

PRIMARY HEALTH CARE PROJECT

ADANA WORKSHOP

PSC REPORT

In accordance with the decisions taken at the Preliminary Seminar held on 8-10 October 1982 at the Marmara Hotel, Ankara, the Adana Workshop was held between 22 - 30 November 1982 at Çukurova University Installations with the participation of many officials, specialists, and personnel from MOHSA, UNICEF, and WHO besides various government sectors. The first day the number of participants, together with the guests, reached to 170. It was observed by the correspondents of major newspapers of Turkey as Milliyet, Hürriyet, Güneş, Tercüman, Cumhuriyet, etc., as well as the local press and a team from Turkish Television. Also, two representatives of the Turkish Radio attended the whole Workshop, preparing a serial on the PHC subject, with live programmes covering the opening speeches of the Workshop and interviews by several officials. The news about the PHC Workshop was broadcast Turkey-wide on TV on the night of 22 November, and on all radio channels on news bulletins. The press gave a wide covering and printed news and photographs from the Workshop; especially Adana editions of the above mentioned papers continued their covering throughout the duration of the Workshop. Previously, a news bulletin was prepared by this office providing background information about the PHC conception and the PHC Project application in Adana as reference center; it was distributed to the members of press the first morning. However, despite the insistence of correspondents, we avoided giving the copies of memoranda presented by the speakers at the Workshop with the idea that they could be misused wholly or partially with

the aim of giving sensational news and mislead the public especially on sensitive subjects as communicative diseases, malaria, etc. The meeting was closed to the press after the opening speeches. It is a fact that due attention was given to the Workshop by the media and successfully transmitted to the public.

The previously prepared plan was closely followed. After the opening statements and speeches, the Adana Director of Health presented the general view of the province pertaining the present situation, problems, health organisations and personnel. Then, 22 memoranda were presented by officials coming from various governmental organisations in Ankara and Adana. After briefing the whole group on the methodology to be followed by the Workshop by the UNICEF Representative, Working Groups were assigned and they started work.

Although an official and complete situation analysis was not attempted, the memoranda presented at the Workshop give us quite a detailed and coloured picture of Adana with its geographic situation, climate, population and their habits, its importance as an agricultural and industrial area, all kinds of problems, its situation in the process of finding solutions, its resources and potentials. It would be appropriate to mention briefly these features before starting the PSC part of this report, and help in understanding the local requisites to be taken into consideration.

Adana province is situated on the Eastern Mediterranean coast, on the south of Turkey, with a typical Mediterranean climate. It is one of the most sunny places on the world with approximately 110 clear days a year and a daily average sunshine period of 8 hrs. 24 min. Winters are warm and rainy, summers are very hot (winter average 10.2°C , summer average 26.9°C with very few rain, and ratio of humidity very high (yearly average 66%). It has an area of $17\ 253\ \text{km}^2$ 20 m higher than sea level.

Seyhan and Ceyhan rivers flow through the province to reach Mediterranean. It has 12 subprovinces and 722 villages. Among 67 provinces of Turkey, Adana takes 5th place in population, 6th place in economic and social growth, 3rd place in agricultural modernisation, but 44th place in numerical educational scale.

The population is 1.594.751 (1982) with an increasing rate of 3.6% (1975-80), above Turkey average, the main reasons of which are:

- a. highness of birth rate
- b. migration from villages and other provinces
- c. migrant workers coming for seasonal agricultural jobs.

The net migration rate in 1975-80 period was 47.7%.

The number of educational installations seems quite adequate, above Turkey average, with only 31 villages without school and these are settlements of a few houses each, where the number of children are not enough to fill a school. The school age children of these villages either go to the nearest village school or to the District Boarding School in Mustafa-beyli. The schooling ratio is as follows:

school age children	: 223.265
no. of students	: 210.960
percentage	: 94%

On the other hand, the illiteracy rate is 28.1%, 17.7% among males and 39.2% among females. The illiteracy rate has been 34.3% in 1975 and has gone down to 28.1% in 1980. However, while it went down 6.2% in 5 years, the number of illiterates has remained the same due to the increase in population. The rate is higher among female population, elders, agricultural workers and inhabitants of rural areas, and these people cannot adapt themselves to modernisation in agriculture, industrialisation,

hygienic urbanisation and democratic political progression, therefore, are not able to use their creative forces and social rights.

