

ANNEXES

ANNEX 1 – TERMS OF REFERENCES

Terms of Reference

Key Expert 1: Team Leader

Responsibility and duties

The Team Leader is responsible for the correct technical implementation of the EU funded project Maternal Mortality Study with the identification number EUROPEAID/117577/C/SV/TR. He will represent the project on official occasions as meetings and conferences. The main place of work of the team leader is located in the project office in Ankara. He will establish close co-operation with the beneficiary the Ministry of Health in Ankara as well as to the authorities of the European Union in Turkey. He will ensure with all efforts the successful implementation of the project including the visibility of ICON-STITUT.

The project related work of the Team Leader will include specifically the following activities:

- To lead and co-ordinate the project in order to ensure the success of the project according to the envisaged outputs
- To lead and co-ordinate the project team and its activities in close coordination with all consortium partners;
- To liaise with the beneficiary at Ministry of Health and the Technical Assistance Team of the EU-funded programme for reproductive health, as well as with other relevant institutions such as the State Institute for Statistics;
- To liaise with other involved parties like the contracting authority EU-Delegation in Ankara;
- To plan the precise scope, terms of reference and timing of the involvement of the project key and non-key experts in close co-operation with the consortium partner HUIPS;
- To prepare the budget forecast for all project phases in close cooperation with all relevant consortium partners;
- To prepare a global and annual work plans to be submitted to the Steering Committee for approval. Annual work plans will be established on a six-monthly rolling basis;
- To ensure the implementation of the agreed work plans;
- To provide support as necessary for the smooth implementation of the subject areas of technical assistance inputs;
- To contribute as necessary to the work of the specialised inputs and ensure the timely provision of mission reports and/or documentation at the end of the subject areas missions;
- To ensure permanent progress monitoring of the project; including follow-up of the recommendations of the experts involved in the specialised inputs;
- To produce the inception report and regular six-monthly progress reports, which will include both the specific input of the advisory missions, a general overview of the

physical and financial progress in implementation, and the detailed work plan for the following reporting period. These reports will be submitted to the Steering Committee and the EC through its Representative Office;

- To produce a final report at the end of the project describing the evolution of the project and its achievements. The final report will also describe the prospects for sustainability and provide a chapter on lessons learnt and recommendations. The level of detail of this report should be such as to enable an independent evaluation of the results, both in quantitative and qualitative terms. The structure of the report has to be agreed upon with the beneficiary, the contracting authority and the ICON contract management in Köln.
- To produce monthly reports by the 10th of each month prior to each monthly monitoring meeting. The monthly report will describe progress achieved, problems arising and plans for the coming months. The report will be used to set the agenda for discussions at the monitoring meeting which will be attended by the Team Leader.
- To take all necessary measures to assure the visibility of the EC supported ICON project.
- Preparing for the Steering Committee meetings including draft agenda, reports, supporting documents, other related issues in close co-operation;
- To built up an internal monitoring system for the follow up of the project objectives, administrative tasks, use of resources and book keeping.
- The team leader has to inform the ICON contract management about the project progress directly (at least once a week). He has to communicate all project related problems immediately. He is committed to keep confidentiality on all project related information.

The Team Leader is responsible for the correct use of the local project budget. He will regularly prove it by means of the monitoring system including book keeping and the provision of the supporting documents like invoices, original receipts, travel documents etc. The financial reporting to ICON will be done on a monthly basis.

Terms of Reference
Key Expert 2: Principal Investigator

The Principal Investigator will work with the project on an intermittent basis for a total of 132 working days. In the project team she will have main responsibility with the development of the research design, the development of the research instruments, training of province team members, supervision of the training of district coordinators as well as the supervision of data collection.

The following tasks are specified:

- Identification and analysis of existing information and data sources including the 2000 Turkey Census, the 2003 TDHS and other as relevant
- Lead the project team in the finalisation of the quantitative study methodology
- Assist in the preparation of model based estimation and qualitative study component
- Identification and development of survey instruments
- Design and supervise the pilot study
- Revise methodology and instruments according to the outcome of the pilot study
- Assist in organising regional kick-off meetings
- Assist in the identification and train Provincial Project Teams as trainers (TOT) and on verbal autopsy methodology
- Assist in the supervision of the training of District Coordinators
- Supervise the identification and training of primary informants
- (Assist in the) design of a quality control concept
- Assist in the supervision of the actual data collection and scrutinise the verbal autopsy reports
- Analyse NMMS data
- Assist in conducting national and regional workshops for the dissemination of study results
- Assist the team leader in the reporting by providing relevant sections for the Inception Report, the report on the pilot study, the 6-monthly progress reports and the Final Project Report.

Terms of Reference

Key Expert 3: Field Team Leader

The Field Team Leader will be working with the National Maternal Mortality Study for a total of 18 months during the two years life span of the project. His main responsibility is the preparation and execution of the field survey including pilot testing of the research concept and tools.

The following tasks are specified:

- Together with the team leader coordinate and finalise the elaboration of the research protocol, which should include a detailed description of all research methods to be applied, the final version of the study sample, the work plans, staffing schedules, the logistics set-up and a monitoring concept
- Take major responsibility in organising and conducting the kick-off meetings to announce the initiation of the project
- Support other team members in the sampling procedure
- Together with other team members develop survey instruments and training materials
- Co-ordinate the development and implementation of a quality control concept
- Support the team leader in his negotiations with the Ministry of Health, Ministry of Interior and in the Steering committee meetings
- Co-ordinate preparation and execution of the pilot study
- Ensure all necessary amendments of the methodology as result of the pilot study
- Seek collaboration of provincial governors and provincial health offices
- Co-ordinate (and actively participate in) the selection of provincial project teams, their training, supervision and remuneration (as appropriate)
- Co-ordinate the supervision of the training of District Co-ordinators
- Together with other team members supervise the NMMS data collection activities and data entry and ensure the establishment of an appropriate data base
- Support the qualitative component of the study
- Take major responsibility in organising and conducting a national conference as well as two regional conferences on the results of the NMMS as well as a press conference
- Support the team leader in the production of the following reports by providing substantial contributions to these reports as far as the responsibilities of the field team leader are concerned: Inception report, pilot study report, quarterly reports to MoH, Steering Committee and EC as well as final report.
- Oversee the proper use of the HUIPS budget with the help of the project assistant, account for all expenditures and present monthly financial reports to the team leader
- All duties of the Field Team Leader will follow the main time schedule which is part of the main contract between the donor, the MoH and the consortium as well as the quarterly work plans which are prepared successively.

Terms of Reference
Key Expert 4: Statistics/Sampling Expert

The Statistics/Sampling Expert will work with the project on an intermittent basis for a total of 6 months. In the project team he will have main responsibility with the development of the study sample, the supervision of data collection, data processing and evaluation as well as the training and supervision of the provincial team members and of the training of district coordinators.

The following tasks are specified:

- Lead the team in the finalisation of all sampling issues including the calculation of confidence intervals and standard errors
- Together with other team members carry out the identification of cemeteries, health facilities and households
- Support the team in the development of the survey instruments and training materials
- Together with the rest of the team prepare, conduct and evaluate a pilot study after which the survey concept will be amended accordingly
- Take part in the preparation and conduction of a national and several regional kick-off meetings
- Conduct trainings of trainers and supervise the provincial project teams
- Assist in the development and application of a feasible quality control concept and take main responsibility in assuring a high quality of data processing and analysis
- He will supervise the field staff and have overall responsibility in all issues of data collection and the entry of NMMS data into the computers of HUIPS in Ankara.
- He will also evaluate and further refine data from other sources which may be essential for determining maternal mortality (e.g. TDHS, census, vital registration and others as appropriate)
- He will be responsible for the comparison of aggregate and individual level data from different sources
- He will support the team in all major committee meetings
- He will prepare and submit to the team leader relevant sections for the following reports: Inception report, report on the pilot study, all quarterly reports and the final study report.
- All duties of the Statistics/Sampling Expert will follow the main time schedule which is part of the main contract between the donor, the MoH and the consortium as well as the quarterly work plans which are prepared successively.

ANNEX 2 – DATA ON MATERNAL MORTALITY FOR TURKEY

Source	Method	Population	MMR per 100,000 (95%CL)	LTR: 1 in	MD/PRD	Births	FD	PMDF	Year of estimate
WHO, UNICEF & UNFPA, 2004	Model	National	70 (18-130)	480	1000	1,428,571	20,000	5	2000
WHO. 2001; Hill et al 2001	Model	National	55 (18-160)	570	780	1,418,181	19,500	4	1995
WHO 1996	Model	National	180	130	2900	1,611,111	NA	NA	1990
Turkish MoH, Başkent Univ. & School of Public Health, 2003	Population-based	National (n=12000)	24.4 <i>MMRate = 1.7</i>	NA	1	4097	151	0.7	2002-03
	Population-based;		132		115		928	12.4	
	Sisterhood survey	National (n=53280)	139	189	215		1713	12.6	1981
TURKSTAT 1993 Turkish Population Survey	Population-based;	National (n=17327)	144	167	314	NA	2849	10.7	1978
	Population-based	National (n=17327)	MMrate= 376	149	378	NS	5079	7.4	1974
		Nevşehir province; Etimesgut & Cubuk districts, Ankara	208	NS	NS	NS	NS	NS	1974-75
Tezcan et al 1990	Population-based		157554			157554			1984
Derivoşlu 1988 unpublished, in WHO 1990	Population-based	Kahramanmaraş, South-eastern region	<i>MMRate = 3.2</i>	NA	5		96	5.2	1984-85
Derivoşlu 1988 unpublished, in WHO 1990	Population-based	Adıyaman, South-eastern region	284	NS	NS	NS	NS	NS	1986
Derivoşlu 1985, in WHO 1990	Population-based	Adıyaman, South-eastern region	91	NS	NS	NS	NS	NS	1986
Akin, A. et al. (2000) and Biliker 2003	Facility-based	Etimesgut & Çubuk health training research areas	119	NS	37	31,051	NS	NS	1973 or 1975-83
Malatyahoğlu et al 2006	Facility-based	615 Hospitals in 53 of 81 provinces	49	NA	323	656,446	6371	5.1	1997-98
Yanık et al 1999	Facility-based	Ondokuz Mayıs University Hospital, Samsun	412	NA	27	6553	NA	NA	1998-2005
		Ondokuz Mayıs University Hospital, Samsun	822.2	NA	87	10,584	NA	NA	1978-97
			143.4		128	81731			1968-2004
			80.9		8	9892			1998-2004
			29.3		3	10230			1993-97
			97.7		12	12281			1988-92
			86.8		15	17281			1983-87
			199.0		31	15581			1978-82
Bozkurt Özyüncü & Ayhan 2006	Facility – based	Hacettepe University Hospital	381.6		36	9435			1973-77
			417.7	NA	23	5507	NA	NA	1968-72
			180						1968-92
Ayhan et al 1994	Facility-based	Hacettepe University Hospital	73.7		117				1988-92
Ayhan et al 1990, n PUBMED	Facility-based	Hacettepe University Hospital	417.7	NA	(108)	59,993	NA	NA	1968-72
Ayhan et al. 1989, in PUBMED	Facility-based	Hacettepe University Hospital	140	NA	NS	NS	NA	NA	-
		Hacettepe University Hospital	64.1	NA	13	20,291	NA	NA	1971-81
		Zekai Tahir Burak Women's Education & Research Hospital, Ankara	40.4						1982-2001
Akar et al 2004	Facility-based	Cumhuriyet University Hospital, Sivas	11.6						2001
			85.1	NA	174	430,559	NA	NA	1982
Çetin et al 2003	Facility-based	Zübeyde Hanım Maternity Hospital	471	NA	35	7424	NA	NA	1992-2002
			16.9						1983-92
			12.8						1991-92
Tuncer et al 1995	Facility-based	Cerrahpaşa University Hospital, İstanbul	22.6	NA	17	100,531	NA	NA	1983-84
Aksu et al 1998	Facility-based		81	NA	34	19,808	NA	NA	1991-96
Derivoşlu 1985 unpublished, in WHO 1990	Facility-based	Six Çubuk health centres	73 to 341	NS	NS	NS	NS	NS	1973-83 or 1975-83
Biri, Öztürk, & Maral, 2002, in PUBMED	Facility-based	Ankara Hospitals	NS	NS	58	NS	NS	NS	1997-2000

^(*)Figures in italics were calculated by the authors based on the original sources

NA = not available

NS= original not seen

ANNEX 3 –LIST OF PERSONNEL

Project Director

Prof. Dr. Sabahat Tezcan, *HUIPS*

Technical Director

Assoc. Prof. Dr. İsmet Koç, *HUIPS*

Key Experts

Dr. Rudolf Schumacher, *Team Leader, ICON*

Assoc. Prof. Dr. İsmet Koç, *Field Team Leader, HUIPS*

Dr. Oona Campbell, *Principal Investigator, ICON*

Dr. A. Sinan Türkyılmaz, *Statistician/Sampling Expert, HUIPS*

Non-Key Experts

Assoc. Prof. Dr. Banu Ergöçmen, *HUIPS*

Assoc. Prof. Dr. Attila Hancıoğlu, *HUIPS*

Assoc. Prof. Dr. Turgay Ünalın, *HUIPS*

Project Assistants

Pelin Çağatay, *ICON*

Arzu Baykara, *ICON*

Quantitative Survey Coordinators

Assoc. Prof. Dr. İsmet Koç, *Survey Coordinator*

Kazım Tuğ, *Assistant Survey Coordinator*

Quantitative Survey Field Coordinators

Kazım Tuğ (*Antalya, İstanbul, Tekirdağ, Sakarya, Erzurum, Ağrı, Bayburt*)

Yadigar Coşkun (*Adana, K. Maraş, Gaziantep, Nevşehir*)

İlknur Yüksel (*Diyarbakır, Batman, Van*)

H. Yaprak Civelek (*İzmir, Aydın, Burdur*)

Mehmet Ali Eryurt (*Bartın, Ordu, Giresun*)

Pelin Çağatay (*Ankara, Çankırı, Karaman*)

Sutay Yavuz (*İstanbul, Tekirdağ, Sakarya*)

Gürol Yağcıer (*Malatya, Sivas, Tokat*)

Erhan Özdemir (*Kütahya, Bursa, Balıkesir*)

Elif Kurtuluş (*Kütahya*)

Alanur Çavlin Bozbeyoğlu (*Bursa, Balıkesir*)

Ceren Topgül (*Erzurum, Ağrı, Bayburt*)

Qualitative Survey Coordinators

Assoc. Prof. Dr. Banu Ergöçmen, *Survey Coordinator*

İlknur Yüksel, *Assistant Survey Coordinator*

Qualitative Survey Interviewers

İlknur Yüksel, *HUIPS*

Yadigar Coşkun, *HUIPS*

Mehmet Ali Eryurt, *HUIPS*

Kazım Tuğ, *HUIPS*

Alanur Çavlin Bozbeyoğlu, *HUIPS*

Data Entry and Data Processing

M. Ali Eryurt, *Office Data Entry Coordinator*

Kazım Tuğ, *Field Data Entry Coordinator*

Yadigar Coşkun, *Data Analyst*

Taner Cigeroğlu, *Programmer*

Tuğba Adalı, *Keyer*

Oktay Ünalın, *Keyer*

Özgür Yüce, *Keyer*

Steering Committee Members

Prof. Dr. Sabahat Tezcan, *HUIPS Director*

Assoc. Prof. Dr. İsmet Koç, *HUIPS Head of Technical Demography*

Dr. Rudolf Schumacher, *Team Leader, ICON*

Dr. Mehmet Rifat Köse, *MoH MCH/FP General Director*

Figen Tunçkanat, *Delegation of European Commission to Turkey*

Tuncer Kocaman, *SPO Population Section*

Dr. İbrahim Açıkalın, *MoH MCH/FP Deputy General Director*

Dr. Levent Eker, *MoH General Directorate of Ministry of Health MCH/FP*

Ayşe Toprak, *Turkish Statistical Institute Head of Health Statistics Unit*

Hakan Sakallı, *MoI General Directorate of Population and Citizenship Affairs*

Hafize Zülüflü, *MoI General Directorate of Local Authorities*

Göksel Toker, *MoI General Directorate of Population and Citizenship Affairs*

Berrak Bora Başara, *MoH School of Public Health*

Central Review Committee Members

Prof. Dr. Sabahat Tezcan, *Head of Central Review Committee*

Prof. Dr. Tekin Durukan, *Hacettepe University Faculty of Medicine, Gynaecologist and Obstetrician*

