

PDABJ-311

**TRIP REPORT: TURKEY  
WORK WITH MINISTRY OF HEALTH  
LMIS TEAM**

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**FAMILY PLANNING MANAGEMENT DEVELOPMENT**

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## **I. Executive Summary**

Under the direction of FPMD (Family Planning Management Development) and in collaboration with CDC (Centers for Disease Control and Prevention) this consultant traveled to Turkey to work with the LMIS (Logistics Management Information System) team of the MCH/FP General Directorate, Ministry of Health, on the fine tuning of hWare, a computerized service statistics program for use in Turkey. The fine tuning was to incorporate feedback from five test provinces: Ankara, Kirrikale, Izmir, Aydin, and Manisa. These provinces have been working with the program for several months, and they presented their findings at a workshop held in Izmir, June 15-16, 1994. Following the workshop, the required changes to the program were finalized in meetings with the LMIS team. Changes were then implemented and the program translated into Turkish. Following the translation, a training was conducted for the LMIS team to enable it to provide ongoing in-country support. Plans were discussed for a follow-up visit to be made by the consultant in November to aid in the planning and implementation of a workshop to inaugurate the national use of hWare.

## **II. Background**

As part of ongoing activities in Turkey, FPMD developed a service statistics software package customized to the requirements of MCH/FP General Directorate. The initial version of this software was developed in Boston in late 1993. The software was then installed for testing in five provinces in Turkey. The provinces of Ankara, Kirrikale, Izmir, Aydin, and Manisa were chosen for this testing. The desired result was a thorough test of the software and its ability to meet the needs of provinces of varying sizes and sophistication. A follow-up workshop was planned for June/July, during which the provinces would report their success and difficulties with the software. It was expected that there would be some initial difficulties with the use of the software since it was a beta version and not completely translated into Turkish. In addition, the lack of in-country, trained technical support for the software increased the probability of difficulties. Initial training was provided by Paul Auxila during an earlier visit, but due to time constraints, the training was limited and there was no opportunity for follow-up reviews until this visit. It was felt that this test period would serve the Ministry well in identifying the true strengths and weaknesses of the software.

## **III. Purpose**

This trip was planned to make all required changes to the software that may have been deemed appropriate as a result of the testing period. In addition, it was planned that the translation of the software into Turkish and the Turkish documentation would be developed during this trip. The specific scope of work for this trip (Appendix B) was enlarged and made more specific (Appendix C) during the first few days in Turkey as a result of consultations with the MCH/FP LMIS team following the implementation workshop.

#### **IV. Activities**

The proceedings of the second LMIS implementation workshop were monitored and an understanding of the users' perspective was gained. A meeting was held with representatives from each of the five provinces near the close of the workshop to allow them the option of expanding and clarifying their presentations and feedback. The representatives selected to attend the meeting were those persons designated by their provinces as the "computer person." The results of these discussions, along with the reports of the various test sites presented at the workshop, were summarized and reviewed during two days of focus group discussions held with the LMIS team following the workshop. Agreement was reached concerning the changes required in the hWare design prior to full national implementation. A workplan was then developed and based on this workplan, the following changes and improvements were made to the computerized system:

1. Certain network errors were eliminated.
2. The program was modified to include more complete data validation during data entry.
3. Reporting capabilities were enhanced.
4. The steps necessary for installation were clarified and documented for the benefit of the LMIS team.
5. Training in the use of the new reporting system was provided in great depth for the LMIS team.
6. The program was fully translated into Turkish with the assistance of both the LMIS team and outside translators.
7. Technical documentation was enhanced to reflect the changes made to the software during this trip.
8. Extensive training was provided to the LMIS team to enable them to provide ongoing support for the software system.
9. Planning was begun for a workshop in November which will focus on the effective use of the data collected by hWare.
10. A complete manual was provided to the LMIS team for translation into Turkish and distribution within the project.
11. At the request of the LMIS team, two forms were added for data collection. Form 102A, a summary data form was added for the collection of summary data from those provinces who do not yet have computer systems. Form B, a commodities data collection form, was added to begin the collection of commodities distribution information pending the installation of the Commodities Tracking System (CTS) by CDC.

## **V. Findings / Conclusions**

The software package now conforms in all respects to the requirements of the LMIS. One member of the LMIS team is fully trained in all aspects of the use of hWare. The remaining members of the team are still learning the system. The one member of the team who is most proficient is the one with the strongest working knowledge of English. I expect the other two team members will be fully capable of using and teaching on hWare quite quickly now that the Turkish version is available for their use. The three months debugging and learning time between now and the next LMIS workshop on the use of data will allow adequate time for all members of the team to become fully proficient in the use of the program.

Preliminary planning for the next workshop was begun during this trip. The plan requires the team to develop exercises and examples of using data to be worked on by the workshop participants using hWare. This planning will strengthen the team in two areas. First, they will be required to look at and understand the relationship between the various data collected on the various forms stored in hWare. Second, the team will be forced to use the analytical tools contain in hWare to develop their examples and assignments for the workshop.

Any newly installed software package requires strong support during its initial year of use to ensure success. The LMIS team is now capable of performing most of this ongoing support, and in the very near future will be able to provide all the support necessary.