With regard to health organisations and medical care units, Adana is again above Turkey average with 18 medical care units belonging to MOHSA, and 8 to Social Security Organisation, military units and private sector. In addition, there are 82 Health Units and 524 Health Houses. The ratio of the number of hospital beds to population is %0014, 707 per bed. Of the 82 Health Units planned in 1979, 66 are completed and are in working condition. However, the distribution of medical personnel is bad although nearly sufficient in number, most of them working either in Adana center or in subprovinces. The socialisation process has started in Adana in June of 1982, and the personnel are being reorganised. With the obligatory service the new legislation brings for medical personnel, it is hoped that all vacancies will be filled by the next year.

Çukurova (Hollow Plain) Region which includes Adana, İçel, and Hatay provinces is one of the most important agricultural centers of Turkey and it provides nearly 10% of the total agricultural produce of Turkey. In this area, Industrial plants (cotton) hold a large place; other produce are grains (rice, corn), beans, oily seeds like sesame and vegetables. In recent years, animal husbandry (milk cattle) has become quite popular also. Together with the increased production of cotton, other products as citrus fruit have been experimented successfully as replacement to cotton in some areas; and as second yearly product, sesame seeds, corn and soya beans have been added. With this great potential for agriculture (220.000 Ha) and irrigation facilities provided by the construction of Seyhan Dam, Adana has developed a great deal as an industrial area also.

Nearly every characteristic of Adana has a positive and a negative aspect at the same time. Its situation, its climate, its growth and richness create disadvantages as well as advantages for this interesting province.

The irrigation and drainage systems have turned into unhealthy areas with mosquito breeding sites with the help of unfavourable climatic conditions. The quick population growth, together with the migration of unqualified, uneducated workers coming from backward areas and yearly migration of temporary labourers have caused unplanned and unhealthy urbanisation, forcing the already insufficient infrastructure of the province to the point of inoperativeness. Water has become the most important problem of the city.

* The months of July, August and September are usually very dry and irrigation is unavoidable. The soil on the upper Çukurova has very high potential for agriculture with irrigation possibilities provided by the 5 main irrigation systems which are again above average of Turkey. These bring a lot of advantages as increasing the prosperity of farmers and development of industrialisation. However, as the difference in ground level is minimal, it creates big problems of drainage. Drainage canals are not sufficient, and the existing ones have to be cleaned continuously of vegetation which could not be carried on in previous years because of gas shortage, and became mosquito breeding sites. Also, unplanned construction (sand and gravel excavations) created big accumulations of unwanted, unhealthy water, remaining in settlement areas, shanty-town districts.

Drinking water and sewer systems create big problems also. In Adana city, there are 60 deep water wells providing drinking water, all of them

in densely populated areas. The need for water is so big that it is directly pumped into the system without previous storing; only 26 of these wells are equipped with chlorinator for disinfection purposes, the remaining 34 have no such equipment. The distribution system is very old, and meets with the sewer system in many places. The extraordinary growth of city population and industrialisation are forcing these systems far beyond their potentials. 80% of waste water from settlement areas are directly connected to septic holes, without any sewer system, oozing into drinking water lines and open drainage canals which flow through densely populated shanty-town districts. In summer, many children swim in these canals to cool. Garbage disposal is another problem for these canals, many people use them for garbage disposal in spite of the efforts of of the city and decomposed waste (90% organic) is carried by rain into Seyhan river to pollute the whole area. The water and drainage systems are taken into investment planning in 1982, to be finished till 2000, to serve a metropolitan area of 1.900.000 people. Adana is expected to be populated by 2.500.000 people by 2010.

Malaria eradication activities have been carried on in Turkey until 1965 when eradication was accepted successfully accomplished and the Malaria Eradication Organisation activities were slowed down, personnel reduced, tools and vehicles not renewed or replaced. The epidemic in 1976 has revived the eradication activities, however, the above mentioned organisation has remained powerless, limited with insufficiencies in every field. In May 1982, an effective programme to realise the integration of malaria eradication services was started, calling all health organisations to cooperate in fighting malaria. Extensive protective and curative care are being dispensed especially to the inhabitants of the 19 most risky districts in Adana.

It is superfluous to mention that unhealthy systems of the city cause a lot of communicative and parasital diseases together with pesticide and food poisonings.