Prof. Dr. Hilal Özcebe, *Hacettepe University Faculty of Medicine, Public Health Expert*

Prof. Dr. Levent Akın, *Hacettepe University Faculty of Medicine, Public Health Expert*

Prof. Dr. Onur Karabacak, *Gazi University Faculty of Medicine, Gynaecologist and Obstetrician*

Assoc. Prof. Dr. Işıl Maral, *Gazi University Faculty of Medicine, Public Health Expert*

Assoc. Prof. Dr. Aydan Biri, *Gazi University Faculty of Medicine, Gynaecologist and Obstetrician*

Assoc. Prof. Dr. Sefa Kelekçi, *MoH Adana Research Hospital, Gynaecologist and Obstetrician*

Assoc. Prof. Dr. Seçil Özkan, *Gazi University Faculty of Medicine, Public Health Expert*

Dr. Utku Özcan, *MoH Zekai Tahir Burak Maternity Hospital, Gynaecologist and Obstetrician*

Dr. Levent Eker, *MoH General Directorate of Ministry of Health MCH/FP, Public Health Expert*

Dr. Murat Ekin, *MoH Zekai Tahir Burak Maternity Hospital, Gynaecologist and Obstetrician*

Dr. A. Okyar Erol, *MoH Etlik Maternity Hospital, Gynaecologist and Obstetrician*

Pre-Review Committee Members

Dr. Rudolf Schumacher, *Head of Pre-Review Committee*

Dr. Alev Yücel, *MoH Ankara Health Directorate*

Dr. Meltem Şengelen, *Hacettepe University Oncology Hospital*

Dr. Nurten Çakmak, *MoH Çubuk State Hospital*

Dr. Aylin Sepici, *Gazi University Faculty of Medicine*

Project Province Teams

Adana

Dr. Mutlucan Karaman, *Project Province Coordinator*
Dr. Ahu Demirci, *Project Province Doctor*
Fulya Karaca, *Project Province Researcher*
Dr. Sedat Gülümsek, *District Coordinator (Seyhan)*
Dr. Süleyman Dilek, *District Coordinator (Seyhan)*
Dr. Salih Kamışlıoğulları, *District Coordinator (Yüreğir)*
Dr. Selim Soğancı, *District Coordinator (Aladağ)*
Dr. Mehmet Ali Karyağ, *District Coordinator (Aladağ)*
Dr. Teyfik Altınsoy, *District Coordinator (Ceyhan)*
Dr. A. Okan Kum, *District Coordinator (Feke)*
Dr. Savaş Kaya, *District Coordinator (Feke)*
Dr. İbrahim Ethem Ağca, *District Coordinator (İmamoğlu)*
Dr. Fahrettin Öz, *District Coordinator (Karaisali)*
Dr. Kemal Ertsak, *District Coordinator (Karataş)*
Dr. Zekeriya Eğri, *District Coordinator (Kozan)*
Dr. Münevver Gün, *District Coordinator (Pozantı)*
Dr. Ali Rıza Çiloğlu, *District Coordinator (Pozantı)*
Dr. İrfan Aydın, *District Coordinator (Saimbeyli)*
Dr. Ahmet Türkmen, *District Coordinator (Tufanbeyli)*
Dr. Ali Uzun, *District Coordinator (Tufanbeyli)*
Dr. Hasan Tatlı, *District Coordinator (Yumurtalık)*

Ağrı

Dr. Harun Erkan Aytekin, *Project Province Coordinator*
Doğan Aydın, *Project Province Coordinator*
Dr. Hatice Yılmaz, *Project Province Coordinator*
Dr. Özben Uluçer, *Project Province Doctor*
Sevgi Berkalp, *Project Province Researcher*
Doğan Aydın, *District Coordinator (Merkez)*
Dr. Hatice Çalışkan, *District Coordinator (Diyadin)*
Dr. Aytaç Kuş, *District Coordinator (Diyadin)*
Dr. Eylem İnce, *District Coordinator (Doğubayazıt)*
Dr. Pelin Çekiç, *District Coordinator (Eleşkirt)*
Fehmi Altun, *District Coordinator (Eleşkirt)*
Dr. Reşit Öztürk, *District Coordinator (Hamur)*
Dr. Ülkü Başkaya, *District Coordinator (Patnos)*
Dr. İbrahim Renkliçay, *District Coordinator (Patnos)*
İsmail Kılıç, *District Coordinator (Patnos)*
Dr. Mehmet Orhan, *District Coordinator (Taşlıçay)*
Dr. Meryem Demirelli, *District Coordinator (Tutak)*

Ankara

Dr. Deniz Çakmak, *Project Province Coordinator*
Dr. Mehveç Çetin, *Project Province Doctor*
Sevgi Balcı, *Project Province Researcher*
Dr. Yurdagül Su, *District Coordinator (Altındağ)*
Dr. Zerrin Fidan, *District Coordinator (Çankaya)*
Dr. Ufuk Özdemir, *District Coordinator (Etimesgut)*
Dr. Pervin Dere, *District Coordinator (Etimesgut)*
Dr. Bülent Başköylü, *District Coordinator (Gölbaşı)*
Dr. Muhterem Akbay, *District Coordinator (Keçiören)*
Dr. Ediz Çetinağaç, *District Coordinator (Keçiören)*
Dr. Ahmet Karaçakol, *District Coordinator (Keçiören)*
Dr. Ahmet Emin Okuyucu, *District Coordinator (Keçiören)*
Dr. Halil Ülgen, *District Coordinator (Abidinpaşa)*

Dr. Okan Demiralp, *District Coordinator (Gülveren)*
Dr. Hatice Terin Aksoy, *District Coordinator (Gülveren)*
Dr. Fatih Eroğlu, *District Coordinator (Sincan)*
Dr. Mustafa Alptekin, *District Coordinator (Sincan)*
Dr. Melek Aktaş, *District Coordinator (Yenimahalle)*
Dr. Bekir Vural, *District Coordinator (Yenimahalle)*
Dr. Mehmet Çakmak, *District Coordinator (Akyurt)*
Dr. Özgehan Aydın, *District Coordinator (Akyurt)*
Dr. İsmail H. Şenkal, *District Coordinator (Ayaş)*
Dr. Soner Tektaş, *District Coordinator (Ayaş)*
Dr. Mehmet İlhan Özilhan, *District Coordinator (Bala)*
Dr. Harun Yalın, *District Coordinator (Bala)*
Dr. Kerem Zeki Fikret, *District Coordinator (Beypazarı)*
Dr. Erol Uzunoğlu, *District Coordinator (Beypazarı)*
Dr. İsmail Doğan, *District Coordinator (Beypazarı)*
Dr. Kerem Devrim Özkan, *District Coordinator (Çamlıdere)*
Dr. Ali Dilek, *District Coordinator (Çamlıdere)*
Dr. Köksal Ergün, *District Coordinator (Çubuk)*
Dr. Derya Karakurt, *District Coordinator (Çubuk)*
Dr. Hakan Kaya, *District Coordinator (Elmadağ)*
Dr. Yakup Bilgiç, *District Coordinator (Elmadağ)*
Dr. Hakan Sezen, *District Coordinator (Evren)*
Dr. Salih Topcuoğlu, *District Coordinator (Evren)*
Dr. Ömer Özgür Ceylan, *District Coordinator (Güdüllü)*
Dr. Hakan Nezir, *District Coordinator (Güdüllü)*
Dr. Burak Cengiz, *District Coordinator (Haymana)*
Dr. Ali Alkan, *District Coordinator (Kalecik)*
Dr. Cahide Demir, *District Coordinator (Kalecik)*
Dr. Selami Cengiz, *District Coordinator (Kazan)*
Dr. Makbule Doğan, *District Coordinator (Kazan)*
Dr. İsmail Doğan, *District Coordinator (Haymana)*
Erkan Çakıcı, *District Coordinator (Haymana)*
Dr. Mediha Yalçın, *District Coordinator (Nallıhan)*
Dr. Ayşen Ay, *District Coordinator (Nallıhan)*
Dr. Murat Yücel, *District Coordinator (Polatlı)*
Dr. Özlem Karayel, *District Coordinator (Polatlı)*
Dr. Arzu Mumcu, *District Coordinator (Polatlı)*
Dr. Taner Dalkılıç, *District Coordinator (Ş.Koçhisar)*
Dr. İsrail Atasoy, *District Coordinator (Ş.Koçhisar)*

Antalya

Dr. Bilge Uysal, *Project Province Coordinator*
Dr. Perihan Özgüner, *Project Province Doctor*
Hülya Arıgan (Nurse), *Project Province Researcher*
Dr. Rahime Erbaş Yıldırım, *District Coordinator (Akseki)*
Dr. Ayşe Hazırbulan, *District Coordinator (Akseki)*
Dr. Ferda Menekşe, *District Coordinator (Alanya)*
Dr. Gaye Kızdanoğlu, *District Coordinator (Elmalı)*
Dr. Aylin Sadıklar, *District Coordinator (Finike)*
Dr. Erdoğan Cengiz, *District Coordinator (Gazipaşa)*
Dr. Uğur Öztürk, *District Coordinator (Gündoğmuş)*
Dr. Cenk Tunç, *District Coordinator (İbradı)*
Dr. Selçuk Tanrıku, *District Coordinator (Kale)*
Dr. Halil İbrahim İstekli, *District Coordinator (Kale)*

Dr. Şakir Aktaş, *District Coordinator (Kaş)*
Dr. Aylin Öztürk, *District Coordinator (Kemer)*
Dr. Özgür Deniz Sadioğlu, *District Coordinator (Korkuteli)*
Dr. Fatma Bucaklıoğlu, *District Coordinator (Korkuteli)*
Dr. Serap Kandemir, *District Coordinator (Kumluca)*
Dr. Duygu Şen, *District Coordinator (Manavgat)*
Dr. Ertan Şahbaz, *District Coordinator (Serik)*

Aydın

Dr. Demet Meteöglü, *Project Province Coordinator*
Dr. Muazzez Meydan, *Project Province Doctor*
Dr. Perihan Özdemir, *Project Province Doctor*
Sinem Çine, *Project Province Researcher*
Dr. Muazzez Meydan, *District Coordinator (Merkez)*
Dr. Nail Üstündağ, *District Coordinator (Bozdoğan)*
Dr. Zafer Sapmaz, *District Coordinator (Buharkent)*
Dr. Metin Şahin, *District Coordinator (Çine)*
Dr. Erdal Ayaz, *District Coordinator (Didim)*
Dr. Ali Yavaşoğlu, *District Coordinator (Germencik)*
Dr. Hamza Bala, *District Coordinator (İncirliova)*
Dr. Mehmet Acar, *District Coordinator (Karacasu)*
Dr. Derya Kepe, *District Coordinator (Karpuzlu)*
Dr. Taşkın Can, *District Coordinator (Koçarlı)*
Dr. Ali Bulut, *District Coordinator (Köşk)*
Dr. Şükrü Güngör, *District Coordinator (Kuşadası)*
Dr. İsmail Ertin, *District Coordinator (Kuyucak)*
Dr. Mehmet Yitim, *District Coordinator (Nazilli)*
Dr. Hakan Tokgöz, *District Coordinator (Söke)*
Dr. Osman Sezgen, *District Coordinator (Sultanhisar)*
Dr. Çetin Çakıcı, *District Coordinator (Yenipazar)*

Balıkesir

Dr. Nimey Ünal, *Project Province Coordinator*
Dr. Songül Kakıcı, *Project Province Doctor*
Semra Yaren, *Project Province Researcher*
Dr. Songül Kakıcı, *District Coordinator (Merkez)*
Dr. Selçuk Türer, *District Coordinator (Ayvalık)*
Dr. Semra Bayram, *District Coordinator (Balya)*
Dr. Zafer Yılmaz, *District Coordinator (Bandırma)*
Dr. Ali Keskin, *District Coordinator (Bigadiç)*
Dr. Birgi Tuna, *District Coordinator (Burhaniye)*
Sağ. Mem. Ruhi Bahar, *District Coordinator (Dursunbey)*
Dr. Sabri Arpacıoğlu, *District Coordinator (Edremit)*
Dr. Yasemin Baş, *District Coordinator (Erdek)*
Dr. Faruk Tırpan, *District Coordinator (Gömeç)*
Dr. Suat Koyun, *District Coordinator (Gönen)*
Dr. Levent Fitöz, *District Coordinator (Havran)*
Dr. Ömer Öder, *District Coordinator (İvrindi)*
Dr. Bilgin Uzun, *District Coordinator (Kepsut)*
Dr. Ramazan Şahin, *District Coordinator (Manyas)*
Dr. Mehmet Oğuz Dildök, *District Coordinator (Marmara)*
Dr. Önder Özcan, *District Coordinator (Savaştepe)*
Sağ. Mem. İsmail Özdemir, *District Coordinator (Sındırgı)*
Dr. Işıl Küçük, *District Coordinator (Susurluk)*

Bartın

Dr. İsmet Kavaklı, *Project Province Coordinator*
Dr. Sahragül Yılmaz, *Project Province Doctor*

Duygu İşsevenler, *Project Province Researcher*
Dr. Sahragül Yılmaz, *District Coordinator (Merkez)*
Dr. Sinan Baltutar, *District Coordinator (Amasra)*
Dr. Hüseyin Şeker, *District Coordinator (Kurucaşile)*
Dr. İsmet Atağ, *District Coordinator (Ulus)*

Batman

Dr. İhsan Bodakçı, *Project Province Coordinator*
Dr. Leyla Tanrıseven, *Project Province Doctor*
Remziye Tural, *Project Province Researcher*
Dr. Leyla Tanrıseven, *District Coordinator (Merkez)*
Dr. Hacı Dinlenme, *District Coordinator (Beşiri)*
Dr. Emin Saçan, *District Coordinator (Gercüş)*
Dr. Göksel Gündüz, *District Coordinator (Hasankeyf)*
Dr. İzzettin Toktaş, *District Coordinator (Kozluk)*
Dr. Eyüp Sapan, *District Coordinator (Sason)*

Bayburt

Dr. M. Gökhan Şen, *Project Province Coordinator*
Dr. Muharrem Bayrak, *Project Province Doctor*
Dr. Şeref Doğan, *Project Province Doctor*
Dr. Lokman Tekin, *Project Province Doctor*
Semra Hancı, *Project Province Researcher*
Sercan Memiş, *Project Province Researcher*
Dr. M. Gökhan Şen, *District Coordinator (Merkez)*
Dr. Aydın Başaran, *District Coordinator (Aydıntepe)*
Dr. Turhan Öztürk, *District Coordinator (Demirözü)*

Burdur

Dr. Sevinç Pehlivan Sütü, *Project Province Coordinator*
Dr. Serhat Sökel, *Project Province Doctor*
Emel İlhan, *Project Province Researcher*
Dr. Serhat Sökel, *District Coordinator (Merkez)*
Dr. Özgür Duman, *District Coordinator (Ağlasun)*
Dr. Gülden Özmen, *District Coordinator (Altınyayla)*
Dr. Mehmet Konu, *District Coordinator (Bucak)*
Dr. Havva Çiftçi Seyhan, *District Coordinator (Çavdır)*
Dr. Hasan Doğan, *District Coordinator (Çeltikçi)*
Dr. Meltem İçkin, *District Coordinator (Göhlisar)*
Dr. Ahmet Baydar, *District Coordinator (Karamanlı)*
Dr. Gökhan Yurdakul, *District Coordinator (Kemer)*
Dr. Abdullah Kaya, *District Coordinator (Tefenni)*
Dr. Ali Maden, *District Coordinator (Yeşilova)*

