direct distribution top-up system including form completion, calculating quantities and scheduling, and the new service statistics software. Feedback was provided during to the team during field visits and their presentations to provincial staff. (See Annex 5 for selected session notes.)

A key output of this project will be the ability of our counterparts to more effectively use management information in their decision making process. During the LMIS team training sessions, particular emphasis was given to the potential use of the logistics and services information that will be provided by the systems to be implemented. During the LMIS team training sessions, particular emphasis was given to the potential use of the logistics and services information that will be provided by the systems to be implemented.

E. Orientation Presentations to Provincial Staff

The LMIS team conducted three orientation sessions in Izmir, Manissa and Ankara provinces. The purpose of these sessions was to stimulate interest and gain agreement from provincial staff to participate in the pilot project. It was also to gather information from the provincial perspective of potential problem areas. (See annex 6 for presentation outline)

F. Review and Revision of Service Statistics Computer Program and Top-Up Data Collection Forms

The data collection forms for the Top-Up system were examined, revised and translated for use in the Turkish system. (See Annex 7 for translated forms.) The current version of the Service Statistics program was evaluated and recommendations for corrections and improvements given.

G. Contraceptive Needs Forecast

After the training on logistics and MIS was completed, Mr. Graves worked with Dr. Hoşgeçin to produce a forecast of contraceptive needs for the MCH-FP Program for 1993-1995. The basic data used were:

- the results of a national inventory of central, regional, and provincial stores for December 31, 1992, compiled by Dr. Miski;
- logistics records of shipments received at the central store and shipped from the central and regional stores to the Provincial Health Directorates over the past five years;
- service statistics of reported visits to program outlets for family planning services over the past five years;
- previous forecasts;
- data collected during most current field visits
- a review of program plans for the next few years.

No data were available for quantities dispensed to users. The data show that the program has shown significant growth over the past five years, except for 1991 when much of the MOH's resources were mobilized for Kurdish refugees from Iraq during the Gulf War (See Annex B, Table 1 and Figures 1 and 2). The growth is reflected in both contraceptives shipped and client visits. It was found that the trends in issuing contraceptives to Provincial General Health Directorates showed annual increases of 12% for IUDs, 7% for oral contraceptives, and 5% for condoms over the past five years. The method mix shows changes over the past three years with visits for oral contraceptives increasing, those for condoms decreasing, and IUDs remaining about the same. Visits for voluntary surgical contraception are growing rapidly, although, at present, they are small in number.

Assuming that these figures were a fair estimate of contraceptive usage, they were applied to the quantities issued in 1992 to predict usage for 1993-1995. The forecast quantities are:

Year	IUDs	Orals	Condoms
1993	436,000	1,565,000	14,183,000
1994	488,000	1,675,000	14,895,000
1995	547,000	1,790,000	15,637,000

Also, the forecast for SSK for 1993-1995 was updated. The forecast was based primarily on the expected expansion to additional outlets in the next two years. Data were available for quantities dispensed to users for 1992 and the first quarter of 1993. The quantities are:

Year	IUDs	Orals	Condoms
1993	25,500	22,000	265,000
1994	37,500	38,000	384,000
1995	42,000	44,000	435,000

VI. Findings/Conclusions/Recommendations

A. LMIS Technical Team at the MCHFP General Directorate

A prerequisite to implementing the previous workplan for developing the MIS and contraceptive logistics system was the creation of a technical team in the MCHFP General Directorate. The team now consists of three physicians with varying expertise in logistics, training, computer skills, management information systems, rural health, and family planning. All are members of the Central Training Team of the General Directorate. The team is referred to as the LMIS team in this document.

This team has performed extremely well. Good working relationships were established among all team members and a strong group spirit which contributed to the level of accomplishment during the visit. An ambitious four week workplan was set up and implemented with all staff providing expertise and demonstrating technical

competence. Their performance as main speakers and facilitators was excellent during the project orientation meetings on Logistics and MIS in Izmir, Ankara and Manisa. Retaining this team with the same members on all sides is crucial to the success of this project. This was discussed in debriefings with Professor-Doctor Dervişoğlu and Mr. Aytaç and all parties (MCH-FP General Directorate, CDC and MSH) agreed that it is essential that their composition not be altered.

The LMIS team was trained in basic logistics and MIS concepts and demonstrated that knowledge through their orientation presentations at the provincial level. Training in specific operational aspects of the top-up direct distribution system and the service statistics software package also took place. All staff demonstrated competence and understanding of both of these systems. It is felt that they will be adequately prepared to act as principal trainers for the implementation workshops to be held in September.

During the LMIS team training sessions, particular emphasis was given to the potential use of the logistics and services information that will be provided by the systems to be implemented. Additional discussions and exercises on this topic will be included in the implementation workshop to be held this fall.

B. Current Logistics and Management Information Systems

The current logistics system (see Annex 9) has not functioned very well. There have been problems with stockouts and imbalance of stocks (i.e., clinics with a two week supply of IUDs and a two year supply of pills.) The ordering system creates a large burden for the central MCH-FP who must authorize all provincial shipments for 76 provinces. The proposed top-up distribution system would alleviate this burden and provide a constant supply of contraceptives if implemented at all levels.

In some instances stock is being counted by carton and box. The problems with this method were demonstrated by boxes of IUDs on the shelf, some in quantities of twenty and some twenty-five. Clearly there is not an accurate count of those contraceptives counted by box. Manufacturers may change the way they package contraceptives without notice. Keeping records by

individual IUD, condom and individual blister pack of pills improves accuracy of accounting.

Although a large quantity of data is being collected, the volume being processed at the central level makes it very difficult to keep current. Data from eight months before was the most up-to-date available. As a result this makes it difficult to use the data for decision making that can improve management. Providing the service statistics package at the provincial level will assist provinces in doing initial analysis and data entry and allow summary data to go to the central level. This would allow for timely feedback for provinces and health institutions. It will be possible to compare this data with the top-up system data to ensure appropriate supplies are being sent to all health institutions. Definitions such as new users and which visits are included in the total (TOPLAM) column on the family planning data form 102 were inconsistent from place to place. These and other issues related to the quality and use of data will be addressed in the implementation workshop.

C. Coordination between Administration/Finance and the MCH-FP General Directorates

In the course of planning meetings, it became clear that close cooperation and coordination between the Administrative/Finance and the MCH-FP General Directorates would be crucial to the success of this operation both at the central and provincial levels. The MCH-FP provides authorization for shipments designating quantity and destination and the Administrative/Finance staff has responsibility for implementing the orders authorized. It is recommended that a representative of Administration/Finance be included in the fall workshop and participate in implementation meetings at both the central and provincial levels. It is recognized that commitments to quarterly deliveries from the Central Warehouse right through the system are necessary for the Top-Up system to be implemented throughout the country.

D. Designation of 5 pilot provinces

It was determined that for purposes of training and supervision in the new system, it would be best to target five provinces that were accessible from Izmir and Ankara. The provinces selected in the planning meetings were Ankara, Kirikkale, Izmir, Manisa and Aydin. It is recognized that these areas represent

some of the issues involved in both urban and rural supply distribution. The emphasis on a successful pilot implementation also makes it crucial to provide adequate technical assistance and support during this period.

- E. Designation of current computer time for MIS activities/Exploration for procuring other computer(s).

It is crucial to the success of this project that the LMIS team have adequate access to the computer room and the computer where the service statistics package was installed. When this project was originally negotiated computer purchase was not a part of it. It is not likely at this time that it will be possible to change the terms and provide computer resources, but it will be explored. The MCH-FP should explore other avenues of obtaining more computer resources as well.