All these problems were brought to light at the Workshop by the speakers, together with present attempts to solution and necessary future planning. This process has been most useful for the purposes of information and communication in such a multisectorial meeting; most of the participants have expressed this point with emphasis. As can be seen by the results of group reports, "inter-sectorial cooperation" was one of the most repeated ideas and the Workshop has been, in itself, a big PSC effort at the managerial level.

Aim

To promote the consciousness and knowledge of the people of Adana province for the realisation of Primary Health Care Project.

Objectives

Long Term Objectives: The objectives of the PSC activities are identical with the objectives of the overall PHC activities plan and Adana PHC Project objectives.

Short Term Objectives:

1. To help to promote managerial performance and organisational operativeness for the implementation of the Adana PHC Project.
2. To help to promote multisectorial cooperation in headquarters and in the province.
3. To raise the level of consciousness at the executive level both in governmental organisations and private sector through advocacy.

4. To help to provide the cooperation and participation of the public through the media.
5. To help to promote the educational level and traditional habits of the public through PSC tools and inform them about health subjects.
6. To help to promote the performance, consciousness and willingness of training, medical and paramedical staff.
7. To provide feedback data for the promotion of ways and means for PSC purposes.

Target Groups

1. High level ministry staff:
These are the top level MOHSA staff who make decisions on the planning, implementation and budget planning of the Adana PHC Project.
2. High level managerial staff of other related ministries and governmental organisations as State Planning Org., Ministries of Education, Village Affairs, Agriculture and Forestry, Labour, Public Works, State Water Works, Water and Soil Works, Highway Dept. İller Bank and local representatives of all these organisations.
3. Staff of Çukurova (Adana) and Hacettepe (Ankara) Universities who can contribute a lot in research, education and training fields.
4. Members of media, Ankara Radio and TV, Çukurova Radio, Mersin TV, members of press, local and Turkey wide; popular public figures as writers, actors, etc.
5. Prominent representatives of private sector in Adana who have great social and financial potentials as owners of big factories, big land-owners, etc.

6. Field level medical and paramedical staff.

Three subgroups come under this title:

- a. Medical doctors
- b. Health Officers
- c. Nurses and midwives

7. Education and training personnel:

- a. School teachers of all levels
- b. Staff of post-graduate training centers (institutes)
- c. On-the-job training staff
- d. Army training-education staff

8. Community leaders:

These include managerial staff of subprovinces, religious leaders, village headmen, speakers or representatives of migrant workers, leaders of Workers' Unions

9. The rural, semi-urban and urban communities and migrant agricultural workers.

Adana has a very cosmopolitan population. Besides the locally born and bred people, there are many others who have come to work and stayed from east and south east Anatolia, also, many people from bigger towns because of the industrialisation and export facilities the coast provides. There is a large group of immensely wealthy people, big-land owners, leading a luxurious way of life beside the very poor shanty-town community who contend with minimal living conditions in unhealthy, insect ridden areas. Among the latter, birth and baby mortality rates are very high. Until the start of socialisation, FP/MCC services have been carried out by only 9 centers. Family Planning services could reach only to 13.1% of women of child bearing age. After June 1982 these services have been extended.

There is extensive malnutrition in the area which arises from lack of education and traditional bad habits (like using raw meat in local food) rather than economic difficulties. The most important is the protein-calories malnutrition followed by rachitism, anemia due to insufficient iron, tyroidal malfunction due to iodine insufficiency. Main reasons are lack of environmental hygiene, low standard of economic, educational and social standards, short-term breastfeeding and delay of additional foods for the baby. Unbalanced nutrition is a problem at all levels; people of Adana region tend to eat too much meat.

Communicative diseases of all kinds are prevailing in the densely populated area because of unhealthy living conditions. Climate, excess migration and the movement of migrant workers effect this factor very negatively and create difficulties in immunisation services. Besides malaria, six main diseases (tuberculosis, tetanus, whooping cough, diphteria, measles and polio) need to be remedied through immunisation. Adana is also a sensitive area in zoonotic diseases.