Bursa

Dr. Vildan Akar, *Project Province Coordinator*
Dr. Ülkü Oğuz, *Project Province Coordinator*
Dr. Altan Alpay Akkaya, *Project Province Doctor*
Emine Mustafa, *Project Province Researcher*
Dr. Özay Tekdemir, *District Coordinator (Büyükorhan)*
Dr. Besim Çavuşoğlu, *District Coordinator (Gemlik)*
Dr. Ahmet Sacu, *District Coordinator (Gürsu)*
Dr. İ.Serkan Ursavaş, *District Coordinator (Harmancık)*
Dr. Gönül Malat, *District Coordinator (İnegöl)*
Dr. Serpil Bilgin Akyavaşlar, *District Coordinator (İznik)*
Dr. Kutsal Altıntaş, *District Coordinator (Karacabey)*
Dr. Mustafa Cezayirlioğlu, *District Coordinator (Keles)*
Dr. Enver Ünal, *District Coordinator (Kestel)*

Dr. Fatih Acar, *District Coordinator (Mudanya)*
Dr. Halan Altın, *District Coordinator (M. Kemalpaşa)*
Dr. Oya Söylemez, *District Coordinator (Nilüfer)*
Dr. Erdoğan Durmuş, *District Coordinator (Orhaneli)*
Dr. Ömer L. Alkan, *District Coordinator (Orhangazi)*
Dr. Ahmet Gürol Dölay, *District Coordinator (Osmangazi)*
Dr. İbrahim Karabulut, *District Coordinator (Yenişehir)*
Dr. Kadri Orak, *District Coordinator (Yıldırım)*

Çankırı

Dr. Serap Altıntop, *Project Province Coordinator*
Dr. İsmail Ekercin, *Project Province Coordinator*
Dr. Gayem Turgay, *Project Province Coordinator*
Dr. Serap Altıntop, *Project Province Doctor*
Kezban Uyar, *Project Province Researcher*
Dr. Necati Tufan, *District Coordinator (Atkaracalar)*
Dr. Müfit Bakırcı, *District Coordinator (Atkaracalar)*
Dr. Semih Taçoğlu, *District Coordinator (Bayramören)*
Dr. Murat Koç, *District Coordinator (Çerkeş)*
Dr. Abdullah Akın, *District Coordinator (Eldivan)*
Dr. Yusuf Sezgin, *District Coordinator (Eldivan)*
Dr. Kahraman Pehlivan, *District Coordinator (İlgaz)*
Dr. Turan Set, *District Coordinator (Kızılırmak)*
Dr. Orhun Günaydın, *District Coordinator (Kızılırmak)*
Dr. Erçin Yıldız, *District Coordinator (Korgun)*
Dr. Özkan Gedik, *District Coordinator (Korgun)*
Dr. Mehmet Ali Kalaycı, *District Coordinator (Kurşunlu)*
Dr. Elvin Pazar, *District Coordinator (Kurşunlu)*
Dr. Mehmet Ali Yaman, *District Coordinator (Orta)*
Dr. Ali Çiçek, *District Coordinator (Orta)*
Dr. Turgay Çağlayan, *District Coordinator (Orta)*
Dr. Ali Çiftçi, *District Coordinator (Şabanözü)*
Dr. Melike Dönmez, *District Coordinator (Yapraklı)*
Dr. Barış Duman, *District Coordinator (Yapraklı)*

Diyarbakır

Dr. Derya İzge, *Project Province Coordinator*
Dr. M. Fatih Akkoç, *Project Province Doctor*
Zozan Baran, *Project Province Researcher*
Dr. M. Fatih Akkoç, *District Coordinator (Merkez)*
Dr. Ercan Yıldız, *District Coordinator (Bismil)*
Dr. Uğur Yüksekbaş, *District Coordinator (Bismil)*
Dr. Sami Karaca, *District Coordinator (Çermik)*
Dr. Ahmet Toprak, *District Coordinator (Çermik)*
Dr. A. Rodar Anlı, *District Coordinator (Çınar)*
Dr. Niyazi Ademhan, *District Coordinator (Çınar)*
Dr. Resul Yaman, *District Coordinator (Çüngüş)*
Dr. İkbâl Atabey, *District Coordinator (Çüngüş)*
Dr. Engin Erdoğan, *District Coordinator (Dicle)*
Dr. Celal Canpolat, *District Coordinator (Eğil)*
Dr. Barış Çakmak, *District Coordinator (Eğil)*
Dr. Serdar Oral, *District Coordinator (Ergani)*
Dr. Bedri Avcı, *District Coordinator (Hani)*
Dr. Mehmedhan Korhan, *District Coordinator (Hazro)*
Dr. Salih Altay, *District Coordinator (Kocaköy)*
Dr. Özgür Erden, *District Coordinator (Kocaköy)*
Dr. İhsan Esmer, *District Coordinator (Kulp)*

Dr. Nazım Terzioğlu, *District Coordinator (Lice)*
Dr. Serpil Zeytin Koşum, *District Coordinator (Lice)*
Dr. A. Kadir Ekinci, *District Coordinator (Silvan)*

Erzurum

Dr. Esin Erdem, *Project Province Coordinator*
Dr. Özlem Kalay, *Project Province Doctor*
Necati Eğercioğlu, *Project Province Researcher*
Dr. Esin Erdem, *District Coordinator (Merkez)*
Dr. İsmet Kolomoç, *District Coordinator (Aşkale)*
Dr. Hulki Aşır, *District Coordinator (Çat)*
Dr. Kürşat Konak, *District Coordinator (Hınıs)*
Dr. Fatih Kacıroğlu, *District Coordinator (Horasan)*
Dr. Turgay Aras, *District Coordinator (İlica)*
Dr. Cüneyt Emreoğlu, *District Coordinator (İspir)*
Dr. Tansu Kalkım, *District Coordinator (Karaçoban)*
Dr. Ali Önder, *District Coordinator (Karayazı)*
Dr. Feridun İlday, *District Coordinator (Köprüköy)*
Dr. Ömer Ekmekçi, *District Coordinator (Narman)*
Dr. İsa Kılıç, *District Coordinator (Oltu)*
Dr. Ahmet Saraçoğlu, *District Coordinator (Olur)*
Dr. Alparslan Göğebakan, *District Coordinator (Pasinler)*
Dr. Mustafa Dursun, *District Coordinator (Pazaryolu)*
Dr. Ergün Mumcuoğlu, *District Coordinator (Şenkaya)*
Dr. Alper Gürsoy Kızılkaya, *District Coordinator (Tekman)*
Dr. Alparslan Yıldız, *District Coordinator (Tortum)*
Dr. Yasemin Özkaya, *District Coordinator (Uzundere)*

Gaziantep

Dr. Yasemin İnal, *Project Province Coordinator*
Dr. Demet Arı Yıldız, *Project Province Doctor*
Şükriye Şebnem Külte, *Project Province Researcher*
Dr. Mehmet Köker, *District Coordinator (Şahinbey)*
Dr. Barış Aslan, *District Coordinator (Şehitkamil)*
Dr. Hasan Dikeç, *District Coordinator (Araban)*
Dr. Şevki Yılmaz, *District Coordinator (İslahiye)*
Dr. Mehmet Öncebe, *District Coordinator (Karkamış)*
Dr. Ali Rıza Yaşar, *District Coordinator (Nizip)*
Dr. Durmuş Gürsoy, *District Coordinator (Nurdağı)*
Dr. Adnan Çakan, *District Coordinator (Oğuzeli)*
Dr. Murat Gürbüz, *District Coordinator (Yavuzeli)*

Giresun

Dr. Enver Özalp, *Project Province Coordinator*
Dr. Nilüfer Öztürk, *Project Province Doctor*
Aysun Sakal, *Project Province Researcher*
Dr. Enver Özalp, *District Coordinator (Merkez)*
Dr. Mehmet Deniz, *District Coordinator (Alucra)*
Dr. Ayhan Onat, *District Coordinator (Bulancağ)*
Dr. Gökçe Keskin, *District Coordinator (Çamoluk)*
Dr. Nilay Uzunoğlu, *District Coordinator (Espiyeli)*
Dr. Arif Yılmaz, *District Coordinator (Eynesil)*
Dr. Bilge Keskin, *District Coordinator (Görel)*
Dr. Özlem Tuba Demir, *District Coordinator (Şebinkarahisar)*
Dr. Ali Sağlık, *District Coordinator (Tirebolu)*
Dr. Özdem Kavraz, *District Coordinator (Çanakçı)*
Dr. Akın Kaya, *District Coordinator (Dereli)*
Dr. Cihat Çalçalı, *District Coordinator (Doğankent)*

Dr. Mucahit Günaydın, *District Coordinator (Güce)*
Dr. Enver Durusu, *District Coordinator (Keşap)*
Dr. Ruşen Topallı, *District Coordinator (Piraziz)*
Dr. Nuri Karakuş, *District Coordinator (Yağlıdere)*

İstanbul

Dr. Handan Rodop, *Project Province Coordinator*
Dr. E. Nalan Yetkin, *Project Province Doctor*
Pınar Özcan, *Project Province Researcher*
Nilhan Artar, *Project Province Researcher*
Melike Yavuz, *Project Province Researcher*
Dr. Çiğdem Malkoç, *District Coordinator (Adalar)*
Dr. Orhan Doğan, *District Coordinator (Avcılar)*
Dr. Hülya Zengin Tiryaki, *District Coordinator (Bağcılar)*
Dr. Nermin Şeker, *District Coordinator (Bahçelievler)*
Dr. A. Güzin Aksoy, *District Coordinator (Bahçelievler)*
Dr. Kadriye Demirci, *District Coordinator (Bakırköy)*
Dr. Ayla Saraç, *District Coordinator (Bayrampaşa)*
Dr. Zennure Geçer, *District Coordinator (Beşiktaş)*
Dr. Cengiz Cem Kutlu, *District Coordinator (Beykoz)*
Dr. Mithat Bedir, *District Coordinator (Beyoğlu)*
Dr. Ferda Y. Maraşlıoğlu, *District Coordinator (Büyükçekmece)*
Dr. Hasan Göksel, *District Coordinator (Büyükçekmece)*
Dr. Abdullah Kerim, *District Coordinator (Çatalca)*
Dr. Salih Tıgılı, *District Coordinator (Eminönü)*
Dr. Hayrettin Yıldız, *District Coordinator (Esenler)*
Dr. Tuğba Beydağı, *District Coordinator (Esenler)*
Dr. Erol Altuntop, *District Coordinator (Eyüp)*
Dr. İbrahim Yağız, *District Coordinator (Eyüp)*
Dr. İrem Uluer, *District Coordinator (Fatih)*
Dr. Özcan Açıkbaş, *District Coordinator (Fatih)*
Dr. Ahmet Molla, *District Coordinator (Gaziosmanpaşa)*
Dr. Dilek Baykal, *District Coordinator (Güngören)*
Dr. Naciye Demirel, *District Coordinator (Kadıköy)*
Dr. Seval Alkoy, *District Coordinator (Kağıthane)*
Dr. Ayşen Uzun, *District Coordinator (Kartal)*
Dr. Mustafa Bahadır Güler, *District Coordinator (Kartal)*
Dr. Suzan Terzioğlu, *District Coordinator (Kartal)*
Dr. Nurten Elkin, *District Coordinator (Küçükçekmece)*
Dr. Funda Enç Mutlu, *District Coordinator (Maltepe)*
Dr. Süleyman Ballı, *District Coordinator (Pendik)*
Dr. Serkis Kılıçarslan, *District Coordinator (Sarıyer)*
Dr. Banu Demirkıran, *District Coordinator (Sarıyer)*
Dr. Ali Erdal, *District Coordinator (Silivri)*
Dr. Ünal Alkan, *District Coordinator (Sultanbeyli)*
Dr. Zeynep Yılmaz, *District Coordinator (Sultanbeyli)*
Dr. Cemil Ciğerci, *District Coordinator (Şile)*
Dr. Fulya Bektaşoğlu, *District Coordinator (Şişli)*
Dr. Dursun Dinç, *District Coordinator (Şişli)*
Dr. Fatma Kuzkaya, *District Coordinator (Tuzla)*
Dr. Zerrin Kurşun, *District Coordinator (Ümraniye)*
Dr. Ahmet Yusuf Fişek, *District Coordinator (Üsküdar)*
Dr. Erkin Karaca, *District Coordinator (Zeytinburnu)*

İzmir

Dr. Neşe Nohutçu, *Project Province Coordinator*
Dr. Serap Gönenç, *Project Province Coordinator*
Dr. Cahit cengiz, *Project Province Doctor*
Özlem Kocamanoğlu, *Project Province Researcher*
Filiz Demir Has, *Project Province Researcher*
Dr. Hasan Değirmenci, *District Coordinator (Balçova)*
Dr. Aslı Kasırğa, *District Coordinator (Bornova)*
Dr. Dilek Saltık, *District Coordinator (Bornova)*
Dr. Dilek Akyol, *District Coordinator (Bornova)*
Dudu Aslan, *District Coordinator (Bornova)*
Dr. Mahmut Can, *District Coordinator (Buca)*
Selma Narinç, *District Coordinator (Buca)*
Dr. Fahriye Dönmez, *District Coordinator (Çiğli)*
Dr. Seher Demir, *District Coordinator (Güzelbahçe)*
Dr. A. Elif Alanyalı, *District Coordinator (Gaziemir)*
Dr. Nurhayat Kunduk, *District Coordinator (Karşıyaka)*
Dr. Dilara Görçiz, *District Coordinator (Konak)*
Dr. Başak Akkaya, *District Coordinator (Konak)*
Dr. Ece Özkan, *District Coordinator (Konak)*
Dr. Serap Gökmen, *District Coordinator (Konak)*
Dr. İzzet Ayık, *District Coordinator (Konak)*
Dr. Özlem Turgul, *District Coordinator (Narlıdere)*
Dr. Özkan Orhun, *District Coordinator (Aliağa)*
Dr. Hasan Türkoğlu, *District Coordinator (Bayındır)*
Dr. Ahmet Türkan, *District Coordinator (Bergama)*
Dr. Fikret Aras, *District Coordinator (Beydağ)*
Dr. Arzu Günlü, *District Coordinator (Çeşme)*
Dr. Ferhat Kaval, *District Coordinator (Dikili)*
Dr. Mustafa Kosdak, *District Coordinator (Foça)*
Dr. Ayşegül Sivrikaya, *District Coordinator (Karaburun)*
Dr. Sema Şevken, *District Coordinator (Kemalpaşa)*
Dr. Zühtü Benli, *District Coordinator (Kemalpaşa)*
Dr. Murat Emre, *District Coordinator (Kınık)*
Dr. Sevgi Özşahin, *District Coordinator (Kiraz)*
Dr. Raşit Günel, *District Coordinator (Menderes)*
Dr. İlknur İnanlı, *District Coordinator (Menemen)*
Dr. Nedret Bağlan, *District Coordinator (Ödemiş)*
Dr. Ayhan Şahin, *District Coordinator (Seferhisar)*
Dr. Veysel Macit, *District Coordinator (Selçuk)*
Dr. Buket Gönül, *District Coordinator (Tire)*
Dr. Erkan Esen, *District Coordinator (Tire)*
Dr. İsmail Aslan, *District Coordinator (Torbalı)*
Dr. Taner Yapıcı, *District Coordinator (Torbalı)*
Dr. Yasemin Erkan, *District Coordinator (Urla)*

Kahramanmaraş

Dr. Mahmut Arık, *Project Province Coordinator*
Dr. Lale Gönenir Erbay, *Project Province Doctor*
Emine Kaynarcan, *Project Province Researcher*
Dr. Lale Gönenir Erbay, *District Coordinator (Merkez)*
Dr. Ahmet Yener, *District Coordinator (Afişin)*
Dr. Yüksel Baştürk, *District Coordinator (Andırın)*
Dr. Bayram Ordu, *District Coordinator (Çağlayancerit)*
Dr. Erdal Kaya, *District Coordinator (Ekinözü)*
Dr. Vural Soyer, *District Coordinator (Elbistan)*

Dr. Ökkeş Kepek, *District Coordinator (Göksun)*
Dr. Sinan Yalçın, *District Coordinator (Nurhak)*
Dr. Salman Yılıkcı, *District Coordinator (Pazarcık)*
Dr. Fatih Bozdoğan, *District Coordinator (Türkoğlu)*