## **VI. Recommendations for Future Action**

Current LMIS activities should include but not be limited to:

- Completing translation of the English version of the hWare manual.
- At least one visit to each of the five provinces by members of the LMIS team.
- Enhancing the basic selection of reports included in hWare.
- Continue in-country planning for the next LMIS workshop.

FPMD activities should include:

- Enhancing the basic selection of reports included in hWare.
- Planning for the next LMIS workshop.

## **APPENDIX A: Contacts**

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

Dr. Pinar Senlet, Health and Population Advisor

Ms. Carol Miller, Deputy Health and Population Advisor

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

Dr. Ugur Aytac, Deputy General Director, MCH/FP

Dr. Ibrahim Acikalin, MCH/FP LMIS Team

Dr. Ufuk Miski, MCH/FP LMIS Team

Dr. Ahmet Afsar, MCH/FP LMIS Team

### **Ankara City Health Directorate, MCH/FP Centers and Health Centers**

Dr. Ali Koc, Director

Dr. M. Ali Ozbek, Deputy Director

Dr. Mustafa Agca, Medical Officer

### **Izmir Provincial Health Directorate, MCH/FP Centers and Health Centers**

Dr. Meltem Agzitemiz, Deputy Director

Mr. Cetin Asoz, Medical Officer and MIS Coordinator

### **Manisa Provincial Health Directorate, Health Centers and Health Houses**

Dr. Suzan Celik, Head MCH/FP

### **Translation and Assistance**

Mr. Abdulla Kasapci, LMIS Team Associate

**APPENDIX B: Scope of Work**  
**Thom Graziano**

**June 17 - July 9, 1994**  
**Ankara, Turkey**

- To participate in the second LMIS implementation workshop.
- To compile and discuss suggestions and recommendations presented by the computer group.
- To conduct focus group discussions at the central level regarding the functionality, user-friendliness and capability of the system.
- To finalize specifications with P. Auxila and the MOH LMIS central team.
- To complete programming and debugging.
- To work with the LMIS central team to translate all screens into Turkish.
- To complete in-depth training of at least two members (and, if possible, of all three members) of the LMIS team.
- To run several tests of each menu option, to ensure that fatal errors do not occur.
- To prepare installation disks, ensuring that the routine used will work on local computers and that the system will operate at reasonable speed.
- To demonstrate the system to the US Embassy Population Advisors.
- To demonstrate the system to the MCH/FP General Director and to the Deputy Director.
- To draft a plan with the LMIS central team for next local activities and follow up.

## **APPENDIX C: Addendum to Graziano Scope of Work**

General points to be considered for the hWare system:

- The MCH/FP Team has requested that the system be developed assuming data entry at the province level (one province per site). At the central level, a transfer function allows data entered at other levels to be incorporated into a national file.
- Forms to be included: 101, 102, 102A, 103
- Other forms should be entered if officially requested by the MCH/FP General Directorate.
- The system should include validity checks to ensure that no record is entered twice. The combination: II+KURULUS+YIL+AY should be unique. Also, these fields cannot be blank.
- Facility types should be entered and considered in the system design. The following types should be incorporated: Health centers (S), MCH/FP centers (A), MOH Hospitals (H), Other Government Hospitals (K), Private Hospitals (O), Others (D).
- All GET statements of alphanumeric data should include the uppercase picture.
- All pop-up headings should include a field description instead of field names.
- All years data should be 4 digits.
- All fields that require totals should be entered by the operator. The computer will check the totals and display an error message if there is a mismatch. If the operator decides to enter the record anyway, the record will be marked as not correct. Each report generated by the system should include the percentage of "non- 100% valid" records used in its preparation.
- When correcting a record marked as "not valid", the system should automatically mark the record as validated.
- Validation routines should be included for month and year data entry.
- The active section on the screen during data entry and editing should be highlighted.
- The keys used for navigation through menus should be consistent. For example, Pg Up and Pg Dn and the arrow keys are not used the same way all the time.

- In the province file add: a field for population (8 digits), a field for population of women of reproductive age (8 digits), a field for population of children under 5 and a field for infants (under 1 year). In addition, a character field and two numeric fields should be provided. These would be later defined by the users.
- To add: a district database with information similar to that kept for provinces.
- Reports: For each data entry section of each form, to develop a report for data aggregation.
- Province code: 3 alphanumeric characters
- District code: 3 alphanumeric characters
- Ensure that an appropriate message is displayed when the ESC key is used. (Check use of ESC when editing ILI).
- All sections displayed on screen should be updated when a new form is located.

Specific changes requested:

- Hitting PREV on the first ILI record, last record message is displayed instead of "first record" message.
- In form 101, pop-up is not activated if user enters blank for IL.
- In form 101, when using ADD, cursor jumps back to main menu after entering the first section.
- In form 101, totals in "cekim yapilan kisi sayisi" are not aligned.
- In form 101, when pop-up occurs when entering KURULUS, the wrong field is displayed under clinic name (should not be the code field but the name field). Same in form 102 and 103.
- The totals for Ria and Kondoms are reversed before the screen is updated.
- In form 103, pop-up for location needs headings.
- In form 103, after data entry is completed, if you go back to editing, the column "diger ilaccar ile tedavi" is wiped out and replaced with zeros.
- In browse, when using pop-up, display actual form title.
- In browse, include descriptive headings instead of field names.