- F. Pilot Implementation of Top-Up System

It was agreed to initiate the top-up system (see Annex 7) from the provincial depot level to the health institutions in the five pilot provinces. An adequate supply of contraceptives must be guaranteed for the provincial depot from the regional and main depots even if special supply trips are necessary. It will be necessary for Provincial Health Directors or their delegates to appoint a responsible person who will be a part of the delivery team and determine average monthly consumption, maximum stock levels and the amount of stock to be left in the clinic during the delivery trip. These people will receive special training at the implementation workshop in the fall as a part of the implementation team.

- G. Customs Clearance

It was indicated that customs clearance was not a major issue for contraceptive supplies. An office now exists specifically for donated goods such as contraceptive commodities in the Ministry of Finance and Customs which facilitates clearance. The change from Matrix to Panalpina as the shipper had not been communicated to MCH-FP staff involved in customs clearance. A request was made which has been passed on to Panalpina via Lolo Cailloux at JSI that an original signed, sealed copy of the invoice coming directly to MCH-FP would facilitate clearance procedures.

VII. Future Activities

A. Implementation Strategy

The LMIS team will act as trainers in consultation with CDC/MSH staff to facilitate the development of provincial implementation plans at regional workshops to be held in the fall. (See Annex 11 for training activities and justification). Tentative dates discussed were the second and third weeks of September with curricula adjustment taking place in the week prior. At these meetings, participants should include delivery team members, data entry and analysis staff as well as managers who will be making decisions using data collected. A representative of a health house and a health center should be present to ensure that plans developed meet their needs. Specific instruction for delivery teams, data entry staff and managers will be offered at these workshops as well.

Curricula development as well as strategies and methodologies for the various groups will take place as a joint activity between CDC/MSH and the LMIS team over the summer through fax and in the week preceding the workshop. (See Annex 10 for workshop goals and objectives)

Following these workshops, implementation of the new plan should take place within a few weeks. Technical assistance during the implementation phase will be provided by the MCH-FP LMIS team with fax consultation available from CDC/MSH staff.

B. Evaluation and Monitoring of System Use

This will be an ongoing process implemented by MCH-FP staff with consultation from CDC/MSH. Future consultative visits will include auditing forms for accuracy and completeness, evaluating the system, and making adjustments when needed.

C. Incorporation of the logistics computerized module

Once the top-up system is up and running using the new forms manually, a computerized module will be added to analyze this information at the provincial and central levels.

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Schedule of Activities

Mon 19-4 Introductory meeting, MSH/CDC Consultant team, Deputy General Director, LMIS team

Tue 20-4 Planning meeting, MSH/CDC Consultant team, Deputy General Director, LMIS team

Wed 21/22-4 Field Visits: Ankara, MSH/CDC consultant team, Dr. Miski

Fri 23-4 National Holiday; MIS/Logistics Workshop Preparation: MSH/CDC consultation team

Sat 24-4 Preparation of Software/other training materials/interview with translator; MSH/CDC consultant team, Translator

Mon 26-4 Software training for test of service statistics data processing, LMIS team, MSH/CDC consultant team

Tue 27-4 MCH-FP meeting, LMIS team, Deputy General Director

Wed 28-4 MIS/Logistics training: LMIS team, MSH/CDC consultant team

Thurs 29-4 MIS/Logistics training : LMIS team, MSH/CDC consultant team

Fri 30-4 MIS/Logistics training; preparation for field visits; LMIS team, MSH/CDC consultant team

Sat 1-5 Depart for Izmir (See agenda following.)

Mon 3-5 Izmir Field Visits: LMIS team, MSH/CDC consultant team, Provincial staff

Tue 4-5 Izmir/Manisa Field Visits: LMIS team, MSH/CDC consultant team, Provincial staff

Wed 5-5 Demonstration of software system Izmir; develop workplan for following week; write up issues, MSH/CDC consultant team

Thurs 6-5 Debriefing, LMIS team, General Director, CDC/MSH consultant team

Work Schedule (Continued: End Week 3,4 and 5)

- Fri May 7: Computer Instruction and Review of MIS Software: Installation, data entry and reports; Dr. Miski, CDC Consultant
- Preparation of preliminary report on field activities; CDC consultant
- Sat May 8: Work with translator for translation of Top-Up Instructions; CDC consultant, Translator
- Sun May 9: Work with translator for translation of project orientation and implementation needs document; CDC consultant, Translator
- Mon May 10: Evaluate logistics data prepared by Dr. Miski
Enter all data
Prepare spreadsheet for data analysis
Begin preliminary analysis; CDC consultants
- Tues May 11: Prepare for implementation workshop
Meet to schedule implementation workshop/meetings
Review logistics data; CDC consultants, LMIS team
- Wed May 12: Implementation workshop
Ankara City Health Directorate, Introduction to MIS/Logistics, Meeting with Finance/Admin Directorate; LMIS team, CDC consultant
- Thur May 13: Meet with team to review forms, do presentation outline for provincial introduction of system, make workplan for next three months, and review accomplishments; CDC consultant, LMIS team
Meet with Deputy General Director for debriefing
Meet with person responsible for customs clearance
- Fri. May 14: Prepare documents for translation in the next few weeks; CDC consultant, translator
Prepare addendum for preliminary report for Dr. Senlet/Ministry
Attend joint AID/UNFPA evaluation team meetings
- Week 5:
May 17-21 Prepare short-term forecast; CDC consultant, Dr. Hoşgeçin

Agenda for Field Visit: Izmir/Manisa May 3-5, 1993

- 1.To visit regional warehouse, provincial store and examples of health centers, MCHFP centers, health houses or any other health institutions where MCHFP services are provided.
- 2.Look at how data is recorded at each place for MCHFP services. How data collection forms (101, 102, 103) are filled out and how the information is used at each step. Are they getting reports or feedback? How are they using it?
- 3.Look at depots in each place--see how contraceptives are kept. What records are kept and what system is used for ordering, storing and distributing supplies. Look at average monthly consumption and trend.
- 4.Train Izmir province staff in data entry for service statistics for pre-test of data entry.
- 5.Meet with provincial Health Directorate Staff in charge of MCH/FP services and commodities (MCH/FP section, administrative/finance section).

Turkey: MOH/MCH-FP

Logistics Discussion: Proposed Top-up Contraceptive
Direct Distribution System

Participants: Dr. Uğur Aytaç, Deputy General Director, MCH-FP;
MCH-FP MIS/Logistics Team: Dr. Kemal Hoşgeçin, Dr.
Ufuk Miski, Dr. İbrahim Açıkalın; Paul Auxilla,
MSH; Mary Schauer, CDC

Goal: Provide information on the Top-up Direct
Distribution System in order to facilitate
discussion and make implementation decisions.

Outcomes: Approval of the plan.

Ability to introduce this system to others.

Clarification of support and changes necessary for
system to be implemented.

Designation and confirmation of provinces for
pilot project.

- * Introduction: General importance of logistics
- * Description of current system: LMIS team members
- * Problems with current system?
 - Clinics have responsibility for picking up supplies.
 - Stockouts take place because clinics are not stocked up for things like inventory time at the central warehouse.
 - No systematic way of choosing how much stock of each contraceptive will be kept in the clinic at any given time.
- * Proposed system:
 - Warehouse comes to clinics.
 - Schedule of visits: regular routes every quarter.
 - Distribution based on past average monthly consumption.

Logistics Discussion (Page 2)

System Description (continued)

- Stocks in clinics based on months of supply: between 2 and 5 month supply.
- Data collected for logistics system at time of visit.
- Provides a parallel system that can be related to service statistics data.
- System adjusts automatically for rising or falling demand.
- Adjustments can easily be made for special campaigns that might raise demand by more than 50%.
- Adjustments can be made in scheduling of visits for clinics which are difficult to reach because of weather, road conditions or other barriers.
- Regional and provincial warehouses would be restocked according to contraceptives dispensed in area covered using a similar system.