Karaman

Dr. Ayten Sağlam, *Project Province Coordinator*
Dr. Faruk Gözel, *Project Province Doctor*
Meftun Özkaya, *Project Province Researcher*
Dr. Ayten Sağlam, *District Coordinator (Merkez)*
Dr. Akgün Çavdar, *District Coordinator (Ayrancı)*
Dr. Barış Danışman, *District Coordinator (Başyayla)*
Dr. Mustafa Kızmaz, *District Coordinator (Ermenek)*
Dr. Ali Rıza Altınsoy, *District Coordinator (Kazımkarabekir)*
Dr. Mehmet Ali Gürbüz, *District Coordinator (Sariveliler)*

Kütahya

Dr. Hayrettin Durceylan, *Project Province Coordinator*
Dr. Halime Kayhan, *Project Province Doctor*
Sevinç Gökçedağlıoğlu, *Project Province Researcher*
Dr. Hayrettin Durceylan, *District Coordinator (Merkez)*
Dr. Gülseren Altınyurt, *District Coordinator (Altıntaş)*
Dr. Onur Palabıyık, *District Coordinator (Aslanapa)*
Dr. Handan Öge, *District Coordinator (Çavdarhisar)*
Dr. Doğan Tosun, *District Coordinator (Domaniç)*
Dr. Mustafa Yıldız, *District Coordinator (Dumlupınar)*
Dr. Burcu Güneş, *District Coordinator (Emet)*
Dr. Besim Keleş, *District Coordinator (Gediz)*
Dr. Süleyman Harmanda, *District Coordinator (Hisarcık)*
Dr. İbrahim Öztürk, *District Coordinator (Pazarlar)*
Dr. İlhan Şahin, *District Coordinator (Simav)*
Dr. Özge Sobay Akgül, *District Coordinator (Şaphane)*
Dr. Mustafa Kemal GÜlmez, *District Coordinator (Tavşanlı)*

Malatya

Dr. Ergin Kutun, *Project Province Coordinator*
Dr. Selma A. Felek, *Project Province Doctor*
Neslihan Gürok, *Project Province Researcher*
Dr. Umut Çağdaş, *District Coordinator (Akçadağ)*
Dr. Cumali Kuş, *District Coordinator (Arguvan)*
Dr. Engin Karakuş, *District Coordinator (Arguvan)*
Dr. Figen Datlı Özer, *District Coordinator (Arapgir)*
Dr. Murat Karaman, *District Coordinator (Battalgazi)*
Dr. Fatma Türe Büyüktepe, *District Coordinator (Battalgazi)*
Dr. Battal Çelik, *District Coordinator (Doğanşehir)*
Dr. Zeynep Arda Dağdelen, *District Coordinator (Doğanşehir)*
Sonay Yetkin, *District Coordinator (Doğanyol)*
Abdurrahman Erdem, *District Coordinator (Darende)*
Dr. Barış Çıplak, *District Coordinator (Hekimhan)*
Dr. Ercan Teke, *District Coordinator (Kale)*
Dr. Halil Başar Kocataş, *District Coordinator (Kuluncak)*
Dr. Ertan Karataş, *District Coordinator (Yazihan)*
Dr. Evrim Özcan, *District Coordinator (Yeşilyurt)*
Dr. Pınar Çolak, *District Coordinator (Pötürge)*

Neveşehir

Dr. Ayşe Kolay, *Project Province Coordinator*
Dr. Hatice Önder Çolak, *Project Province Doctor*

Şenay Karabıyık, *Project Province Researcher*
Dr. Ayşe Kolay, *District Coordinator (Merkez)*
Dr. Hakan Cengiz, *District Coordinator (Acıgöl)*
Dr. İbrahim Köse, *District Coordinator (Avanos)*
Dr. Turgay Turgut Erkal, *District Coordinator (Derinkuyu)*
Dr. Raşit Şahin, *District Coordinator (Derinkuyu)*
Dr. Muzaffer Evli, *District Coordinator (Gülşehir)*
Dr. Ali Cemal Hüsnügil, *District Coordinator (Hacıbektaş)*
Dr. Nadire Kılıçarslan, *District Coordinator (Kozaklı)*
Dr. Emrullah Çelik, *District Coordinator (Kozaklı)*
Dr. Ahmet Esen, *District Coordinator (Ürgüp)*

Ordu

Dr. Aysin Ertuğrul, *Project Province Coordinator*
Dr. Melek Bozarslan, *Project Province Doctor*
Seylan Karagöl, *Project Province Researcher*
Dr. Melek Bozarslan, *District Coordinator (Merkez)*
Dr. Mustafa Akdoğan, *District Coordinator (Akkuş)*
Dr. İlhan Demir, *District Coordinator (Aybastı)*
Dr. Erdal Kömür, *District Coordinator (Çamaş)*
Dr. Süleyman Bilgili, *District Coordinator (Çatalpınar)*
Dr. Veli Kılınc, *District Coordinator (Çaybaşı)*
Dr. Nilüfer Akcan, *District Coordinator (Fatsa)*
Dr. Hakan Sevinç, *District Coordinator (Gölköy)*
Dr. Şerafettin Kanbak, *District Coordinator (Gülyalı)*
Dr. Raşan Boztepe, *District Coordinator (Gürgentepe)*
Dr. Ercan Kaygı, *District Coordinator (İkizce)*
Dr. Yalçın Temel, *District Coordinator (Kabadüz)*
Dr. İhsan Türk, *District Coordinator (Korgan)*
Dr. Cemalettin Yaktı, *District Coordinator (Kumru)*
Dr. Özer Kemahlı, *District Coordinator (Mesudiye)*
Dr. Mecit Topal, *District Coordinator (Perşembe)*
Dr. Hakan Aydınlık, *District Coordinator (Ulubey)*
Dr. Ali Coşkun, *District Coordinator (Ünye)*

Sakarya

Dr. İbrahim Afşari, *Project Province Coordinator*
Dr. Ali Kekilli, *Project Province Doctor*
Saime Karabiber, *Project Province Researcher*
Dr. Ali Kekilli, *District Coordinator (Merkez)*
Dr. Aysun Atalay, *District Coordinator (Ferizli)*
Dr. Tarık Karadağ, *District Coordinator (Söğütlü)*
Dr. Yusuf Demiralay, *District Coordinator (Akyazı)*
Dr. Hasan Büyük, *District Coordinator (Geyve)*
Dr. Metin Polat, *District Coordinator (Hendek)*
Dr. Hüseyin Cenay, *District Coordinator (Karapürçek)*
Dr. Cem Kır, *District Coordinator (Karasu)*
Dr. Cafer Almuslu, *District Coordinator (Kaynarca)*
Dr. Sami Kıran, *District Coordinator (Kocaali)*
Dr. Musa Toç, *District Coordinator (Pamukova)*
Dr. Hüseyin Günaydın, *District Coordinator (Sapanca)*
Dr. Mehmet Özarslan, *District Coordinator (Taraklı)*

Sivas

Dr. Adem Bilgin, *Project Province Coordinator*
Dr. Ümit Doğan, *Project Province Doctor*
Seda Görgeç, *Project Province Researcher*
Ayşegül Karaman, *Project Province Researcher*

Dr. Adem Bilgin, *District Coordinator (Merkez)*
Dr. Vakkas Özmercan, *District Coordinator (Merkez)*
Dr. Mehmet Gülsever, *District Coordinator (Akıncılar)*
Dr. Gökhan Bozbıyık, *District Coordinator (Altınyayla)*
Dr. Sibel Korkmaz, *District Coordinator (Divriği)*
Dr. Suat Çelik, *District Coordinator (Doğanşar)*
Dr. Kadir Bayram, *District Coordinator (Gemerek)*
Dr. Baran Ün, *District Coordinator (Gölova)*
Dr. Ufuk Elmas, *District Coordinator (Gürün)*
Dr. Murat Göçgün, *District Coordinator (Hafik)*
Dr. Yavuz Selim Şimşek, *District Coordinator (İmranlı)*
Dr. Figen Oğuzbal, *District Coordinator (Kangal)*
Dr. Filiz Dokan, *District Coordinator (Koyulhisar)*
Dr. Özer Kelemci, *District Coordinator (Suşehri)*
Dr. Aslan Saçmal, *District Coordinator (Şarkışla)*
Dr. Önder Karaman, *District Coordinator (Ulaş)*
Dr. Güleser Alaşalvar, *District Coordinator (Yıldızeli)*
Dr. Hasan Yılmaz, *District Coordinator (Zara)*

Tekirdağ

Dr. İlknur Mercanoğlu, *Project Province Coordinator*
Dr. Zehra Dođramacıođlu, *Project Province Coordinator*
Dr. Şenol Özcan, *Project Province Doctor*
Seda Şirin, *Project Province Researcher*
Dr. İlknur Mercanoğlu, *District Coordinator (Merkez)*
Dr. Nurcihan Başkent, *District Coordinator (Çerkezköy)*
Dr. Veyis Gedikođlu, *District Coordinator (Çorlu)*
Dr. Alper Halogo, *District Coordinator (Hayrabolu)*
Dr. Refet Çeviker, *District Coordinator (Malkara)*
Dr. Tunca Aybar, *District Coordinator (Marmara Eređlisi)*
Dr. Mehtap Şen, *District Coordinator (Muratlı)*
Dr. Muhteşem Bayraktar, *District Coordinator (Saray)*
Dr. Ali Okutan, *District Coordinator (Şarköy)*

Tokat

Dr. Kaya Yılmaz, *Project Province Coordinator*
Dr. Harika Güneş, *Project Province Doctor*
Melike Işiker, *Project Province Researcher*
Dr. Kaya Yılmaz, *District Coordinator (Merkez)*
Dr. Hasip Sapçı, *District Coordinator (Almus)*
Dr. Erkut Karasu, *District Coordinator (Artova)*
Dr. Sedat Akkan, *District Coordinator (Başçiftlik)*
Dr. Faruk Kalkan, *District Coordinator (Erbaa)*
Dr. Baki Baştürk, *District Coordinator (Niksar)*
Dr. Zafer İpek, *District Coordinator (Pazar)*
Dr. İzzet Mısırlı, *District Coordinator (Reşadiye)*
Dr. H. İbrahim Çekmece, *District Coordinator (Sulusaray)*
Dr. Yakup Kavaz, *District Coordinator (Turhal)*
Dr. Fatih Sercandere, *District Coordinator (Yeşilyurt)*
Dr. İhsan Canbolat, *District Coordinator (Zile)*

Van

Dr. Berfin Özgökçe, *Project Province Coordinator*
Dr. Leyla Çelik, *Project Province Doctor*
Elif Çiçekdenk, *Project Province Researcher*
Dr. Hazan Caner, *District Coordinator (Merkez)*
Dr. Zeki Şenduryıldız, *District Coordinator (Bahçesaray)*
Dr. Alper Can, *District Coordinator (Başkale)*
Dr. İsmail Burak, *District Coordinator (Çaldıran)*
Dr. Şükran Talaş, *District Coordinator (Çatak)*
Dr. Ayhan Kaya, *District Coordinator (Edremit)*
Dr. Can Turan, *District Coordinator (Erciş)*
Dr. Kerim Keleş, *District Coordinator (Gevaş)*
Dr. Göksel Saruhan, *District Coordinator (Gürpınar)*
Dr. Nurettin Yüzkat, *District Coordinator (Muradiye)*
Dr. Aytakin Esen, *District Coordinator (Özalp)*
Dr. Ümran Akkoç, *District Coordinator (Saray)*

ANNEX 4 – PILOT STUDY

The set-up of the pre-test

In the first Steering Committee Meeting held on 21 October 2004 it was decided to conduct a pilot study in Antalya between January-February 2005 in order to test the NMMS research design as well as forms and questionnaires to be used for data collection. The basic rationale underlying this choice for Antalya province was its seasonal characteristics during winter and the mix of greater municipality and rural status.

Following the Steering Committee's approval, the project team visited the Deputy Governor, the Province Health Director, the Head of MCH-FP Unit, and the Director of the Greater Municipality Cemetery to inform them about the project. The Kick-off Meeting on 21 December 2004 was attended by the Governor of Antalya. Training sessions for the Province Project Team, all District Coordinators as well as some District Health Group Leaders and district cemetery officials were held on 22 December 2004. The main content of the training was on roles and responsibilities and on how to train primary informants (i.e. cemetery officials and village headmen).

Through a letter signed by the Deputy Governor and the District Governors the municipal cemetery officials and the village headmen of all districts were invited to their district centres for training during the week starting from 3 January 2005. The trainings were conducted in predetermined training centres in groups of 20-25 persons. 97 % of invitees attended. Only 17 village headmen did not come.

During the training of primary informants standard training material was used which had been prepared by the Central Project Team. For primary informants handbooks had been developed explaining the reporting system and the rules about how to fill the forms. The training of primary informants was observed by HUIPS Coordinators who were all assigned to different districts and in some places also by the Central Project Team. At the end of the training data collection forms were distributed to the primary informants.

First experience with the training sessions were discussed in a plenary of all research assistants and the central team in Ankara. On 27.01.2005 the central project team went to Antalya for a mid-term evaluation meeting with province and district coordinators to discuss problems during training, implementation and first reporting phase and to propose solutions. On 17.02.2005 a final evaluation meeting was organized. In these meetings, province/district coordinators reported on the basis of a standard format the current situation on data collection activities in their districts, the problems they faced as well as suggestions.

On 08.02.2005 a focus group study was conducted in Antalya Province Health Directorate with randomly selected 9 headmen from the villages linked to the center on the

problems faced during the pilot study. In particular they discussed on the quality of the training they received, the appropriateness of the forms for data collection and the problems with the submission of the forms to the province/district coordinators. It was also discussed whether the screening question on pregnancy can or can't be asked.

Detailed experience during the pre-test

This sub-section will describe in detail experience during the training, implementation and data reporting phases of the pre-test conducted in Antalya.

Training phase

In NMMS Antalya pre-test a two-phase training plan was implemented. During the first phase province project team and district coordinators were trained. In the second phase province project team and district coordinators trained the primary informants (village headmen and municipal cemetery officials). 13 out of 14 district coordinators attended the training of district coordinators organized by the central project team. The district coordinator who had not attended was trained separately by the province project team.

The basic problems district coordinators faced during the training of primary informants are as follows:

- There was a delay in sending the invitation letters to primary informants for the training. The basic reason for this delay was that the time allocated for training invitation was only 1 week and the district teams were also not able to cooperate with local administrators on time.
- District coordinators had difficulty sending the invitation letters signed by the deputy governor and district governors especially to the village headmen. They tried to make use of the gendarmerie and of health centres. Some district coordinators called the headmen via phone directly but had difficulties locating them in some places. In spite of all these difficulties 97 % of the primary informants attended the training.
- It was observed that the physical conditions of the training rooms used in the district centers were very partly insufficient. In some districts training had to be conducted under inappropriate conditions.
- Although it has been stressed that the primary informant training should be given to groups with 20-25 people maximum, in some districts the groups were composed of up to 50 people. It was observed that the efficiency was limited in districts with large training groups.
- Although participation rate of primary informants to the trainings was high, the motivation of some primary informants during training was very low and they also were reluctant to perform the tasks assigned to them. Lack of motivation was also observed among some district coordinator.

- The village headmen especially, declared that it was not their duty to collect burial information, i.e. they did not know their legal responsibilities. They insisted that this should be done by health centres or health houses.
- Some primary informants perceived the training method, the handbooks prepared for them and the training provided by the district coordinators above their educational level and complicated. Especially village headmen said that they could not fill the CBL and FBNF.
- Training the village headmen and municipal cemetery officials together created some problems. Less motivated village headmen negatively affected the motivation of municipal cemetery officials as well.
- Because there are no cemetery units in some of the municipalities it was observed that the persons they had sent to the training were not related with this issue.
- During the trainings no serious objection was expressed about the screening question on pregnancy. Some primary informants said that they would not experience any problem in asking this question since this study and the question forms had a legal background.