Migrant agricultural workers are the most risky group of people, deserving special attention, in need of great social and medical organisation. Most of them do not even have identification certificates. Number of these change, according to different sources, between 250.000 - 600.000. They come from barren, mountainous or forest areas unsuitable for agriculture and animal husbandry, bringing their families, tents and meager possessions together, often to the same areas for the same temporary jobs between April-October. Working hours are long (forest workers 8 hrs., cotton picking 10-12 hrs., rice plantation 8-10 hrs., 6 days a week) and working conditions are heavy and unhealthy, without any social security. They live in the open, pest-ridden areas, with little or no water, drinking water provided by tankers by the employers, mostly stale and warm, without hygenic latrines and

medical service not provided in spite of the sicknesses due to working conditions (insect bites, diarrhea, sun strokes, pesticide poisoning) and job accidents. Loss of per diem causes neglect of treatment of many diseases. Excepting very young and very old, every member of the family works. Families are crowded (average per family 7.13). Most of them do not know the existence of social security.

On the other hand, to take these workers under the cover of social security seems very hard because of the following reasons:

- no continuous working periods (less than 120 days per year as rules by the S. S. law)
- working in too many working places, therefore hard to follow to register or to collect insurance premiums
- hard to control by S.S. inspectors
- type of work hard to insure
- no labour union system
- forest workers, cotton pickers and similar labourers are contracted for certain work, they are out of the limits of legal workers.

Extensive research is needed on the living habits of this group for the purpose of organising them socially, economically and medically. Çukurova University can be a big help in this area. To provide medical and educational help for these workers would be possible only by providing temporary settlement areas (mo-camps, camping sites with water, electricity, latrines, etc.) and mobile units who can adjust their working hours to suit the scarcely available time of migrant workers. Visual learning kits revised to conform to local needs would be most helpful together with mobile video and film units where electricity can be provided at settlement areas.

Strategy

The PSC factor will play a very important role in the implementation of the Adana PHC Project as there is great insufficiency in information and feedback factors in all fields as can be seen from detailed working group reports as well as the consolidated report. The most urgent factor should be "advocacy" for 1983 which is accepted as the preparatory period and for an important part of 1984. Turkey is a developing country with a certain amount of past experience in government management and know how. However, political and financial difficulties, the changing process from a feudal state into democracy, urbanisation, the relatively sudden demand of masses for a better life and public services and the effort of promoting the standard of living of a big and fast increasing population to a contemporary level are forces that are very difficult to cope with altogether.

It is very hard to bring all of the executives to a state of mind ready to accept and willing to apply completely new techniques and systems and conceptions and forget the accustomed, undisciplined and old methods. Although some are educated and trained in more modern and progressive manner, there still are a lot who belong to the old school. To convince these persons of authority on the necessity of new methods in management needs 'advocacy'. There were numerous examples of this type at the Workshop who were hard to accept the new public health philosophy and methodology, and ready to return back at every opportunity to old ways and means in the planning process. Moreover, there has been recent changes at the top executive level. The political changes planned for the near future as passage to normal democratic life in 1983-84 will, undoubtedly, bring more and extensive changes.

The activities to promote advocacy at the executive level would be:

1. Encourage reorganisation at the MOHSA.
2. Organise seminars and symposia, inviting specialist speakers to give information and solid examples from countries who have successfully applied PHC projects.
3. To try to benefit from the experience of these executives by enforcing their personnel, adding assistants or subordinates trained in modern techniques
4. To send them to courses and seminars to bring their knowledge up to date.
5. To sound other related ministeries and organisations for the same purpose.
6. To organise one or two workshops in Ankara, inviting Undersecretaries, General Directors, Department Heads and other decision makers of related ministeries and organisations to inform them about the results of Adana Workshop, and later, to present master plan of the Adana PHC Project to get their views and to enlist their full cooperation
7. To keep them continuously informed of the PSC means and tools prepared for the field use.
8. To intensify efforts to start the publishing of a quarterly Primary Health Care Bulletin to promote intersectoral communication as well as communication between the Headquarters and the field level personnel. This should be promptly started in 1983 (April).
9. To cooperate with the media in every way for programmes and panels on TV and Radio on PHC subject.
10. To negotiate with PTT Derectorate to issue series of postage stamps with PHC messages and pictures for the year 1984.

11. To negotiate with Turkish Monopoly to use such messages on match boxes and cigarette bands
12. To publish a booklet in English and in Turkish to cover Adana Workshop results.