* Advantages

- Simple system.
- Steady supply of contraceptives so that a client always has a full choice.
- Maintains program credibility because stock is always there.
- Allows clinics to provide larger quantities if it is more convenient for the client.
- Stocks are based on consumption so that expiration and waste is prevented.
- Increased efficiency conserves staff travel time and travel costs because clinics are supplied in a systematic and scheduled way.
- Schedule of clinic visits allows other materials to be delivered to the clinic as needed and as space allows.
- Data is a direct measure of what is dispensed to user

*** Potential Difficulties:**

- Any change.
- More responsibility given to warehouse personnel.
- May be difficult to convince clinic staff that supply visits will come on schedule and that there will be enough supplies.
- Supply visits once scheduled must remain reliable. Any changes must be communicated to clinic sites as quickly as possible.
- Supervision of system must take place on site.

*** Requirements for Implementation**

- Designate pilot areas: Izmir and 2 provinces in that region; Ankara and one other; Both rural and urban provinces should be represented to truly test system potential for the whole of Turkey.
- Designate qualified staff at Provincial Depot who can be trained in this system.
- Train staff: in system implementation and in explaining to others.
- Notify clinic staff of changes; train in system basics.
- List of all clinics which are directly supplied by the Provincial Depot (includes MCH-FP Centers, Health Centers and Hospitals)
- Road map marked with all clinic locations.
- Designate clinic routes estimating the number that can be visited in a day considering the size of the clinic, road conditions, distance etc.
- Schedule clinic routes and notify clinics.
- Implement first round of system in designated pilot areas.

Logistics discussion (Page 4)

* Initial System Review

- Collect and evaluate anecdotal evidence from clinic and warehouse staff.
- Examine stock levels in pilot areas.
- Report on strengths and weaknesses.
- Review and revise forms, instructions, training, procedures, routing and schedules.
- After making revisions, implement 2nd round of visits in pilot areas.
- Set up computerized LMIS.
- Train staff in using data entry, reports.
- Enter data from Rounds one and two and generate reports.

* Evaluate pilot project

- Evaluate initial revisions.
- Evaluate data entry, reports from LMIS.
- Propose further revision if necessary for pilot area.

* National Implementation Plan

- Province by province? Region by region?
- Regional training by MIS/logistics team?
- Supervision by MIS/logistics team?
- Report analysis?

* National Implementation

The Right Amount of The Right Contraceptives in the Right Condition in the Right Place at the Right Time for the Right Cost!

Check: Provincial Preparation Checklist

- _____ 1. Orientation Presentation to Pilot Provinces
- _____ 2. Notification of all involved staff
- * MCH-FP central office to notify the provinces
 - * Provinces to notify health institutions/appropriate warehouse personnel
- _____ 3. List of all health institutions directly supplied by provincial depot is obtained
- _____ 4. Development of delivery schedule (will be done at implementation workshop)
- * determine number of clinics that can be served in one day
 - * establish designated routes
 - * Set tentative delivery schedule for 6 months (2 rounds of deliveries)
 - * Confirm schedule and notify clinics after training
 - * Send out calendar with days marked
- _____ 5. Designation of key staff (health/warehouse; MCH-FP/Finance/Admin)
- _____ 6. Designation of vehicles and gas
- _____ 7. Ample supplies available at provincial depot
- * Determine average monthly consumption and ensure 4 months use is available for all clinics at delivery time
- _____ 8. Assurance of communication and cooperation between Admin/Finance and MCH-FP at the provincial level for this system. (i.e., authorization for checking contraceptives out onto the vehicle, Form A)

Note: This document was translated into Turkish and left at the time of the visit.

Annex 4 - Logistics/MIS Summer Workplan 1993: Turkey

Activity	Product	Who	By When	Remarks
Orientation for Aydin and Kirrikale Provinces	1. Interest and agreement to participate as a pilot province.	Dr. Hoşgeçin	end of June	
Modification of Computer system to include changes discussed	1. Revised program sent to MCH-FP	Programmers at MSH	end of June	Team will review and recommend further revision if necessary
Incorporation of standard reports into computer program	Standard reports which are useful for Turkey	Programmers at MSH	end of June	Provincial health Directors in pilot area might be consulted at this point.
Entering of 1992 data at provincial level for all 76 provinces.	Provincial database in new MIS system	LMIS Team	August	Team will need adequate access to computer w/program installed

Annex 4 - Logistics/MIS Summer Workplan 1993: Turkey

Activity	Product	Who	By When	Remarks
Entering of 6 mo. of data forms (101,102,103) from health institution level for 1993	Data base in new MIS system for health institutions in pilot area.	Test provinces with assistance from LMIS team	August	
Negotiation/notification with Admin/Finance to ensure that adequate stocks are available for pilot provinces	1. Adequate stock for provincial stores in pilot areas/priority given if shortages	LMIS team	end of Sept and ongoing	
Preparation at provincial level to ensure all conditions have been met for test implementation to start	Completed checklist for each province	LMIS team	end of August	
Curricula design/preparation of training materials for implementation workshops	1. Participant list 2. Curricula for regional workshops for staff in pilot provinces 3. translated materials ready for training. Turkish and English.	LMIS Team MSH/CDC	end of August or in week prior to workshop Sept. 6	Materials will be developed jointly through faxed materials and negotiation and fine tuning in the week prior to the workshop.

Annex 4 - Logistics/MIS Summer Workplan 1993: Turkey

Activity	Product	Who	By When	Remarks
Regional Workshops for launching of new system in test provinces. (Ankara & Izmir)	Participants ready to implement system	1. Entire team plus provincial participants	end of Sept	All preparatory activities must be completed for these workshops to take place
Integration of Logistics Module into current MIS or parallel system	1. Designated LMIS 2. Installation at MCH-FP for review/revision 3. Training in operation	1. CDC/MSH Team 2. LMIS Team	end of November	

Logistics/MIS Training Outline

Participants: Members of Technical Team from MCH-FP who will be acting as trainers for implementation workshops

Background: Experience varies in logistics, but all have had both some training and practical experience with logistics; experience with computers ranges from none to several years.

Goal: Provide skills necessary for this team to introduce top-up system and LMIS package.

Time: Three days plus reinforcement throughout visit.

Wednesday: Full day training in use of service statistics software package

Thursday: Morning: Introduction to Logistics, concepts as applied to top-up system

Afternoon: Intro to MIS

Friday: Morning: Logistics Top-up Simulation Exercise

Afternoon: Revision of Service Statistics Forms in package

Tuesday: Implementation workshop with central staff, scheduling training and follow-up on all top-up skills.

Follow-up training in the field occurred as stock levels were assessed and ordering procedures investigated.

Logistics Session

Session: Intro to Logistics Concepts as applied to the Top-Up Direct Distribution System.

Time: 3 hours

Purpose: This session is to introduce\review basic logistics concepts as they apply directly to the Top-Up System being proposed for Turkey. It will be important for the MIS/Logistics team to be able to explain these concepts as they apply to this system to MCH-FP directorate staff, Finance-Admin directorate staff at central and provincial levels as well as clinic and warehouse staff.