Implementation phase

The implementation phase of NMMS Antalya pilot study comprised retrospective data collection from 01 Dec 2004 – 10 Jan 2005 as well as prospective data collection from 10 Jan - 10 Feb 2005. The problems faced during implementation were as follows:

- The basic problem faced during NMMS pilot study was the difficulty district coordinators experienced while trying to reach the village headmen who did not send their forms on time. District coordinators had difficulties reaching the village headmen by phone. Landlines could be called using the official phones of the health center the offices and homes of headmen could be called from the land lines of the health facilities district coordinators are working at. However, when the village headmen were not in his office they had to call him through his mobile phone, which was not possible from the land line of the health facility. This is why they had to use their own mobile phones. They were later on reimbursed for their telephone expenses from the project budget. However, in a 12-13 months long field study it may not be possible to reimburse the telephone expenses of all district coordinators.
- It was not possible to collect retrospective data (1 Dec 2004-10 Jan 2005) in most of the rural settlements and some municipalities, since burials had not been recorded. It is very likely that the information which has been collected may include errors due to memory recall factor, since they are not extracted from the records.
- Problems were experienced with primary informants in reproductive age female death cases about asking the pregnancy related screening question and recording the responses. Especially municipal cemetery officials preferred to leave this question blank. Taking these difficulties into account, the structure of the question in FBNF was changed by adding “don’t know” and “couldn’t be asked” options.
- A few cases where women were buried in Antalya but had died in a health facility or at home outside Antalya raised attention to the question of whether or not to include them in the pilot study. During pilot study, no household interviews and health facility record

reviews could be performed outside Antalya. However during main field study we would try as much as possible to find those places of maternal deaths in order not to miss one of the rare events.

- Another problem experienced during the implementation phase of the pilot study was that the village headmen in Antalya confused the special death records which they were already collecting for the MoH with the burial lists we asked them to collect under this project. Some headmen also confused the death and burial notification forms with the 3 part TURKSTAT deaths statistics forms.
- During December the forms from 38 % of the settlements, and during January the forms from 42 % of the settlements was not received by the province/district coordinators. When population size is taken into account the ratio of the settlements out of scope were 28 % and 12 % respectively.

Reporting phase

- The major problem faced during reporting phase is that the village headmen especially, could not submit the forms they had filled to the province/district coordinators on time. Many village headmen said that the reporting centres (province or district coordinators) were too far away for them. They also said that they would prefer their next health centres to be the reporting centre. Although there is no routine communication between villages and health centers but since village headmen declared that they can more easily go to health centres because of geographical proximity we are now planning to include the health centres to the data collection system of NMMS. In this new system the role of the health centres will be limited to calling and reminding the headmen who are not delivering the forms.
- Another problem experienced during reporting phase is related with the above mentioned controlling mechanisms by the use of the phone. When the district coordinators wanted to call village headmen and municipal cemetery officials who did not submit the forms on time they couldn't reach them from their office phones. And since they cannot call mobile phones from their workplaces they tried to reach village headmen and municipal cemetery officials by using their private mobile phones. Therefore, it should be provided that at least the land lines used in the health system being used freely by the district coordinators in sampled provinces.
- Another problem is the high workload of district coordinators making it impossible for them to allocate sufficient time for checking the primary informants. District coordinators being able to set up a good team in the district did not complain about increased workload. However, district coordinators who could not establish a team in the district or who are the only doctor experienced difficulty in performing their tasks as district coordinators together with their other duties. Moreover, district coordinators who are not responsible doctors or who are responsible doctors but at the same time the only doctor in the settlement mentioned an income loss from the revolving fund because the additional work for the project hindered their poly-clinical services.

Coverage and completeness of data on female deaths

The primary informants were expected to collect retrospective data on female deaths for December 2004 as well as prospective data for 10 Jan 2005-10 Feb 2005. For the period of December 62 % of settlements, for the period of January 58 % of settlements sent the forms to province/district coordinators. When the population size is taken into account, the coverage rate for settlement areas was 72 % and 88 % respectively.

For the period of December, the number of burial procedures obtained is 239, and for the period of January the number of burial procedures obtained is 373. 32 of these burials are female burials between 12-50 ages. During this period 18 health facility record reviews and 8 household interviews were conducted. 2 of the female deaths investigated were found out to be maternal deaths.

The overall reporting coverage for January was estimated as 88%. This is based on obtaining reports from 410 of 648 settlements covering 88% of the population. Reliance on prospective ascertainment was better than the retrospective results obtained for December (72%).

We also looked at coverage by urban and rural breakdown, and for municipal and village settlements within rural areas. For January coverage was 99% of the population for urban settlements and 68% for rural settlements. When rural settlements were divided into municipal and village settlements coverage rates were 66% and 53% respectively.

We checked the plausibility of the observed crude burial rate, which should approximate the crude death rate (CDR). Theoretical calculations for Turkey suggest the CDR should be between 4-6/1000. We observed an overall CDR of 3/1000, an urban CDR of 2.2/1000 and a rural CDR of 4.9/1000. The urban rural pattern is as expected but the level is lower than expected and we are concerned about this. This may be due to the relative development status of Antalya (10/81) or due to random error and chance fluctuation. Alternatively this may be because we are missing burials. We will investigate by comparing to TURKSTAT and MERNIS reports and by visiting specific cemeteries.

We also checked the plausibility of the percent of all deaths that are female deaths aged 12-50 (PFD). Theoretical calculations for Turkey suggest the PFD should be 6% (range 4.5-9.5%). We observed an overall PFD of 6.4% and a PFD in urban and rural areas of 7.7% and 5.1% respectively. All are within the expected range.

Pilot Conclusion

We feel that these overall coverage rates (88%) are good, with excellent rates for urban areas (99%) and acceptable coverage for rural areas (68%). This is especially true given that this project has a development component and no population based death registration is available for rural areas.

We will nevertheless make efforts to improve the coverage in rural areas including better forms, better training, better supervision and monitoring, allowing more time for people to learn system, allowing more time for forms to return, involving the MoI to motivate village headmen, and planning refreshment training.

On the other hand, there is a risk that motivation will be lower in other provinces, or that participation will drop off rather than increase over time. If necessary, correction factors may be applied provided that settlements not reporting are an unbiased selection of all settlements.

The slightly low CDR suggests that we may be missing burials even though settlements are reporting (ie they are reporting no burials or fewer burials than actual). To attempt to remedy this we will increase supervision, improve communication, compare to MERNIS/TURKSTAT etc.

The PFD looks fine suggesting that where deaths are being reported, the age and sex are being correctly filled (or at least females in the relevant range are not being missed to a significant degree). We hope to maintain this.

In conclusion we propose to maintain our basic study design, with modifications as specified in this chapter below.

Pilot Experience with the data collection forms

During pilot study, Cemetery Burial List (CBL) and Female Burial Notification Form (FBNF) was used which is explained in detail in Chapter 2. The forms (Annex 5 and Annex 6) were reviewed and restructured based on the information obtained during the training of primary informants and the data collection phase, as well as following the information from the mid-term and final evaluation meetings with district coordinators and the focus group study with the headmen.

The primary changes made after the pilot study were as follows:

- In CBL the boxes for information on month and year were separated from each other and relocated. In addition, a new place was added for the non-numeric or numeric expression of the month.
- Instead of highlighting the place for female burials between age 12-50 with in grey color it was now highlighted by using bold lines. The reason for this change is that the information written on the grey part could not be read when it was sent by fax.
- It is observed that primal informants always use white sheets for their other official works. Therefore, colors of the forms changed after pilot study: Yellow sheets were used for CBL and pink sheets were used for FBNF. It is also believed to be more helpful while calling the names of the forms; for instance saying *pink form* is more understandable and easy than saying FBNF.
- Taking into account that CBL is a double sided form, a phrase was added at the end of the first page saying “please continue with the next page while listing the burials”. At the end

of the back page “if more than 25 burials in a month, please make the first line number of the new form 26 and continue to record the burials” was added.

- In order to prevent confusions the term Female Death Notification Form (FDNF) was renamed Female Burial Notification Form (FBNF) since NMMS is based on burials rather than death data.
- An additional item was added in the FBNF for the name of the father of the deceased woman. This will make it easier to track the patient file for health facility record review.
- In FBNF the skip for question No: 9 was deleted, instead of this a new phrase was inserted saying “IF SHE DID NOT DIE IN HEALTH FACILITY PLEASE LEAVE THIS PART BLANK”. In addition, to place of death question “PLEASE CIRCLE THE CODE OF PLACE OF DEATH” instruction was added.
- The question, aiming to learn whether or not the death of the woman was pregnancy related, was restructured and in addition to “yes” and “no” the options “don’t know” and “couldn’t be asked” were added. So options are provided in case this question couldn’t be asked or if the answer is not known as it was observed during the pilot study.

Pilot Experience with the Verbal autopsy instrument

8 Woman Death Questionnaires were carried out in Antalya. All families were surprisingly welcoming, only in one case the team was asked to delay the visit for a couple of days. It showed that the presence of a medical doctor maybe good for getting access to a household, but is not necessary for conducting the Woman Death Questionnaire. It is also understood that the Woman Death Questionnaires interview can be held by a male researcher if he is well trained for it. The presence of an additional female interviewer is however preferable.

Pilot Experience with the Health Facility Record Review instrument

In total 22 HFRRF were conducted. The PPD and the DCs did not experience major difficulties in understanding and using the questionnaire. Identifying patient files and extracting the necessary information was in all cases unproblematic. The procedure never exceeded 20 minutes. Only very few changes of the HFRRF Questionnaire were necessary. A major amendment was made to question 159. In contrast to the initial version the decision on whether an additional Woman Death Questionnaires would be necessary in order to finally establish the cause of death will now be left to the Review Committee because the DCs felt that it could otherwise undermine the good trust between them and the hospitals in their district.

Pilot Evaluation of qualitative information

8 In-depth Interviews and one Focus Group Discussion (FGD) were conducted during the Antalya pre-test. Interviews were held with representatives of the Provincial Health Directorate, of the Local Government, municipal health departments, with cemetery officials

and Muhtars (village headmen)¹. The Interviews were beneficial for understanding the administrative procedures of collecting death information and the related problems. Specific issues which were repeatedly mentioned comprised:

- The law which has included villages surrounding bigger cities into greater municipalities during recent years doesn't seem to be clear in all cases and administrative implementation has not always completed yet.
- Muhtars may be reluctant to keep accurate death records because they don't understand the need, they don't like paperwork and sanctions for non-performance, which do exist, are not enforced.
- Doctors who have to issue death certificates may often do so without physical inspection and/or examination of the corps because they are overburdened with many different duties.
- There is no communication between officials from different cemeteries which is considered essential for developing improved registration procedures.

Contacts with Other Institutions in a Seminar

A seminar on “Project of Maternal Mortality and Relation with Turkish Health Statistics System” was organised in Antalya on 15–17 February 2005 by State Institute of Statistics (TURKSTAT) (Turkish Statistical Institute). Representatives from TURKSTAT, Ministry of Health, Hacettepe University Institute of Population Studies, ICON Institute and EC Delegation to Turkey participated in this seminar.

In a specific session of this meeting, project team of Antalya (province coordinator, province researcher) and the team leader of NMMS explained the aim and importance of the study. Then they made presentations on the arrangements of pilot study for Antalya and gave information on the preliminary results. This seminar became helpful to share the ongoing activities of pilot study and having feedback from representatives of different institutions.

Pilot Focus Group Discussion (FGD)

The FGD which was conducted with a group of 9 Muhtars produced more important in-depth information in Antalya. Key outputs were:

- They didn't have problems during the invitation process for training. The way they were invited, the day of training and the training itself didn't create any problem for them
- The training is considered as beneficial.
- They don't have problem with filling the forms, the forms are understandable
- Implementation procedures seem to be easy.

¹ Aynur Kara, *responsible from death statistics, Antalya Health Directorate, (Dec. 22, 2004)*, Remzi Sadi, *director of Local Government at the Governship (Dec. 23, 2004)*, Halil İbrahim Kaya, *civil servant for recording of deaths at Population District of Antalya (Dec. 23, 2004)*, Dr. Ergun Ekici, *Director of Health Department of Antalya Great Municipality (Dec. 24, 2004)*, Aşur İbat, *responsible from cemeteries of Antalya Great Municipality (Dec. 24, 2004)*, Ahmet Uysal, *Muhtar, Odaönü Manavgat (Jan. 7, 2005)*, Muhtar, *(Jan. 7, 2005)*, Dr. Mehmet Kalkan, *doctor of Manavgat Municipality (Jan 7, 2005)*.

- However they haven't read the written document (manual) that has been given to them.
- Complaints are about question 8 on the Women Burial Notification Form. They very clearly mentioned that asking such a question is not proper according to their traditions/customs and one of them mentioned the unpleasant approach that he had received upon asking this question. On the other side they say that the information question 8 wants to get is known in the village.
- Their main complaint is coming to the province, because they come to the province only to give these forms. They don't bring any other form to province. Coming to the province is a financial burden for them.
- However, they also mention that they would come whenever the government wants them to come.
- They prefer to give the forms to health centers because health centers are much closer to them.
- Bringing the forms to the health directorate in the province is considered to be a real burden especially if there is no death.

ANNEX 5 – CEMETERY BURIAL LIST

T.C. MINISTRY OF HEALTH



FORM: NMMS-01

CEMETERY BURIAL LIST (CBL)

Month:

Year:

Province:

District:

Sub-district:

Village:

Title of the person who filled the form:

Name-Surname: _____

TOTAL NUMBER OF BURIALS IN THE MONTH

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

FEMALE BURIALS BETWEEN 12-50 AGES:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

*Stillbirths will not be included into this list. * The right part of the page with thick lines will only be used for female burials between the age range of 12-50.

* If there is no death within the month only the upper part of the form will be filled and the total number of death will be indicated as "0000" and sent to the center.

LINE NO	Name-Surname	Gender Male: E Female: K	Age at Death (If younger than 12 monthswrite "0")	If Female Burials Between 12-50	
				The Address and Phone Number of the Family or Relatives of the Deceased Woman	
1				Home: _____	GSM: _____
2				Home: _____	GSM: _____
3				Home: _____	GSM: _____
4				Home: _____	GSM: _____
5				Home: _____	GSM: _____
6				Home: _____	GSM: _____
7				Home: _____	GSM: _____
8				Home: _____	GSM: _____
9				Home: _____	GSM: _____
10				Home: _____	GSM: _____

Please continue from the next page while listing the burials.



11				Home: _____ GSM: _____
12				Home: _____ GSM: _____
13				Home: _____ GSM: _____
14				Home: _____ GSM: _____
15				Home: _____ GSM: _____
16				Home: _____ GSM: _____
17				Home: _____ GSM: _____
18				Home: _____ GSM: _____
19				Home: _____ GSM: _____
20				Home: _____ GSM: _____
21				Home: _____ GSM: _____
22				Home: _____ GSM: _____
23				Home: _____ GSM: _____
24				Home: _____ GSM: _____
25				Home: _____ GSM: _____

If the number of burial in a month is more than 25, then start with 26 as the line number in the new form and continue to record the burials.

**ANNEX 6 –
FEMALE BURIAL NOTIFICATION FORM**

T.C. MINISTRY OF HEALTH



FEMALE BURIAL NOTIFICATION FORM

Fill only for female burials between 12-50 ages.