The second main strategy is the communication with the people of the reference center. For this purpose:

1. The local media should be used at every opportunity by sending them articles, publications they can use, and news about PHC activities with the purpose of attracting and holding the interest of the people to insure their participation and cooperation.
2. Inform the public from time to time about project planning and jobs accomplished, carefully, without raising false hopes.
3. Publish posters, booklets and leaflets on the PHC issues as FP/MCC, breastfeeding, right and balanced nutrition, immunisation and hygienic living standards
4. Print a PHC Calendar for 1984 to distribute to reference centers and surrounding provinces, possibly taking İçel and Hatay, the other two provinces of Çukurova, within the distribution range. The probable subjects to be projected on the calendar are FP/MCC.
5. To organise a PHC Photography Competition which can later be exhibited in Ankara, Adana, İçel and Hatay. The prize winning photographs can be used on many publications as posters, leaflets and calendars.
6. To organise a drawing competition among primary school age children of reference centers on FP/MCC and nutrition subjects especially emphasizing the importance of promoting the habit of drinking milk. The activities for this purpose should start in the spring of 1983, the schools be informed at the beginning of the school year in Sept. and the competition finalised in the first quarter of 1984.

7. To design stickers with basic PHC messages and distribute to reference centers and country wide
8. To prepare illustrated PHC stories both to be used on the PHC Bulletin as a serial and separately on leaflets to be distributed among the paramedical staff.
9. To revise Visual Learning Kits with the aim of adapting them to local types and current activities to be used by paramedical staff.

The third main strategy is the communication with the medical, paramedical and health personnel, together with the educators, trainers and research staff, with the purpose of promoting their consciousness, level of knowledge and willingness (experience). For this purpose:

1. To distribute the PHC Bulletin among these staff and to provide their participation in the form of news, data and photographs from health centers and units to be published in the bulletin.
2. To distribute educational booklets and leaflets periodically among them and to be passed to village headmen, religious leaders, messengers of migrant workers and village teachers.
3. To promote consciousness on PHC subjects among Çukurova University teaching staff and students through conferences, seminars and distribution of publications with the purpose of enlisting their help in research, data collecting and feedback areas.
4. To promote the level of information and consciousness of army training staff with the purpose of communicating with the masses of young men especially on the subjects of family planning, hygiene and nutrition
5. To provide UNICEF help, both financial and in the form of teaching and PSC tools, methods and technology to train management, paramedical and health staff and their trainers, eg. literature on the methods used on organising and educating migrant agricultural workers

CRITERIA

The criteria of the PSC activities are also identical with the criteria of the Adana PHC Project which are:

- being economical
- being practical
- being scientific
- being effective and productive
- being acceptable
- being completed within a suitable time be continuous
- being in accordance with the national PHC policy.

TIMING

* The year 1983 which will be the planning and preparatory year for the PHC Project will also be the First Phase of PSC Planning. The definite Pert and Gant charts for the activities proposed in this report can be prepared only after the finalisation and approval of the master project and this report by the PHC Project Secretariat. This will cover the First Phase.

The Second Phase (1984-87) will cover the PSC activities to progress in step with the Project, together with feedback and evaluation factors and + this will lead to improve or change the means and tools used for PSC purposes in the framework^{of} this project.

However, separate and detailed workplans will be prepared right away for several items as PHC Bulletin, 1984 PHC calendar and Photography Contest for approval and immediate action, together with the planning of 1983 workshops and seminars.

COST

The cost of the activities described in this report will be realised with the provisions met by MOHSA and/or related organisations, and if specifically stated and agreed, by UNICEF.

The net cost of the PSC programme for each year should be calculated and submitted for approval separately, as there can be changes according to the needs, and the prices of material and manpower are very changeable. The 1983 Activity Plan will be prepared after the revision of the proposals covered by this report to be submitted and approved by the PHC Project Secretariat.

To meet the cost of certain items that will appeal the interest of private sector, their financial help might be required if it is not in conflict with the principles of the government and UNICEF.

EVALUATION

The Adana PHC Project seems to have a high chance of success as there are many favourable factors to make the application of this project possible. The geographical situation, the behaviour of the government in having already realised the problems of the area and their urgency, the planning of infrastructure already taken into consideration and 5-year plans by the State Planning Organisation, the easy accessibility of the region, the existence of medical and educational institutions and the financial potential of the region are all favourable factors.