Objs: By the end of this session participants will be able to:

- * illustrate how a max-min system provides a supply of contraceptives
- * calculate AMC in two different ways and explain what must be considered in looking at past data
- * illustrate how actual numbers of contraceptives may vary using AMC while set months of supply remain stable
- * explain the difference between a push and pull system
- * understand the use of the terms shelf-life, lead time, pipeline

Key Concepts

- Maximum:** The most contraceptives that should be found in the clinic under normal circumstances.
- Minimum:** The smallest level of stock that should be found in the clinic under normal circumstances.
- Average Monthly Consumption (AMC):**
Also called average monthly use. The "average" amount of a product used during a month. This can be calculated in several different ways.
- Push System:** Contraceptives are sent from a central level to lower levels. Decisions are made by the upper level on amounts and timing.
- Pull System:** Contraceptives are requested by lower levels and sent as requested. If none are requested, none will be sent.
- Shelf life:** The approved time that a contraceptive can be dispensed to consumers from date of manufacture.
- Currently for AID supplied products:
- | | |
|----------|--|
| IUD: | *7 years from manufacture date |
| Pills: | 5 years from manufacture date |
| Condoms: | 5 years from manufacture date
depending on storage conditions |
- Order Interval:** The amount of time between orders. May be fixed or variable.
- Lead time:** The amount of time it takes from initiation of an order for contraceptives to actually receiving them.
- Pipeline:** The term used to include all parts of the logistics supply system from central warehouse to health houses.

* Please note this is changed from the 4 years that was in effect when this session was held. The shelf life for IUDs is 7 years from date of manufacture.

Key Concepts in the Top-Up System

- Max-Min: Set at 2 minimum and 5 maximum months supply for the health institutions for "normal" conditions; could be adjusted by province for road or weather conditions.
- Average Monthly Consumption: In this system an average from the last six months would be used. In the case of seasonal variation, a three month average from the last summer could be used to give an accurate supply.
- Push/Pull: The Top-Up system is both push and pull because decisions are made by both clinic and warehouse on a face to face basis. Communication is immediate and without delay waiting for phone or letter contact.
- Lead Time: The lead time in this system is zero because the order takes place at the same time as the delivery.
- Order Interval: In this system every three months because orders and deliveries are quarterly. This is a fixed order interval.

Top-Up Delivery Simulation Exercise

Goal: To familiarize and demonstrate ability to use top-up forms and procedures.

Time: 4 hours

Learning Objectives:

Following this exercise participants will:

- * be able to use top-up procedures and forms correctly
- * have revised the forms for appropriate Turkish phrases
- * be able to list the skills necessary for the Top-Up delivery technician

Materials Needed:

A counted number of materials to simulate condom, pill and IUD stocks.
Forms with data that allows determination of past AMC
Top-Up Forms A & B in draft Turkish
Instructions in English with notes from previous explanation in Turkish

Instructions:

1. Warehouse area is designated; Clinic #4 in Aydin Province is designated.
2. This clinic has never been visited by the Top-Up Technicians before.
3. Participants are told that they are the technicians and must determine the amount of stock to load on the truck, go to the clinic and follow top-up procedures in order to have appropriate stock levels in the clinic when they leave.
4. Sealed containers have the amount of stock indicated on the box. Open containers must be counted. There may be special instructions in the box to illustrate numbers of supplies represented.
5. They should determine whether or not the present supplies in the clinic are in compliance with maximum and minimum guidelines.
6. The magic dateline passes and it is now three months later. They are going back to Clinic #4 in Aydin. They should once again

load the truck with appropriate supplies, fill out the forms and leave supplies.

Annex 5 (cont)

7. Throughout the exercise they should notice any of the things that might affect the quality of the products being provided by the clinic. They should also take note of the skills they are using which a technician would have to have.

Report #1

Route #3

Route of Clinics: Aydın Province

Kuruluş ADI	AMC/RIA	AMC/HAP	AMC/Kondom
MCH-FP Center #1	150	50	4000
Health Center #3	10	0	4000
Health Center #4			
Health Center #2	100	20	1000
Health Center #18	3	0	40
Health Center #22	15	4	100
Toplam	278	74	9140
	x4	x4	x4
Toplam	1112	296	36560

Implementation Workshop
(For LMIS Training Team)

Goal: To Finalize activities and preparation necessary prior to training provincial staff in implementation of top-up system.

After participation participants will be able to:

Obj: Prepare a check list of information, authorization and preparation that must have been completed prior to implementation of top-up and service statistics system.

Product: checklist in Turkish or ready for translation that can be used for each of the pilot provinces (see Annex 3)

Obj: Prepare an outline for presentation at the provincial level that includes all pertinent information and can serve as a presentation guide.

Product: Presentation Guide (see Annex 6)

Obj: Demonstrate preparation of scheduling routes based on days of the week of a numerical month instead of absolute days. i.e., the third Thursday of the third month.

Product: Scheduling instruction document ready for Turkish translation. Sample schedule completed.

Obj: Review potential difficulties list and brainstorm possible solutions.

Product: Strategies for coping with potential difficulties.

Obj: Review and revise forms c & d. (NOT DONE)

Obj: Consider methods of supplying Health Houses and tracking stock there, inventory cards, form C, ? other.

Product: Strategy for Health House Inventory Control. (NOT COMPLETED)

Scheduling of clinic routes

Needed: List of clinics to be directly provided by the provincial depot, i.e., health centers, MCH-FP centers, Hospitals.

General location of each or working with someone who knows the location and the road conditions.

Indication of size in terms of numbers of contraceptives dispensed and clients served.

Yearly calendar with all holidays marked

Process:

- I. Determine on average how many clinics can be served on a given day
- II. List clinics by day's visit called routes.
- III. Look at calendar and determine when the first delivery will take place. This should be scheduled by day of the week not by date. For example: the third Thursday of January. Then the next deliveries would take place on the third Thursday of April, July and October.

If holidays get in the way, an alternate day can be scheduled, for example on a fifth day of the month either the month before or the month after.
- IV. The advantage of using days of the week is that they don't have to change. If you say the third Thursday of April, July and October, you know it won't fall on a weekend.
- V. If the scheduled day falls on a holiday, then the delivery day can be rescheduled at the end of a month where there are extra unscheduled days i.e., the 5th Thursday. These will always fall after the 28th of the month and there are none in February.

SESSION GUIDE

- SESSION:** Introduction to the service statistics computerized data processing system.
- DURATION:** 1 day (6 hours)
- PURPOSE:** This training session is for participants to learn how to use the computerized service statistics system so they can use it and/or train others who will be involved in testing the system at the MCHFP General Directorate in Ankara as well as in the test provinces.

Before the CDC-MSH/FPMD consultants team depart, the MIS/Logistics team at the central level will carefully review the screens written in Turkish and communicate to the consultants all changes that are needed. These changes will be incorporated and an upgraded system will be sent to the MCHFP team.

The MIS/Logistics team and the MCHFP computer operators at the central level will then enter all 1992 data received from the provinces. The test provinces will enter data for the first two quarters of 1993. These data will be used for producing the 1992 national report and the 1993 half year report for the test provinces. These reports will be used as exercises in the sessions on the use of information for management to be included in the next regional workshop to be held in Izmir.

We are focussing on forms 101, 102 and 103.

- OBJECTIVES:** By the end of this session, participants will:
- understand the objectives of the computerized service data processing system and its role in program management;
 - know how to install the software on any computer;
 - understand the main functions of the system;
 - be ready to start data entry and/or supervise others doing data entry for forms 101, 102 and 103;
 - be able to process data and obtain quick answers on the screen.

NOTES:

Another training session will be organized for the use of standard reports and how to design and incorporate additional reports to the system.

A set of standard reports will be designed during the MIS/Logistics workshop that will be held with the MIS/Logistics team workshop on April 28-29, 1993.

This is not a complete training program on how to use this system. It is an introduction so that testing of the data entry module can begin.