Name-Surname of the deceased woman: _____ MDL Line No:
 Province: _____ District: _____
 Sub-district: _____ Village: _____

1 Age at death Name of her Father: _____

2 Date of Birth (day/month/year) 1 9

3 Date of Death (day/month/year) 2 0 0

4 Date of Burial (day/month/year) 2 0 0

5 Place of death Health Facility.....1
 (PLEASE CIRCLE THE CODE FOR Other (on way, another facility).....2
 PLACE OF DEATH) Home.....3
 Don't know8

6 If place of death is a health facility, give the full name of the health facility

(LEAVE BLANK IF SHE DID NOT DIE IN A HEALTH FACILITY)

7 Name-surname, full address and phone number of a relative of the deceased woman who can provide information. Home
 GSM:

8 When the women died she was;

	Yes	No	Don't know	Not asked
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having induced abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having spontaneous abortion/miscarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In puerperium period (still in 42 days after the termination of pregnancy, induced abortion or miscarriage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 Cause of death _____

 _____ Title of the person who filled this form: _____
 Name-Surname: _____

**ANNEX 7 – HEALTH
FACILITY RECORD REVIEW FORM**

**T.C. MINISTRY OF HEALTH
FEMALE DEATHS
HEALTH FACILITY RECORD REVIEW FORM**

<i>INTRODUCTORY INFORMATION</i>			
PLACE OF BURIAL	PLACE OF DEATH		
PROVINCE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	PROVINCE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
DISTRICT _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	DISTRICT _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
SUB-DISTRICT _____ <input style="width: 20px; height: 20px;" type="text"/>	SUB-DISTRICT _____ <input style="width: 20px; height: 20px;" type="text"/>		
VILLAGE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	VILLAGE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
PLACE OF RESIDENCE OF THE DECEASED: _____ (PROVINCE/DISTRICT/SUB-DISTRICT/VILLAGE)			
NAME-SURNAME OF DECEASED WOMAN: _____	CBL LINE NO: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
AGE AT DEATH	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NAME OF THE DECEASED'S FATHER: _____	
DATE OF BIRTH (DAY/MONTH/YEAR)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DATE OF DEATH (DAY/MONTH/YEAR)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DATE OF BURIAL (DAY/MONTH/YEAR)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

<i>VISIT TO HEALTH FACILITY / INTERVIEW INFORMATION</i>		
EXACT NAME AND ADDRESS OF THE HEALTH FACILITY: _____ _____		
PATIENT FILE NO: _____		
DATE OF VISIT (DAY-MONTH)		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
NAME-SURNAME OF PROJECT PROVINCE DOCTOR/DISTRICT COORDINATOR AND CODE	_____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
RESULT CODES: 01 RECORD REVIEW COMPLETED 02 FILE/RECORD OF WOMAN NOT FOUND 03 HF AUTHORITIES REJECTED COOPERATION 96 OTHER _____ (SPECIFY)		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

PROVINCE PROJECT COORDINATOR	PROVINCE PROJECT RESEARCHER	DATA ENTRY STAFF (TO BE FILLED IN HUIPS)
_____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	_____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	_____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DAY-MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	DAY-MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	DAY-MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

A. WOMAN'S BACKGROUND

100	Has she ever attended to school? <i>IF YES</i> what was her education level?	NO EDUCATION/NOT COMPLETED PRIMARY SCHOOL.....1 PRIMARY SCHOOL.....2 SECONDARY SCHOOL3 HIGH SCHOOL AND HIGHER.....4 DON'T KNOW.....8	
101	What was her marital status?	NEVER MARRIED.....1 MARRIED.....2 DIVORCED.....3 WIDOWED (HUSBAND DIED).....4 SEPERATED.....5 DON'T KNOW.....8	
102	Has she worked in any job in the last 12 months before her death?	YES.....1 NO.....2 DON'T KNOW.....8	

B. INFORMATION ON PLACE OF DEATH:

103	Was she dead when she arrived to the health facility?	YES..... .1 → 106 NO..... .2	
104	In which department/ward did she die?	_____ (DEPARTMENT/WARD)	
105	Who of the health staff attended the death? (POSITION, NAME-SURNAME)	1 _____ 2 _____ 3 _____	

C. HISTORY OF THE DECEASED UP TO THE ADMISSION TO THE HEALTH FACILITY

106	Where did she come from when she was admitted to the health facility? <i>IF SHE WAS REFERRED FROM A HEALTH FACILITY/HOSPITAL WRITE DOWN THE NAME OF IT</i> _____ (NAME OF THE HEALTH FACILITY/HOSPITAL)	FROM HOME01 → 106B REFERRAL FROM A HEALTH HOUSE02 HEALTH CENTER/MCHA/FP.....03 FROM PUBLIC HOSPITAL04 FROM PRIVATE HOSPITAL05 FROM ANOTHER HEALTH FACILITY.....06 CASUALTY FROM THE STREET07 DON'T KNOW98 → 106B	
106A	(If she had been referred from another health facility) What was the reason for referral?	_____ (SPECIFY)	
106B	When she was admitted to the health facility, was she pregnant or up to 42 days after termination of a pregnancy?	NEITHER PREGNANT NOR PUERPERAL.....01 → 153 PREGNANT BUT NOT IN LABOR02 → 113 IN LABOR03 SHE HAD SPONTANEOUS ABORTION.....04 → 113 SHE HAD SELF INDUCED ABORTION.....05 → 113 SHE HAD INDUCED ABORTION (MEDICAL).....06 → 110 UP TO 42 DAYS AFTER DELIVERY07 → 107 UP TO 42 DAYS AFTER SPONTANEOUS ABORTION08 → 113 UP TO 42 DAYS AFTER SELF-INDUCED ABORTION09 → 113 UP TO 42 DAYS AFTER (MED.) INDUCED ABORTION ...10 → 110 DON'T KNOW98 → 153	

106C	Since how many minutes/hours was she in labour?	MINUTE.....1 <input type="text"/> <input type="text"/> HOUR.....2 <input type="text"/> <input type="text"/> SHE WAS NOT IN LABOUR.....300 DON'T KNOW998	
GO TO 113			
107	Where did the delivery take place? (E.G. AT HOME, AS CASUALTY ON THE STREET, IN A HEALTH FACILITY, OTHER)	_____ 1 (SPECIFY) DON'T KNOW.....8	
108	Who was assisting the delivery? (E.G. A FAMILY MEMBER, A TBA, A MIDWIFE, WHICH OTHER HEALTH PERSONNEL, OTHER)	_____ 1 (SPECIFY) DON'T KNOW.....8	
109	Was the child on arrival alive or dead?	STILLBIRTH1 LIVE BIRTH (ALIVE)2 LIVE BIRTH (DEAD).....3 DON'T KNOW.....8	
GO TO 113			
110	Where was the abortion induced?	PRIVATE DOCTOR'S OFFICE.....1 HOSPITAL2 POLYCLINIC.....3 OTHER.....7 (SPECIFY) DON'T KNOW.....8	
111	Who induced the abortion? (e.g., HERSELF, A FAMILY MEMBER, FRIEND, TBA, HEALTH STAFF ETC.)	_____ 1 (SPECIFY) DON'T KNOW.....8	
112	What method was used to induce the abortion?	_____ (SPECIFY) DON'T KNOW.....8	
113	In which month/week of her pregnancy was she? <i>MARK ONLY ONE OF THE OPTIONS, INDICATING WEEK OR MONTH.</i>	WEEK.....1 <input type="text"/> <input type="text"/> MONTH.....2 <input type="text"/> <input type="text"/> DON'T KNOW998	
114	How many pregnancies did the deceased woman have in total? <i>IF NONE, RECORD "00". IF DON'T KNOW, RECORD "98"</i>	TOTAL PREGNANCIES..... <input type="text"/> <input type="text"/>	

<p>115</p>	<p>How many <i>living</i> sons and daughters did she deliver? <i>IF NONE, RECORD "00".</i> <i>IF DON'T KNOW, RECORD "98"</i></p>	<p>SONS <input type="text"/> <input type="text"/></p> <p>DOUGHTERS <input type="text"/> <input type="text"/></p> <p>TOTAL <input type="text"/> <input type="text"/></p>	
<p>116</p>	<p>How many ectopic pregnancies, spontaneous abortions, induced abortions and still births did she have? <i>IF NONE, RECORD "00".</i> <i>IF DON'T KNOW, RECORD "98"</i> <i>ATTENTION, ALSO INCLUDE THE PREGNANCY AT THE TIME OF DEATH.</i></p>	<p>ECTOPIC PREGNANCIES <input type="text"/> <input type="text"/></p> <p>SPONTANEOUS ABORTIONS <input type="text"/> <input type="text"/></p> <p>INDUCED ABORTIONS <input type="text"/> <input type="text"/></p> <p>TOTAL ABORTIONS <input type="text"/> <input type="text"/></p> <p>STILL BIRTHS <input type="text"/> <input type="text"/></p>	
<p>121</p>	<p>During this pregnancy, did she attend ANC?</p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW.....8</p>	<p>125</p>
<p>122</p>	<p>Whom did she see/receive care?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE/MIDWIFE.....B</p> <p>OTHER _____ U</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....X</p>	
<p>123</p>	<p>When she first attended ANC during this pregnancy how many months was she pregnant?</p>	<p>MONTH1 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW998</p>	
<p>124</p>	<p>How many times did she attend ANC during this pregnancy?</p>	<p>TIMES.....1 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW998</p>	
<p>125</p>	<p>Did she have any complication during this pregnancy?</p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW.....8</p>	<p>127</p>

126	What kind of complication(s) did she have? <i>PLEASE SPECIFY</i>	_____ _____ 1 DON'T KNOW..... 8	
127	Did she suffer from any pre-existing chronic/systemic illness? (e.g. HYPERTENSION, DIABETES, DISORDER OF THE THYROID GLAND, ETC)?	YES.....1 NO2 DON'T KNOW.....8	129
128	Which kind of pre-existing chronic/systemic illness did she have? <i>PLEASE SPECIFY</i>	_____ _____ 1 DON'T KNOW..... 8	
129	What was the preliminary diagnosis on admission? <i>PLEASE SPECIFY</i>	_____ _____ 1 DON'T KNOW.....8	

D. HEALTH CONDITION PROGRESS OF THE WOMAN AFTER THE ADMISSION TO THE HEALTH FACILITY

CHECK 106B: (106B=3)

SHE WAS DELIVERING WHEN SHE CAME TO THE HEALTH FACILITY

OTHER CONDITIONS → 130A

130	How long ago was the woman hospitalized before delivery took place? <i>MARK ONLY ONE OF THE OPTIONS BY INDICATING HOUR, DAY OR WEEK</i>	HOUR.....1 <input type="text"/> <input type="text"/> DAY.....2 <input type="text"/> <input type="text"/> WEEK.....3 <input type="text"/> <input type="text"/> DON'T KNOW998	
130A	How long was the woman hospitalized before death occurred? <i>MARK ONLY ONE OF THE OPTIONS BY INDICATING HOUR, DAY OR WEEK</i>	HOUR.....1 <input type="text"/> <input type="text"/> DAY.....2 <input type="text"/> <input type="text"/> WEEK.....3 <input type="text"/> <input type="text"/> DON'T KNOW998	

131	Which other departments were consulted? <i>PLEASE SPECIFY.</i>	_____ _____ _____	
132	What was the outcome of the pregnancy? <i>RECORD ALL MENTIONED.</i>	NORMAL/VAGINALA VACUUM EXTRACTION.....B FORCEPS.....C CAESAREAN SECTION.....D INDUCED ABORTION.....E SPONTANEOUS ABORTION.....F ECTOPIC PREGNANCY.....G	} → 147
132A		SINGLE.....H MULTIPLE.....J	
133	What was the condition (APGAR score) of the child? <i>IF APGAR SCORE WAS CALCULATED RECORD THIS SCORE.</i> <i>IF NOT WRITE DOWN THE CONDITION OF THE CHILD.</i>	STILL BIRTH.....100 APGAR SCORE.....2 <input type="text"/> <input type="text"/> _____ _____ 300 DON'T KNOW.....998	
134	How long did the delivery take from the onset of labor pain? <i>MARK ONLY ONE OF THE OPTIONS BY INDICATING MINUTE OR HOUR.</i>	MINUTE.....1 <input type="text"/> <input type="text"/> HOUR.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	
135	Were pharmaceuticals used to start or enforce contractions?	YES1 NO2 DON'T KNOW.....8	
136	Did the woman have any complications before, during or after the delivery?	YES1 NO2 DON'T KNOW.....8	} → 143
136A	What kind of a problem/complication was it?	_____ (SPECIFY)	
137	Was there an ante-partum hemorrhage? <i>(SEE GLOSSARY UNDER HEMORRHAGE)</i>	YES1 NO2 DON'T KNOW.....8	
138	Was there a post-partum hemorrhage? <i>(SEE GLOSSARY UNDER HEMORRHAGE)</i>	YES1 NO2 DON'T KNOW.....8	
139	Did she have signs of eclampsia? <i>(SEE GLOSSARY)</i>	YES1 NO2 DON'T KNOW.....8	
140	Did she have a 3 rd or 4 th degree vaginal tear? <i>(SEE GLOSSARY)</i>	YES1 NO2 DON'T KNOW.....8	

141	Was the placenta retained? <i>(SEE GLOSSARY)</i>	YES1 NO2 DON'T KNOW.....8	
142	Did she have signs of puerperal sepsis? <i>(SEE GLOSSARY)</i>	YES1 NO2 DON'T KNOW.....8	
143	<i>CHECK 132: (132=D)</i> CESAREAN SECTION <input type="checkbox"/>	NOT CESAREAN SECTION <input type="checkbox"/>	147
144	What was the indication for the cesarean section? <i>PLEASE SPECIFY</i>	_____ _____ 1 DON'T KNOW..... 8	
145	Was there any complication during cesarean section (including anesthesia)?	YES1 NO2 DON'T KNOW.....8	147
146	What kind of a complication was it? <i>PLEASE SPECIFY</i>	_____ _____ 1 DON'T KNOW.....8	
147	How many blood transfusions did she receive? <i>PLEASE WRITE DOWN AS UNITS.</i>	BLOOD TRANSFUSIONS.....1 <input type="text"/> <input type="text"/> NONE000 DON'T KNOW.....998	
148	Was there any other complication before death occurred?	YES1 NO2 DON'T KNOW.....8	150
149	What kind of a problem was it? <i>PLEASE SPECIFY</i>	_____ _____ 1 DON'T KNOW.....8	

149A	<p><i>CHECK 106B: (106B=3 OR 106B=7)</i></p> <p>DURING LABOUR OR UP TO 42 DAYS AFTER DELIVERY</p> <p style="text-align: right;">OTHER CONDITIONS</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> → </div> </div>	151	
149B	<p>Which other action - not mentioned so far - was taken to manage complications which occurred? (eg. MANUAL REMOVAL OF PLACENTA, ANTI-CONVULSANT DRUGS, ANTIBIOTICS ETC.)</p> <p><i>PLEASE SPECIFY</i></p>	<hr/> <hr/> 100 DON'T KNOW.....998	
150	<p>How long after delivery did death occur?</p> <p><i>MARK ONLY ONE OF THE OPTIONS BY INDICATING MINUTE, HOUR OR DAY.</i></p>	MINUTE.....1 <input type="checkbox"/> <input type="checkbox"/> HOUR.....2 <input type="checkbox"/> <input type="checkbox"/> DAY.....3 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW.....988	
151	<p>What other development did eventually lead or contribute to the death?</p> <p><i>PLEASE SPECIFY</i></p>	<hr/> <hr/> 1 DON'T KNOW.....8	
152	<p>What was the most immediate event/complication before the woman's death? <i>(PLEASE DESCRIBE IF POSSIBLE)</i></p> <hr/> <hr/> <hr/>		
153	<p>What is the final diagnosis (from the patient file/ death certificate)? <i>(PLEASE WRITE)</i></p> <hr/> <hr/> <hr/>		
154	<p>Were the circumstances of the death discussed among the management of the HF/Hospital?</p>	YES1 NO2 DON'T KNOW.....8	156

ANNEX 8 – FEMALE DEATHS
QUESTION FORM/QUESTIONNAIRE

T.C. MINISTRY OF HEALTH
FEMALE DEATHS
QUESTION FORM/QUESTIONNAIRE

IDENTIFICATION	
<p>NAME OF THE HOUSEHOLD HEAD/ THE RELATIVE WHO NOTIFIED THE DEATH</p> <p>NAME AND SURNAME OF THE DECEASED</p> <p>PLACE OF RESIDENCE - URBAN (1) RURAL (2)..... <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>PHONE _____ / _____</p>	<p>PROVINCE _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>DISTRICT _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>SUB-DISTRICT _____ <input style="width: 20px; height: 15px;" type="text"/></p> <p>VILLAGE _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>QUARTER _____</p> <p>STREET _____ NO _____</p>