The improvement of management, training and education, promotion of the consciousness and information level of the public and service staff, together with providing the cooperation and participation of public in the implementation of this project will prepare the way for full success in reaching the aim. And, Project Support Communication will, certainly, be one of the basic factors in these activities.

Ece Belen

Asst. PSC Officer

5 January 1983

PRESS EXCERPTS

Attached are 6 press excerpts published on the occasion of PHC Adana Workshop on 23 November, 1982. Also, the background information on Primary Health Care and Press Release prepared for the opening of the Workshop by the writer are enclosed. These were distributed to the reporters attending the workshop.

The headings of the newspaper excerpts are as follows:

1. Milliyet, 23 Nov. 1982:

"The most important meeting on health in the history of Adana started yesterday"

"Mayor Kelecek said: 'Problems of the city arise from insufficiency of its infrastructure'"

"In the memoranda presented at the Workshop, it is declared nutrition elements not hygienic and malnutrition prevails among children"

"Problems of the city discussed openly"

2. Hurriyet, 23 Nov. 1982:

"PHC Seminar started in Adana"

"The seminar organised on the occasion of Adana being taken under the cover of PHC Project as reference center will continue one week"

3. Guney Haber, 23 Nov. 1982:

"Adana Primary Health Care services are being reviewed"

"The Governor said: 'This city has no infrastructure'"

The speakers and the organisations they represent are listed together with excerpts from their speeches.

4. Yeni Adana, 23 Nov. 1982:

"On the first day of Workshop where PHC planning is started, Governor Kozakcioglu declared realities of the city: 'Adana is backwards in PHC services'"

"Governor Kozakcioglu declared in his opening speech: 'Workers coming from east Anatolia bring their health problems together and 'Malaria cases which have been quite numerous show a decrease recently'"

5. Gunaydin, 23 Nov. 1982:

"Governor Kozakcioglu: 'Health services have been neglected'
"Mayor Kelecek: 'We are not able to chlorinate drinking water'

6. Güneş, 23 Nov. 1982:

"A Workshop is organised in Adana with the cooperation of
UNICEF and WHO"

Ece Belen

Asst. PSC Officer

6 January 1983

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UNICEF

BİRLEŞMİŞ MİLLETLER ÇOCUKLARA YARDIM FONU
Date: 13 Jan. TÜRKİYE TEMSİLCİLİĞİ

UNITED NATIONS CHILDREN'S FUND
ANKARA OFFICE

ATATÜRK BULVARI 197, KAVAKLIDERE - ANKARA

Ankara, 7 January 1983

3.7/011

Dear Revy,

Further to my letter of 24 December concerning our PSC activities ... please find enclosed the PHC Project Adana Workshop PSC Plan with press coverage attachment prepared by Ms. Ece Belen, our PSC Officer. As you will note this is the second draft; as soon as finalized we shall start discussing it with the Government. I wanted to share this report with you as it is, because it reflects quite well the situation in Adana and the work that we have to undertake there. You will of course appreciate that there are many things, in this report to be dropped and screened during its final presentation to the Government.

You will as well note that this report has two folds. One is the summary briefing of Adana Workshop together with the complex environmental situation in Adana and the second part is broadly our ideas on PSC to support the field implementation of the project.

Before I proceed further, I would much appreciate to have your views and comments on this but I am confident that we will have more time to discuss this during your visit here.

Hoping to hear from you soon, with warm regards.

Yours sincerely,

Ekrem Birerdinc
Resident Programme Officer

Mr. R. Tuluhungwa
Chief, PSC
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UNICEF

BİRLEŞMİŞ MİLLETLER ÇOCUKLARA YARDIM FONU
Date: 13 Jan. TÜRKİYE TEMSİLCİLİĞİ

UNITED NATIONS CHILDREN'S FUND
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Ekrem Birerdinc
Resident Programme Officer

Mr. R. Tuluhungwa
Chief, PSC
NYHQ5



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Notes

20 pp

The report describes the Adana workshop held 22-30 November 1982 at the Cukurova University, with participation from MOHSA, UNICEF and WHO plus plus government sectors, totalling 170 persons. Also, a letter from Ekrem Biredinc, Resident Programme Officer, Ankara, to RRN Tuluhungwa, UNICEF, New York, about the workshop.

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