Once the system is finalized, complete users and file documentation will be provided, as well in-depth training.

SESSION PLAN:

- Background
- What is Healthware's Service Statistics System?
- Brief Demonstration;
- Discussion: objectives of this session;
- Discussion: testing strategy at the MCHFP General Directorate and in the test provinces;
- Discussion: data collection forms;
- How to install the software on a computer;
- Overview of how the system and the menus are structured;

- Entering, Editing, Locating, Deleting a record;
- Looking at the records entered;
- Frequency Analysis;
- If time allows: Use of queries.

BACKGROUND

- This Service Statistics Computerized System was originally developed for the National Family Planning Program of the Federal Ministry of Health of Nigeria.
- It was later expanded to include a primary health care component.
- The current version of this system cost a significant amount of money and took 2 years to develop.
- However, it was designed in such a way to allow quick adaptation for use in other projects and countries.
- When the system is being adapted for another place, the data entry module is reprogrammed to reflect the forms used locally. Most other programs remain unchanged.
- The key objective of this "adaptation" approach is to have a good sophisticated system for the fraction of the total cost. Furthermore, the experience gained along the way makes a quick implementation possible.
- This system is now being adapted for the Private sector Family Planning Program in Nigeria. It is also being installed in 5-6 programs in Kenya. It is being considered for 2 big programs in Jordan and Pakistan.
- An inventory/Logistics module is now being tested. This module will be added to this system in the next 3-4 months.

What is the (MSH) Healthware Service Statistics System?

It is one of the MSH HEALTHWARE series of software packages developed for management of health programs. Its objective is to be a tool that will help planners, managers and supervisors monitor and evaluate (health and family planning) services provided to the community. In Turkey's case, we are concentrating on Mother / Child Care and Family Planning services.

The system will allow the user to enter the data reported from the field and then process it to obtain useful summary or statistical information.

What exactly will you use the system for?

To enter data reported on forms received from the field:

- At the central level, you will enter the monthly summaries received from the provinces.
- At the provincial level, you will enter the monthly summaries received from the centers, hospitals, etc.

To view the contents of the records entered (BROWSE):

- This function allows you to look at part or all of the data that you have entered in the records.
- This is very useful for reviewing the data entered and making sure that there are no mistakes.
- It is also useful for comparing values in the different records.

To print standard reports:

- After the workshops on MIS/Logistics and the workshop on use of information, a standard set of reports will be designed.
- These reports will be programmed in the system and will be printed automatically every month, quarter, semester or year, depending on the users specifications.

To design and print user designed reports:

- The standard reports cannot be changed by the users. But this function will allow the user to design (with any content or format) and print other reports as needed.
- These reports can also become standard reports in the system or they can only be used for a while and then eliminated from the system.

To do basic statistical analysis:

- Frequency analysis: to count the number of records that satisfy a given condition.

- Statistics: sums of values in the records, minimum, maximum, averages, standard deviations.
- Checking for duplicate records.
- Exporting data to databases or to Lotus spreadsheets.
- Simple charts and graphs.

How will this system be tested in Turkey?

After training of the General Directorate staff, the MIS/Logistics team is responsible for reviewing the turkish text on data entry screens and preparing a note outlining the mistakes and the changes required. The next steps will be:

- Standard test reports will be designed with the team during the training on MIS/Logistics next Wednesday and Thursday.
- The central MIS/Logistics team will train the local staff in Izmir province next week.
- The necessary changes will be incorporated into the system in Boston during the first two weeks of May.
- The MIS/Logistics team is responsible for ensuring that 1992 data is entered at the central level and that data for the first 2 quarters of 1993 are entered at the test provinces.
- The data entered will be used for the exercises in the next wrkshop to take place at the regional level.
- This data will also be used to prepare the first official reports from the system: 1992 National report, and 1993 half year report for the test provinces.
- During the next trip of the consultants team, the standard reports designed during this trip will be incorporated into the system.
- At that time, a more complete training will take place to launch implementation of the system at the regional level.

How to install the system on the computer?

The system's installation is very easy. Simply follow the instructions on the screen. If you had already installed the system and you want to

install a new version of the same system, follow the same sequence, your old data will not be erased.

Annex 5 (cont)

- Insert Install disk #1 in the disk slot A.
- Type A:INSTALL and press the enter key.
- An introduction screen will be displayed, press any key to continue.
- A screen appears asking you to confirm where you are copying the system from and where do you want to place it on your hard disk. The correct information is:

```
from: A
To: C
Directory: \HWARE
```

Type Y to verify that the information is correct.

- For now, answer N to all other questions.
- At the end, you will be asked to enter the name of the organization for which the system is being installed.
- That' all!!!

How to start?

- With the C:\> prompt displayed, type CD \HWARE then press the ENTER key.
- When you get C:\HWARE> on the screen, type HWARE and press the ENTER key.
- When the introduction screen is displayed, hit the ESC key to get to the system's main menu.
- To exit from HWARE:
 - While in the main menu, press ALT-X.
 - If you are not in the main menu, return to the main menu by selecting the QUIT option (in other menus) or by hitting the ESC key as many times as needed. Then press ALT-X.

Main Menu

Once you start the system, there are three main options in the main menu:

Annex 5 (cont)

- FILES: To enter, edit, locate and erase data records.
- REPORTS: To view data entered, to obtain standard or user defined reports and to do statistical analysis.
- UTILITIES: To do maintenance work on the program. To set up date format, copy files to archives, change colors, etc.

To select an option from the main menu, press ALT and the first letter of the option or hit F10 to access the top menu and use the arrow keys to move around.

ENTERING AND EDITING DATA IN FILES:

- Once you choose the FILES option, a list is presented for you to choose the file you want to work with.
- After you choose the file, you will see part of the form on the screen. The whole form cannot appear at once because it is bigger than the screen.
- To "go into" the form displayed, you must use the action menu at the bottom of the screen. The options of the action menu are:

NEXT:	go to next record in the file
PREV:	go to previous record in the file
EDIT:	make changes to the record
DELETE:	temporary deletion of the record
ADD:	add one record of data to the file
LOCATE:	look for a record
QUIT:	to finish

The active option is shown in lighter color. You can use the arrow keys to move around the action menu.

- To cancel any option that you have selected from the action menu, hit the ESC key.
- When entering or editing data in a form, you can move around using the arrow keys or the ENTER key.
- You must go through all the spaces in a record to get out or the data you entered (or the corrections you made) may not be recorded.

Notice that the totals are filled up automatically.

Annex 5 (cont)

Viewing Data and Doing Simple Analysis

In this session, we will (1) view data using BROWSE and (2) do some statistical analysis.

- For reports, views and analysis, you must choose the REPORTS option from the main menu.
- after you choose this option, a sub-menu will appear. usually, options with a sign appearing before them indicate that additional options are available there.
- BROWSE SELECTED FILE: to look at all the records, some of the records, all the data in the records or only part of the data included in the records.
 - After choosing BROWSE SELECTED FILE, you must indicate what file you are interested in.
 - Once you have selected the file, you must indicate whether you want to see everything in the file or only a section of the file. If you want to see a section, you will need to indicate what section by tagging the data (fields) you are interested in. You can tag data by moving (using the arrow keys) to the field and then hitting the space key.
 - Once done, hit F10.
 - and, it's like MAGIC!!!
- ANALYSIS OF DATABASE INFORMATION: This option is for doing basic analysis of the data in the records. In this session, we will only learn how to obtain frequencies.
 - Choose the ANALYSIS option and then indicate the file for which you want the analysis to be done.
 - In the next menu, choose FREQUENCY FIELD SELECTION to indicate what data should the system use to group the records.