VISIT / INTERVIEW INFORMATION				
	1	2	3	LAST VISIT
DATE (DAY-MONTH)	__ __	__ __	__ __	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
PROVINCE PROJECT RESEARCHER	_____	_____	_____	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
RESULT (*)	__	__	__	<input style="width: 20px; height: 15px;" type="text"/>
NEXT DAY-MONTH INTERVIEW HOUR	__ __	__ __		TOTAL NUMBER VISITS <input style="width: 20px; height: 15px;" type="text"/>

(*) RESULT CODES	
01 QUESTIONNAIRE COMPLETED 02 NONE OF THE HOUSEHOLD MEMBERS PRESENT AT HOME OR NO ELIGIBLE MEMBER PRESENT AT HOME 03 WRONG ADDRESS 04 POSTPONED 05 THE PERSON TO BE INTERVIEWED REFUSED	06 DWELLING VACANT/ ADDRESS NOT A DWELLING 08 DWELLING NOT FOUND 09 INTERVIEW PARTIALLY COMPLETED 10 NO PERSON COULD BE DETERMINED TO MAKE INTERVIEW 96 OTHER _____ (SPECIFY)

PROVINCE PROJECT COORDINATOR	PROVINCE PROJECT DOCTOR/ DISTRICT COORDINATOR	KEYER
_____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DAY-MONTH <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	_____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DAY-MONTH <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	_____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DAY-MONTH <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>

SECTION IA INTRODUCTION AND DETERMINATION OF THE RESPONDENT

100	RECORD HOUR	HOUR – MINUTE.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
------------	-------------	--------------------	---	---

Hello! My name is _____. I am coming from Health Directorate. We are conducting a study on the cause of female deaths. We are sorry for your loss, we learned that passed away. We want to ask some questions about the deceased. We need someone who can help us and answer our questions. Please could you tell us the name of the person who can answer our questions best? Who else? **PUT THE NAME OF THE PERSON YOU INTERVIEWED AT THE BEGINNING OF THE LIST. THEN LIST THE INDIVIDUALS WHO CAN GIVE INFORMATION ABOUT THE DECEASED WOMAN.**

	101	102	103	104	105	106		
		Relationship to the Deceased	Was with (deceased) during her last illness?	Waswith (deceased) during her death?	Is resident of this household?	<i>FOR INDIVIDUALS WHO HAVE KNOWLEDGE ABOUT CAUSE OF DEATH AND LAST ILLNESS INDICATE THE RELATIVITY OF THEIR LEVEL OF KNOWLEDGE WITH 1,2,3. IN THIS COLUMN. SAME NUMBER CAN BE USED FOR 2 PERSONS HAVING THE SAME LEVEL OF KNOWLEDGE*</i>		
LINE NO	NAME OF THE PERSON	<i>USED THE CODE LIST</i>				1:VERY GOOD 2:INTERMEDIATE 3: NO INFORMATION		
01		<input style="width: 20px; height: 20px;" type="text"/>	YES..... .1 NO..... .2 NO ILLNESS..... .3 DON'T KNOW..... .7	YES.....1 NO..... .2	YES..... .1 NO..... .2	1	2	3
02		<input style="width: 20px; height: 20px;" type="text"/>	YES..... .1 NO..... .2 NO ILLNESS..... .3 DON'T KNOW..... .7	YES.....1 NO..... .2	YES..... .1 NO..... .2	1	2	3
03		<input style="width: 20px; height: 20px;" type="text"/>	YES..... .1 NO..... .2 NO ILLNESS..... .3 DON'T KNOW..... .7	YES.....1 NO..... .2	YES..... .1 NO..... .2	1	2	3
04		<input style="width: 20px; height: 20px;" type="text"/>	YES..... .1 NO..... .2 NO ILLNESS..... .3 DON'T KNOW..... .7	YES.....1 NO..... .2	YES..... .1 NO..... .2	1	2	3
05		<input style="width: 20px; height: 20px;" type="text"/>	YES..... .1 NO..... .2 NO ILLNESS..... .3 DON'T KNOW..... .7	YES.....1 NO..... .2	YES..... .1 NO..... .2	1	2	3
06		<input style="width: 20px; height: 20px;" type="text"/>	YES..... .1 NO..... .2 NO ILLNESS..... .3 DON'T KNOW..... .7	YES.....1 NO..... .2	YES..... .1 NO..... .2	1	2	3

FOR 102- CODES FOR RELATIONSHIP TO THE DECEASED				
01 HUSBAND	04 MOTHER-IN-LAW	07 ELTÍ (SISTER-IN-LAW)	10 DOUGHTER	13 GRANDFATHER
02 MOTHER	05 SISTER-IN-LAW	08 BROTHER	11 SON	97 OTHER _____
03 SISTER	06 FATHER	09 BROTHER'S WIFE	12 GRANDMOTHER	(SPECIFY)

CHOSE A PERSON WHO YOU BELIEVE CAN PROVIDE THE MOST USEFUL INFORMATION ABOUT THE DECEASED AND HER ILLNESS, AND HAVE THE INTERVIEW WITH THIS PERSON

107	PERSON SELECTED FOR THE INTERVIEW LINE NO:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	AGE:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	GENDER: MALE.....1 FEMALE.....2
	IF THE PERSON SELECTED FOR THE INTERVIEW IS NOT LIVING IN THE SAME HOUSEHOLD OF THE DECEASED, FOR INTERVIEW WRITE DOWN THE EXACT ADDRESS AND PHONE NUMBER. ADDRESS AND PHONE:				

SECTION IB. INFORMED CONSENT

IF YOU CONTINUE TO HAVE THE INTERVIEW WITH THE SAME PERSON:

The interview will last 45 minutes. You are not required to participate in the interview but your participation and answers to our questions will help us in preventing female deaths occurring in our country. All your responses will be confidential and they will be used only for scientific purposes and for the improvement of health services. It was told us that you are the best person who can provide information on the personal characteristics and death of Therefore, we would like to talk to you. Do you accept?

108A	ACCEPTING.....1
	REFUSING.....2

SIGNITURE OF THE RESPONDENT:

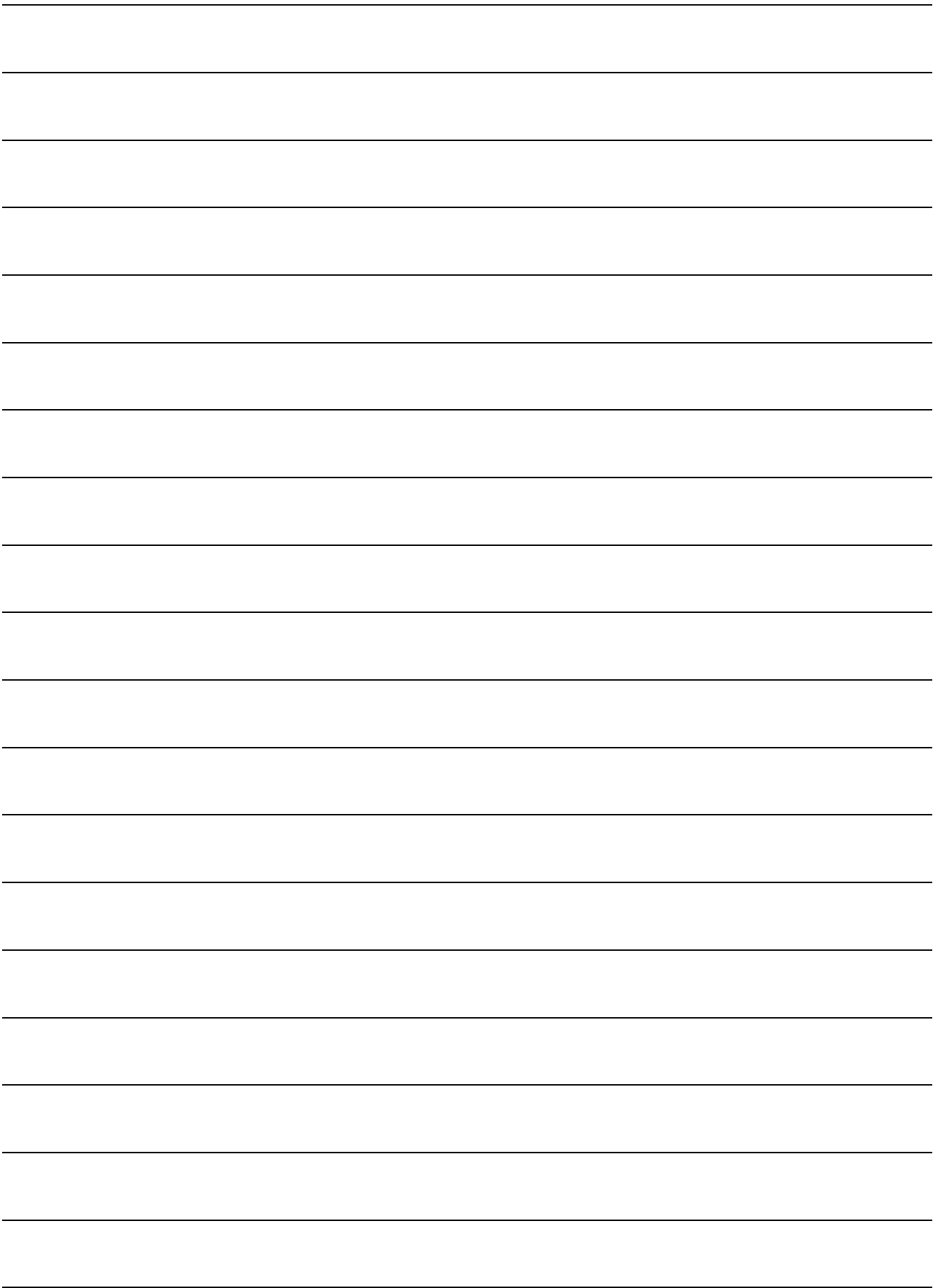
IF YOU ARE GOING TO CONTINUE TO THE INTERVIEW WITH ANOTHER PERSON:

Hello! My name is _____. I am coming fromHealth Directorate. We are conducting a study on the cause of female deaths. We are sorry for your loss, we learned that passed away. We want to talk to you and ask some questions about the deceased.

The interview will last 45 minutes. You are not required to participate in the interview but your participation and answers to our questions will help us in preventing female deaths occurring in our country. All your responses will be confidential and they will be used only for scientific purposes and for the improvement of health services. It was told us that you are the best person who can provide information on the personal characteristics and death of Therefore, we would like to talk to you. Do you accept?

108A	ACCEPTING.....1
	REFUSING.....2

SIGNITURE OF THE RESPONDENT:



SECTION 2A. DETAILS RELATED TO DEATH

200	What is the date of death of the deceased? (DAY/MONTH/YEAR)	DAY <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
201	How old was she exactly when she died? What was her completed age? <i>AGE MUST BE DETERMINED!</i>	COMPLETED AGE..... <input type="text"/> <input type="text"/>	
<p>ATTENTION!</p> <p><i>IF THE DECEASED WAS YOUNGER THAN 12 OR OLDER THAN 50 WHEN SHE DIED, THEN PROBE THE INCONSISTENCY WITH THE FBNF AND MAKE THE NECESARRY CORRECTIONS .</i></p> <p><i>IF NOT A FEMALE DEATH BETWEEN 12-50 AGES, FINISH THE INTERVIEW.</i></p>			
202	Did she have any illness/health problem leading to her death?	YES1 NO2	→ 209A
203	For how long was she ill before she died? IF THE ANSWER IS 30 DAYS AND LESS, NOTE IT AS DAY. IF MORE THAN 12 MONTHS, NOTE IT AS YEAR	DAY1 <input type="text"/> <input type="text"/> MONTH.....2 <input type="text"/> <input type="text"/> YEAR3 <input type="text"/> <input type="text"/>	
204	Has she ever been hospitalized due to the illness leading to her death?	YES1 NO2 DON'T KNOW.....8	→ 206
205	How many times?	TIMES <input type="text"/> <input type="text"/>	
206	Has she ever been operated due to the illness leading to her death?	YES1 NO2 DON'T KNOW.....8	→ 209A
207	What was her last operation?	_____ (OPERATION)	

<p>208</p>	<p>How many months before she died was her last operation?</p> <p><i>IF THE ANSWER IS 30 DAYS AND LESS, NOTE IT AS DAY. IF MORE THAN 12 MONTHS, NOTE IT AS YEAR.</i></p>	<p>DAY1 <input type="text"/> <input type="text"/></p> <p>MONTH.....2 <input type="text"/> <input type="text"/></p> <p>YEAR3 <input type="text"/> <input type="text"/></p>	
<p>209A</p>	<p>What was the place of death? In which province and district did she die?</p>	<p>NAME AND CODE OF THE PROVINCE _____ <input type="text"/> <input type="text"/></p> <p>NAME OF THE DISTRICT _____</p>	
<p>209B</p>	<p>Where did she die?</p>	<p>HOSPITAL/ANOTHER HEALTH FACILITY1</p> <p>HOME2</p> <p>OTHER7 → 211 (SPECIFY)</p>	
<p>210</p>	<p>What is the name of the hospital/health facility she died in?</p>	<p>_____</p> <p>(NAME OF HEALTH FACILITY)</p>	
<p>211</p>	<p>Did any health staff explain you or any other relative of the deceased whydied?</p>	<p>YES1 → 212B</p> <p>NO2</p> <p>DON'T KNOW.....8</p>	
<p>212A</p>	<p>Do you know the the casue(s) of her death /the illness leading to her death?</p>	<p>YES1</p> <p>NO2 → 213</p>	
<p>212B</p>	<p>What was her cause of death?</p> <p><i>IF MORE THAN ONE CAUSE OF DEATH IS SPECIFIED, LIST ALL MENTIONED.</i></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Now I would like to ask some questions about the general health conditions of the deceased?

Have you ever been told by a doctor or nurse that the deceased had any of the following illnesses?