- Use the ADDITIONAL SUM FIELDS if you want other fields to be totaled. For example total condoms.
- PERFORM ANALYSIS for the system to go ahead and do the calculations.
- WOW!!!

BACKUPS:

After you have entered a lot of data, you certainly do not want to lose them. It is a good idea to always keep a copy of what you have done.

- Select the UTILITIES option from the main menu.
- Then, select the BACKUP OPTIONS.
- In the backup sub-menu, select the BACKUP ALL FILES TO FLOPPY option. You will be asked to indicate to what disk drive do you want the data to be copied. If your computer has only one drive, it is called A.
- Once done, follow the instructions on the screen. Make sure that you have enough disks to backup and label them 1, 2, 3, 4, etc.
- The backup does NOT affect the data you have on the computer. It only makes a copy of it on the diskettes.

Provincial Presentation Outline

I. Goals and Objectives of LMIS project

Improving both the system of commodities getting out to the clinics and the flow of data coming both in and getting back to clinics (feedback).

II. Management Information System (MIS)

- A. Information for decision making so that an organization can accomplish their goals and objectives.
- B. Show cycle from goals and objectives through change
- C. Emphasize that data is not information. Data must be processed in a way that provides specific information that a program, province or health institution manager needs to better accomplish the goals of their program.
- D. Also emphasize that it is always important to look at what data is being collected to make sure that it is necessary. i.e., example of 2 minutes x 4000 health clinics. Data collection is expensive.

III. Logistics system

- A. Current system: problems with having enough stock in all of the clinics even though there may be plenty in the country. Some clinics have too much, some too little.
- B. New system being proposed: based on a maximum-minimum system that would look at what has been used and keep enough on hand to allow for delays and increased demand.
- C. Scheduled visits from the provincial depot would resupply all clinics.
- D. This would save time and travel costs as well as ensure a steady supply of contraceptives.
- E. Description of visits generally. Be clear that Form B is a worksheet for determining quantity to leave more than a data collection form and that the clinics would not have to fill it out.

Note: This document translated and left at time of visit.

**The Direct Distribution/Top-Up Contraceptive Logistics System
Turkey - MOH/Mother Child Health/Family Planning**

The proposed system is a Direct Distribution/Top-Up System (DDP). Contraceptives are distributed by having trained staff called DDP Technicians from the provincial stores visit the major service delivery points with supplies on a quarterly schedule. During these visits, the DDP Technicians will count the stock on hand in the service delivery points, determine the monthly rate of use since the last visit, and based on these calculations, resupply to bring stocks up to 5 months use. Data will be collected by forms designed to document these transactions.

By placing 5 months supply and visiting every three months, this system will ensure that all service delivery points have adequate stocks. enough to meet demand, but not so many that stock expires and is wasted. It will be more efficient for the service delivery points because they will not have to individually pick up supplies, thus saving time and travel costs. It is estimated that through effective scheduling not less than five service delivery points can be resupplied each day. The DDP technicians working with the warehouse will have the major responsibility for determining and keeping the delivery schedule, calculating use and stock levels and notifying the clinics if any adjustments to schedules must be made.

The system is based on keeping stock in the service delivery points between a minimum and a maximum level which is measured in the number of months of supply. The minimum is 2 month supply and the maximum is a 5 months supply.

Because the use is determined at each visit, the actual number of supplies left for a particular service delivery point might change as their demand changes, but they would always be left with at least a 5 month supply. This ensures that increasing demand is met. In a case where special activities are expected to increase use by more than 50% per quarter extra supplies could be left. This might include new providers trained in IUD insertion or an information campaign. On the next supply visit, if the demand did not increase as expected the stock levels would be adjusted. The goal for the system is to ensure that supplies are available when the client needs them and that supplies do not expire on the shelf.

A similar system will be established for main health centers to resupply secondary health centers and health houses.

For this system, direct distribution technicians must be trained and supervisors at service delivery points trained. A Logistics Management Information System would collect and analyze all data at the Provincial Health Directorate with summaries reported to the MCH-FP General Directorate in Ankara. By relating stock issues and consumption rates, it would ensure that forecasting future need, procurement on a country level and distribution to provincial warehouses would be done systematically and so that supplies would always be available where needed. A pilot project in the Izmir region had previously been identified as a way to test this system for problems prior to national implementation.

This system provides needed flexibility in areas where weather, road conditions or other considerations make resupply at different intervals necessary.

Major Changes:

- *Supplies are brought to service delivery points on a regular schedule.
- *Supply levels are standardized for each product by the number of months use on hand. i.e., 5 month supply of IUDs, pills and condoms.
- *Data is generated immediately on past three months use at service delivery points, not issues from warehouse.
- *5 months supply is pre-agreed upon as the desired amount to have in the clinic at the end of the supply visit. As a result, paperwork for the central office of MCH-FP is reduced and they will receive summary reports once the system is computerized. This will save time and resources.
- *Qualified staff that are authorized to check supplies out and back into the warehouse will be going out on delivery visits.

Sağlık Müdürlüğü

Deposu

Kontraseptif Malzeme: Dağıtım Pusulası

	Gidiş	Dönüş		
Tarih:				
Teslim				
Teslim				
Malzeme	Miktar			
	Depodan Alınan	Geri Alınan İhtiyaç Fazlası	Verilen	Depoya Geri Dönen
Lo-Femenal (Hap)				
Kondom (adet)				
Copper T 380A RIA (Adet)				
Norplant (Adet)				
Depo Provera (150 mg)				
Enjektör				

Gidilecek Kuruluşlar:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Açıklama: _____

Temporary Issue Voucher

Date Issued: _____ Date Returned: _____

Issued To: _____ Returned To: _____

Issued By: _____ Returned By: _____

Item	Quantity (in individual units or cycles)			
	Issued from Whse	Collected From SDPs	Issued to SDPs	Returned to Whse
Lo Femenal (cycle)				
Condom (each)				
Copper T 380A (each)				
Norplant (set)				
Depo Provera (vial)				
Syringe (each)				

Province: _____

Clinics Scheduled/Visited: (check each one off as visited)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Comments: _____

B (6/93)T.C.

Sağlık Müdürlüğü
Teslim Pusulası

Tarih: _____

Kuruluş Adı: _____

Teslim eden: _____
(Adı, soyadı, imza)Teslim Alan: _____
(Adı, soyadı, imza)

Malzeme	Miktar					
	Önceki Ziyaretteki Durum	Mevcut Malzeme	Herhangi bir Sebep ile Artma (+) Eksilme (-)	Kullanılmış Olan	Ortalama aylık sarf	5 aylık ihtiyaç
Lo-Femenal (hap blister)						
Kondom (adet)						
Copper T 380A RIA (adet)						
Norplant (adet)						
Depo Provera 150 mg						
Enjektör						

Açıklamalar: _____

Bir Sonraiki Ziyaret Tarihi _____

Contraceptive Issue Voucher

Date: _____

Clinic: _____

Received By: _____

Issued By: _____

Item	Quantity							
	Balance End Last Visit	Present Stock	Adj (+/-)	Used Last Quarter	Average Monthly Use	5 Mnths Use	Rec'd Today	End Bal
Lo Femenal (cycle)								
Condom (each)								
Copper T 380A (each)								
Norplant (set)								
Depo- Provera (1cc)								
Syringe (each)								

Comments: _____

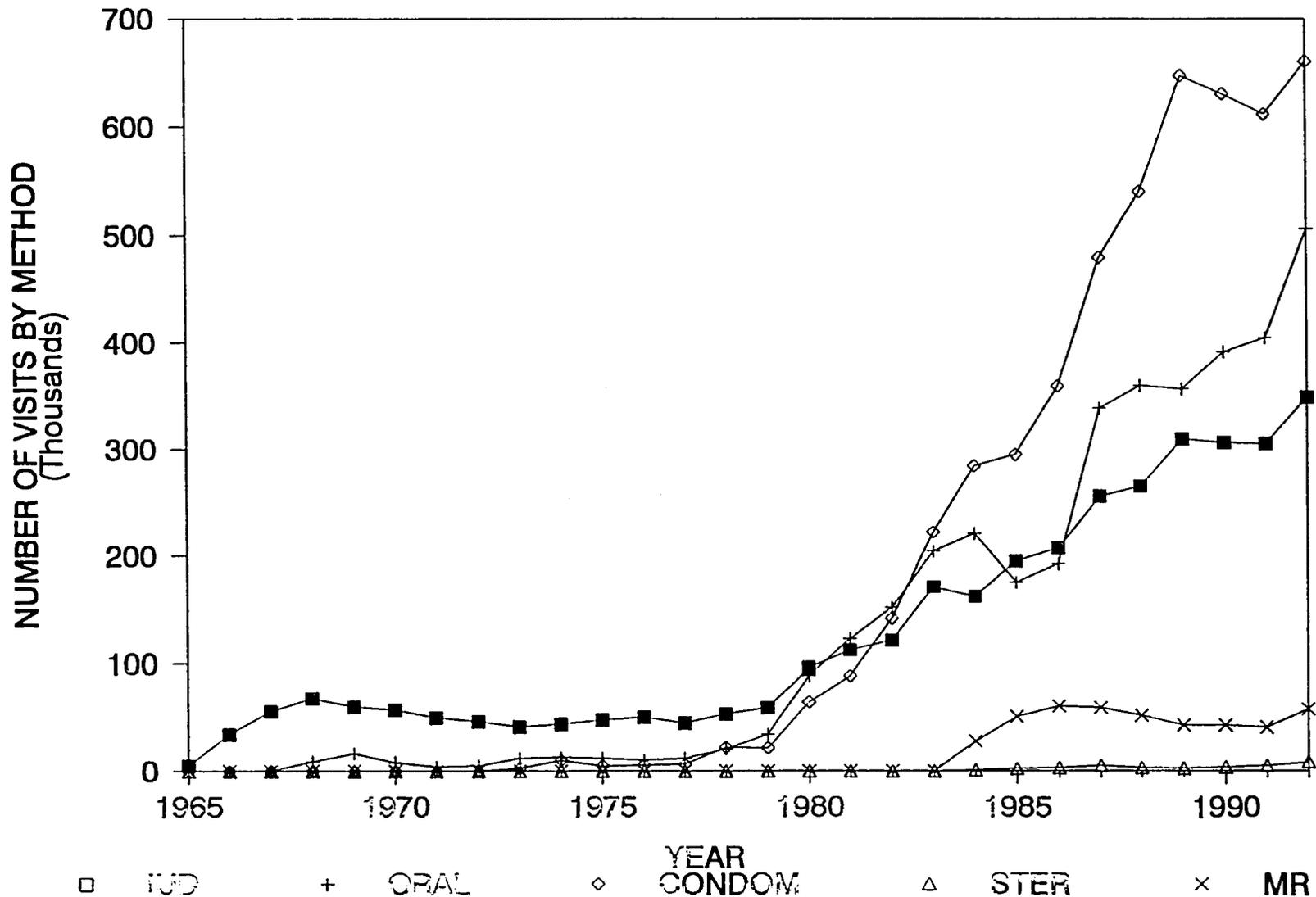
Next Delivery Date: _____

ANNEX 8 - TABLE 1 - TURKEY - MOH/MCH-FP - SUMMARY OF LOGISTICS AND SERVICE STATISTICS DATA - 1988-1992

YEAR	-- CLIENT VISITS --		----CONTRACEPTIVES---- SHIPPED TO PROVINCES		
	NUMBER	PERCENT ANNUAL CHANGE	NUMBER	PERCENT ANNUAL CHANGE	NUMBER SHIPPED PER VISIT
IUD					
1987	256,243		258,000		
1988	265,590	3.6%	270,763	4.9%	1.02
1989	309,817	16.7%	369,400	36.4%	1.19
1990	306,334	-1.1%	357,300	-3.3%	1.17
1991	305,664	-0.2%	326,850	-8.5%	1.07
1992	349,142	14.2%	423,068	29.4%	1.21
5-YEAR MEAN		6.6%		11.8%	1.13
ORAL					
1987	338,820		1,114,148		
1988	359,860	6.2%	1,057,751	-5.1%	2.94
1989	357,272	-0.7%	1,370,400	29.6%	3.84
1990	391,099	9.5%	1,386,000	1.1%	3.54
1991	404,673	3.5%	1,170,000	-15.6%	2.89
1992	506,203	25.1%	1,462,111	25.0%	2.89
5-YEAR MEAN		8.7%		7.0%	3.22
CONDOM					
1987	480,231		10,872,000		
1988	540,516	12.6%	12,404,258	14.1%	22.95
1989	647,741	19.8%	13,158,000	6.1%	20.31
1990	630,865	-2.6%	13,382,000	1.7%	21.21
1991	611,917	-3.0%	12,264,000	-8.4%	20.04
1992	660,841	8.0%	13,917,406	13.5%	21.06
5-YEAR MEAN		7.0%		5.4%	21.12
IUD, ORAL AND CONDOM					
1987	1,075,294				
1988	1,165,966	8.4%			
1989	1,314,830	12.8%			
1990	1,328,298	1.0%			
1991	1,322,254	-0.5%			
1992	1,516,186	14.7%			
5-YEAR MEAN		7.3%			

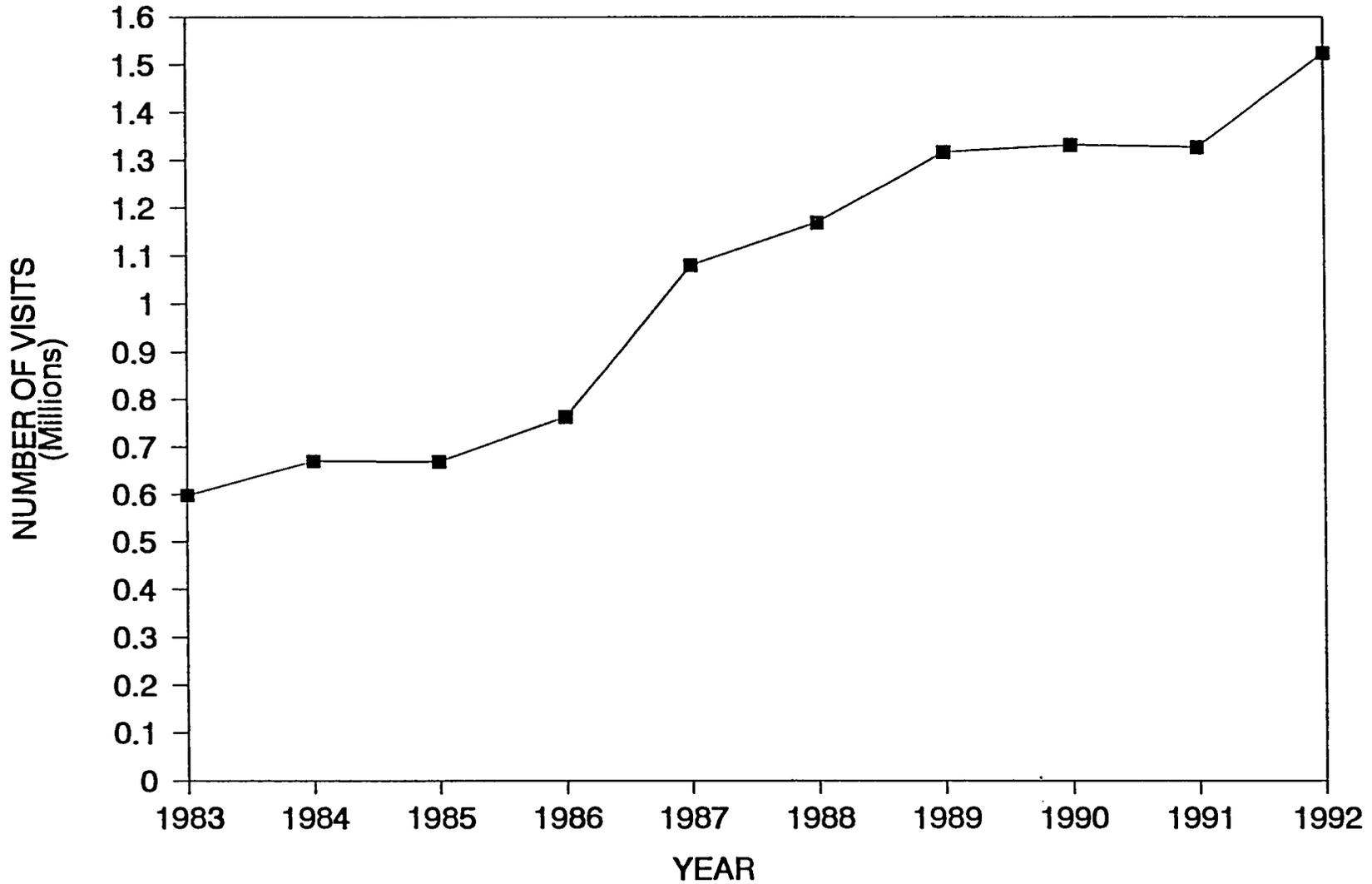
FIGURE 1 - VISITS FOR F P SERVICES

TURKEY - MOH - 1965-1992



TURKEY - MOH - MCH/FP

VISITS FOR FAMILY PLANNING SERVICES



Current Contraceptive Distribution System

Stock comes in by sea to Istanbul. It is cleared through customs by MCH-FP and Admin/Finance staff jointly and taken to the regional warehouse in Istanbul. The majority is then shipped to the Ankara Central Warehouse. There does not seem to be a process for determining the amount left in Istanbul. Occasionally ships stop in Izmir prior to docking in Istanbul and stock is cleared through customs and delivered to the regional warehouse in Izmir.

All provincial health directors make their orders directly to MCH-FP in Ankara, creating a burdensome task at the central level. A letter is then sent back to both the Provincial Health Director and either the regional warehouse (under the authority of the Finance/Admin Section) if enough stock is available or the main warehouse (also Finance/Admin) authorizing a specific amount of stock to the province. It was noted that although sometimes the authorization comes directly from MCH-FP to the regional warehouse which simplifies the system, that it is not the sanctioned system. At that point the province may come to the regional or main warehouse to pick up their stock or wait until the warehouse delivers it. Because the warehouse is trying to make efficient use of their truck capacity, there may be a delay until there are enough items going to a particular area to fill a truck. If the province is served by a regional warehouse and that warehouse does not have enough stock to fill the order, then the main warehouse arranges for delivery to the regional warehouse. The split of authority and responsibility between MCH-FP and Admin/Finance could be a potential problem.

Regional warehouses act as flow-through centers with shipments received already designated for provinces and a small stock of contraceptive commodities as inventory. The Central Warehouse uses bin cards to keep track of stock on the floor. They are not computerized at this time. MCH-FP is informed of the shipments coming into both Istanbul and the Central Warehouse.

The storage facilities are secure and spacious. Staff at all levels were aware of the First to Expire First Out (FEFO) system although cartons with different expiration dates were sometimes mixed. Stock records were often kept by carton as opposed to individual piece which is a problem because different donors may package items with different numbers in a carton. Examples on the shelf were of IUDs, some 25 to the box, some 20 to the box. Records kept by individual IUD, condom, and each blister pack of pills provide the most accurate information and avoid confusion.

Stockouts as well as stock imbalances were found at the clinic level. Stockouts were common during the month during and shortly after the annual warehouse inventory.

Implementation Workshop

Contraceptive Logistics: Top-Up System Management Information System

Goal:

The main goal of this workshop is to provide Provincial Health directors or their delegates with the information and tools they need to implement the new top-up system and the service information system. This will include Provincial managers, delivery team staff, data entry and supervisory clinic staff. In addition, the delivery team will be provided with detailed information about the procedures of implementing the top-up distribution system. A draft procedure manual will be developed at this time and revised as necessary.

Participants:

Delivery team: Finance-admin representative/MCH-FP representative and/or designated staff who will actually be going out and determining average monthly consumption and amount of stock to be left in the clinics.

Data entry staff: those who will actually be doing data entry on the service statistics program.

Provincial Management staff: those who will process and/or use the data for analysis and decision making.

Objectives:

Delivery team participants following this workshop will be able to:

- * demonstrate competence in determining average monthly consumption, 5 months use, and determining supply amounts to be left in clinics
- * demonstrate competence filling in all top-up forms
- * demonstrate ability to schedule delivery routes that will allow quarterly deliveries of supplies with designated days for substitute deliveries

*** demonstrate ability to explain the basic elements of the top-up system to clinic staff**

Annex 10 (cont)

Management staff participants following this workshop will be able to:

- * demonstrate understanding of basic elements of top-up system**
- * clearly state three reasons why this system should help improve supply status**
- * demonstrate ability to pinpoint problems with the top-up system by reviewing data from the top-up forms**
- * define variables for a service statistics report that would be useful for a specific decision**
- * demonstrate use of the service statistics information system including: data entry, data processing and preparation and production of ad-hoc queries as well as standard reports.**
- * state how the information provided by the system can be used for monitoring and evaluation.**

Data Entry Staff participants in this workshop will be able to:

- * use the service statistics information system including: data entry, data processing and preparation and production of ad-hoc queries as well as standard reports**

NOTE: It is assumed that before the workshop takes place, the test provinces will have entered the 1992 data and that the central level will have entered the data available for 1993.

Annex 11-Training Strategy for Turkey

Activity	Participants	Date	By Whom	Remarks
Needs Assessment	LMIS Training Team	April/May 1993	CDC/MSH Consultants	Assessment of logistics/MIS knowledge and experience as well as training and presentation skills
Curricula Development		April/May 1993	CDC/MSH Consultants	Curricula adapted in response to needs assessment as training progressed.
Initial Training Workshop for Trainers	LMIS Training Team	April/May 1993	CDC/MSH Consultants	4-5 days of workshop as well as 4-5 days of hands-on field work
Curricula Development for Implementation Workshops		May-Sept 1993	LMIS Training Team/CDC/MSH Consultants	Developed in USA and adapted in Turkey prior to training.
Regional Implementation Workshops	Provincial delivery, management and data entry staff	Sept 1993 (?)	LMIS Training Team/CDC/MSH Consultants	Prior to implementation of top-up system in pilot provinces
Development of Evaluation Indicators		During Provincial Workshop	LMIS Training Team/CDC/MSH Consultants	Indicators will provide a basis for supervision and curricula revision.
Monitoring/evaluation		Ongoing from implementation	LMIS Training Team/CDC/MSH Consultants	Monitoring will be ongoing as a part of supervision. An evaluation after two rounds of the top-up system will identify successes and areas for improvement prior to national implementation.