	YES	NO	DON'T KNOW
A Hypertension	1	2	8
B Diabetes.....	1	2	8
C Heart Disease.....	1	2	8
D Epilepsy.....	1	2	8
E Tuberculosis.....	1	2	8
F Asthma.....	1	2	8
G Anaemia.....	1	2	8
H Jaundice (Hepatitis).....	1	2	8
I Cancer			
_____ 1	2	8	
(SPECIFY)			
J Other chronic illnesses			
_____ 1	2	8	
(SPECIFY)			

SECTION 2B. DETERMINATION OF PREGNANCY

214	Has she ever become pregnant?	YES1 NO2 DON'T KNOW8	→ 400
215	Was pregnant when she died?	YES1 NO2 DON'T KNOW8	→ 216A
215A	For how many months was she pregnant when she died?	<div style="text-align: center;"> <input type="text"/> <input type="text"/> MONTH </div>	
216A	Did she die during abortion or within 42 days following the abortion?	YES1 NO2 DON'T KNOW8	→ 217A
216B	For how many months was she pregnant when she died?	<div style="text-align: center;"> <input type="text"/> <input type="text"/> MONTH </div>	
216C	How many days after the termination of the pregnancy did she die? <i>WRITE "00" IF SHE DIED THE SAME DAY.</i>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> DAY </div>	
<i>GO TO 229</i>			

217A	Did she die when she was having a miscarriage or within 42 days following the miscarriage?	YES1 NO2 DON'T KNOW8	→ 218A
217B	For how many months was she pregnant when she died?	<div style="text-align: center;"> <input type="text"/> <input type="text"/> MONTH </div>	
217C	How many days after the termination of the pregnancy did she die? <i>WRITE "00" IF SHE DIED THE SAME DAY.</i>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> DAY </div>	
<i>GO TO 231</i>			

218A	Did she die during labour pains, during delivery or within 24 hours following the delivery?	YES1 NO2 DON'T KNOW8	→ 220A
218B	For how many months was she pregnant when she died ? <i>ATTENTION: IF LESS THAN 6 MONTHS IS INDICATED CONSIDER WHETHER IT IS MISCARRIAGE OR NOT. IF IT HAPPENED DURING MISCARRIAGE GO BACK TO THE 217A AND MAKE THE NECESSARY CORRECTIONS.</i>	<input type="text"/> <input type="text"/> MONTH	
219	Did she die before or after labour pains started?	BEFORE1 AFTER2 DON'T KNOW8	

GO TO 223

220A	Did death happen within puerperium period?	YES1 NO2 DON'T KNOW8	→ 222
220B	At which day of puerperium was she when she died? <i>WRITE "00" IF SHE DIED THE SAME DAY.</i>	<input type="text"/> <input type="text"/> DAY	
221	At which month of the pregnancy did delivery take place?	<input type="text"/> <input type="text"/> MONTH	

GO TO 223

222	CHECK 215 AND 215A:	PREGNANT AND PREGNANT FOR MORE THAN 6 MONTHS WHEN SHE DIED <input type="checkbox"/> → 223 PREGNANT AND PREGNANT FOR LESS THAN 6 MONTHS WHEN SHE DIED <input type="checkbox"/> → 300 NOT PREGNANT WHEN SHE DIED <input type="checkbox"/> → 400	
-----	---------------------	--	--

223	Which part of the baby came first out during birth- head, buttocks or other ?	DELIVERY DID NOT OCCUR1 → 300 CESAREAN2 HEAD3 HIP4 ARM5 OTHER _____ 7 (SPECIFY) DON'T KNOW8	
-----	---	--	--

224	Was it a single or multiple birth?	DELIVERY DID NOT OCCUR.....1 SINGLE.....2 MULTIPLE.....3 DON'T KNOW.....8	→ 300 → 228A
225	Was the baby alive when he/she was born?	BORN ALIVE STILL LIVING.....1 BORN ALIVE BUT THEN DIED.....2 STILLBIRTH.....3 DON'T KNOW.....8	→ 227 → 227
226	Babies age at death ? (WRITE AS DAY OR MONTH)	DAY 1 MONTH	<input type="text"/> <input type="text"/>
227	Gender of the baby?	MALE1 FEMALE.....2 DON'T KNOW.....8	→ 300

228A	FOR EACH CHILD ASK THE QUESTIONS SEPARATELY. BIRTH ORDER OF CHILDREN IS NOT IMPORTANT. .	1. CHILD	2. CHILD	3. CHILD
------	---	----------	----------	----------

228B	Was the baby alive when he/she was born?	BORN ALIVE STILL LIVING.....1 228D ← BORN ALIVE THEN DIED.....2 STILL BIRTH.....3 228D ← DON'T KNOW.....8	BORN ALIVE STILL LIVING1 228D ← BORN ALIVE THEN DIED2 STILL BIRTH3 228D ← DON'T KNOW.....8	BORN ALIVE STILL LIVING1 228D ← BORN ALIVE THEN DIED2 STILL BIRTH3 228D ← DON'T KNOW.....8
------	--	--	---	---

228C	Babies age at death? (WRITE AS DAY OR MONTH)	DAY 1 MONTH	DAY 1 MONTH	DAY 1 MONTH
------	---	----------------------------	----------------------------	----------------------------

228D	Gender of the baby?	MALE1 FEMALE.....2 DON'T KNOW.....8	MALE1 FEMALE.....2 DON'T KNOW.....8	MALE1 FEMALE.....2 DON'T KNOW.....8
------	---------------------	---	---	---

		TO GET INFO ABOUT 2ND CHILD GO BACK TO 228B AND ASK THE QUESTIONS FOR THE 2ND CHILD	TO GET INFO ABOUT 3RD CHILD GO BACK TO 228B AND ASK THE QUESTIONS FOR THE 3RD CHILD IF NOT MORE THAN 2 CHILDREN GO TO 300.	IF MORE THAN 3 CHILDREN USE ADDITIONAL QUESTION FORM AND NOTE THE INFO ABOUT THE 3RD CHILD TO THAT FORM. IF NOT MORE THAN 3 CHILDREN GO TO 300.
--	--	---	---	--

229	What kind of a way was used use to have/induce abortion?	HAD INDUCED ABORTION.....1 BY TAKING DRUG/INJECTION.....2 BY COMPRESSING THE ABDOMEN.....3 BY PUTING SOMETHING IN TO THE UTERUS.....4 OTHER.....7 (SPECIFY) DON'T KNOW8	→ 231
-----	--	---	-------

230	<p>Where did induced abortion take place?</p> <p>_____</p> <p>(NAME OF THE PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT/SAMPLE HOSP.....11</p> <p>MATERNITY HOUSE12</p> <p>MCHFP CENTER.....13</p> <p>SSK HOSPITAL/DISPANSERY.....16</p> <p>OTHER _____ 19</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSP21</p> <p>PRIVATE POLYCLINIC22</p> <p>PRIVATE DOCTOR'S OFFICE.....23</p> <p>OTHER _____ 29</p> <p>(SPECIFY)</p> <p>UNIVERSITY HOSPITAL.....31</p> <p>VOLUNATRY ORG./ FOUND. HOSPITAL/CLINIC.....41</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
231	<p>Who induced abortion?</p>	<p>DOCTOR.....1</p> <p>NURSE/MIDWIFE.....2</p> <p>HERSELF.....3</p> <p>OTHER _____ 7</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....8</p>	
232	<p>Did she had a foul smelling vaginal discharge after the abortion?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW.....8</p>	
233	<p>Did she had distended abdomen after abortion?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW.....8</p>	

SECTION 3. PREGNANCY VERBAL AUTOPSY QUESTIONS

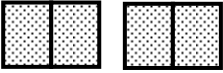
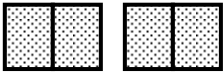
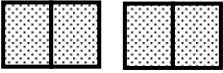
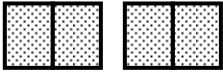
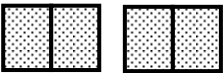
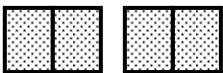
300	<p><i>CHECK 215A., 216A, 217A, 218A AND 220A:</i></p> <p>SHE WAS PREGNANT, HAVING INDUCED ABORTION OR MISCARRIAGE, DELIVERING OR IN PUERPERIUM PERIOD WHEN SHE DIED</p> <p style="text-align: center;">NONE</p>		400
	<input type="checkbox"/>	<input type="checkbox"/>	
303	Did she have swelling ankles?	YES1 NO2 BİLMİYOR.....8	
304	Did she have swelling hands?	YES1 NO2 DON'T KNOW.....8	
305	Puffiness in her face?	YES1 NO2 DON'T KNOW.....8	
306	Blurred vision?	YES1 NO2 DON'T KNOW.....8	
306A	Any convulsions in her entire body or any part of her body?	YES1 NO2 DON'T KNOW.....8	
307	Was her blood pressure measured?	YES1 NO2 DON'T KNOW.....8	<input type="checkbox"/> → 309
308	Was her blood pressure high?	YES1 NO2 DON'T KNOW.....8	
309	Did she have bleedig in her vagina before the termination of her pregnancy?	YES1 NO2 DON'T KNOW.....8	<input type="checkbox"/> → 312
310	How long did her bleeding last?	LESS THAN 1 DAY.....1 BETWEEN 1 TO 7 DAYS.....2 BETWEEN 1 WEEK TO 1 MONTH.....3 MORE THAN 1 MONTH.....4 DON'T KNOW.....8	
310A	How much was her bleeding? Was it too heavy, as much as menstrual bleeding; less than menstrual bleeding?	HEAVY1 LIKE MENSTRUAL BLEEDING.....2 LESS THAN MENSTRUAL BLEEDING.....3 DON'T KNOW.....8	
311	Was she having pain while bleeding?	YES1 NO2 DON'T KNOW.....8	
312	Was she having sharp pain in her abdomen during pregnancy?	YES1 NO2 DON'T KNOW.....8	

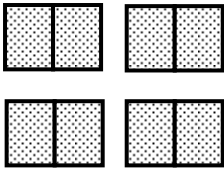
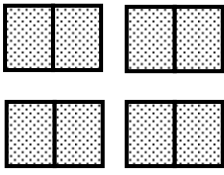
313	<p>CHECK 216A, 217A, 218A AND 220A:</p> <p>HAVING MISCARRIAGE/ SPONTANEOUS OR INDUCED ABORTION WHEN SHE DIED</p>	<p>DELIVERING OR IN PUERPERIUM WHEN SHE DIED</p>	
314		<p>Did death occur suddenly during pregnancy?</p> <p>YES1 NO2 DON'T KNOW8</p>	
GO TO 400			
315	<p>Did she have bleeding during delivery?</p>	<p>YES1 NO2 DON'T KNOW8</p>	319
316	<p>Was it a heavy bleeding?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
318	<p>Did her bleeding start before delivery?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
319	<p>Did she take a drug used to start labour pains?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
320	<p>How long did her labour pains last?</p>	<p>HOUR1 <input type="text"/> <input type="text"/></p> <p>OTHER (IF HOUR NOT INDICATED)</p> <p>..... 997</p> <p>DON'T KNOW998</p>	
322	<p>Was she given a drug used to make labour pains stronger?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
323	<p>Any difficulty during delivery?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
324	<p>Did the placenta come out?</p>	<p>YES1 NO2 DON'T KNOW8</p>	327
325	<p>Bebğin eşinin (plasentanın) tümü mü yoksa bir kısmı mı gelmişti?</p>	<p>COMPLETELY1 PARTIALLY2 DON'T KNOW8</p>	
326	<p>Did the placenta come out completely or only partially?</p>	<p>IMMEDIATELY1 WITHIN FIRST 30 MINUTES2 30 MINUTES- 1 HOUR3 MORE THAN 1 HOUR4 DON'T KNOW8</p>	

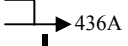
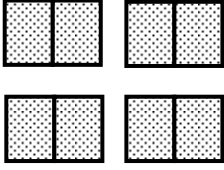
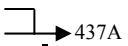
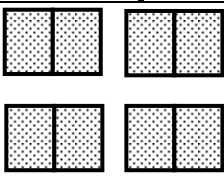
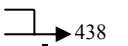
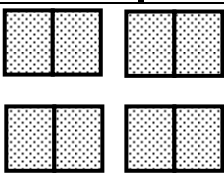
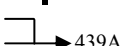
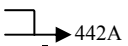
327	Did she have heavy bleeding within 42 days after delivery?	DURING DELIVERY.....0 YES1 NO2 DON'T KNOW.....8	→ 400
328	Did she had a foul smelling vaginal discharge within 42 days after delivery?	YES1 NO2 DON'T KNOW.....8	
329	Did she have high fever within 42 days after delivery?	YES1 NO2 DON'T KNOW.....8	
329A	? Was she having sharp pain in her lower abdomen within 42 days after delivery?	YES1 NO2 DON'T KNOW.....8	
330	Did she have pain in her legs after delivery?	YES1 NO2 DON'T KNOW.....8	→ 400
330A	Was the reason of her pain the swelled leg? <i>IF THERE IS SWELLING IN BOTH OF HER LEGS CIRCLE "NO".</i>	YES1 NO2 DON'T KNOW.....8	

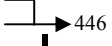
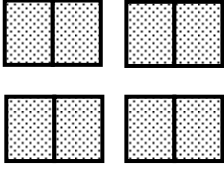

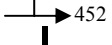
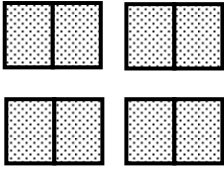
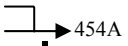
SECTION 4. ADULT VERBAL AUTOPSY

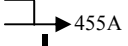
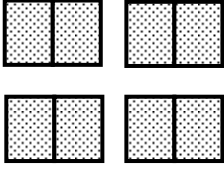
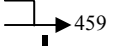
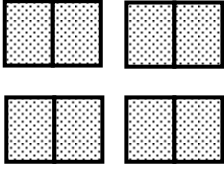

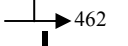
400	<p>Did the deceased experience any assault/homicide, car accident, falling, fire, gas poisoning or another event?</p> <p>(IF YES): What happened to her?</p> <p><i>IF THE ANSWER IS EITHER FALLING, FIRE, OR GAS POISONING PROBE WHETHER IT IS SUICIDE OR NOT.</i></p>	<p>NO.....0 → 403</p> <p>ASSAULT/HOMICIDE.....1</p> <p>CAR ACCIDENT.....2</p> <p>FALLING.....3</p> <p>FIRE.....4</p> <p>GAS POISONING.....5</p> <p>OTHER _____ 7</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW.....8 → 403</p>	
GO TO 489			
403	Do you think that she committed suicide?	<p>YES1 → 489</p> <p>NO2</p> <p>DON'T KNOW.....8</p>	
404A	Did she have high fever during the last illness before her death?	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW.....8 → 407A</p>	
404B	<p>How long before her death did high fever start, and stop?</p> <p><i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i></p>	<p>Start _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Stop _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
407A	Did she have cough during her last illness?	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW.....8 → 408A</p>	
407B	<p>How long before her death did cough start, and stop?</p> <p><i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i></p>	<p>Start _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Stop _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
408	Was there blood with cough?	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW.....8</p>	
408A	Was she expectorating/producing sputum?	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW.....8 → 410A</p>	
408B	<p>How long before her death did she start expectorating/producing sputum and stop?</p> <p><i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i></p>	<p>Start _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Stop _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
409	Was there blood with sputum?	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW.....8</p>	

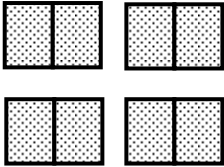
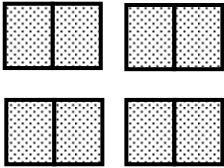
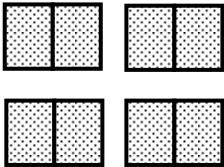
410A	Did she have shortness of breath or difficulty in breathing or during her last illness?	YES1 NO2 DON'T KNOW.....8	→ 417A
410B	How long before her death did difficulty in breathing start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____  Stop _____ 	
411	Was her breathing difficulty continuous or on and off?	CONTINUOUS1 EVERY 1- 2 DAYS2 AT NIGHT ONLY3 OTHER _____ 7 (SPECIFY) DON'T KNOW.....8	
412	Did she have wheezing while breathing?	YES1 NO2 DON'T KNOW.....8	
413	Did she become/get breathless even doing simple work?	YES1 NO2 DON'T KNOW.....8	
415	Did she have pain in her chest while breathing?	YES1 NO2 DON'T KNOW.....8	
417A	Did she have chest pain other than breathing?	YES1 NO2 DON'T KNOW.....8	→ 421A
417B	How long before her death did chest pain start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____  Stop _____ 	
418	Was the pain mild, moderate or intense/severe?	MILD.....1 MODERATE.....2 INTENSE/SEVERE.....3 DON'T KNOW8	
421A	Did she have pain in her abdomen?	YES1 NO2 DON'T KNOW.....8	→ 425
421B	How long before her death did abdomen pain start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____  Stop _____ 	
422	Where exactly was the pain located?	LOWER ABDOMEN1 UPPER ABDOMEN2 ALL OVER THE ABDOMEN.....3 OTHER _____ 7 (SPECIFY) DON'T KNOW.....8	

423	Was the pain continuous or on and off?	ON AND OFF CRAMPS.....1 CONTINUOUS PAIN.....2 OTHER _____ 7 (SPECIFY) DON'T KNOW.....8	
424	Was the pain mild, moderate or intense/severe? What was the intensity of the pain?	MILD.....1 MODERATE.....2 INTENSE/SEVERE.....3 DON'T KNOW.....8	
425	Was she suffering from pains other than abdomen and chest pain in other parts of her body?	YES1 NO2 DON'T KNOW.....8	→ 428
426	Where was the pain?	ON THE STEMUM.....01 HEAD.....02 HEART.....03 LEFT ARM04 RIGHT ARM.....05 LEFT LEG.....06 RIGHT LEG.....07 OTHER _____ 97 (SPECIFY) DON'T KNOW.....98	
427	How long did the pain last when it was severe/intense?	LESS THAN 30 MINUTES.....1 BETWEEN 30 MINUTES TO 24 HOURS.....2 MORE THAN 24 HOURS.....3 DON'T KNOW.....8	
428	Did she have headache?	YES1 NO2 DON'T KNOW.....8	→ 431A
429	Was the headache severe?	YES1 NO2 DON'T KNOW.....8	
431A	Did she have distension in her abdomen?	YES1 NO2 DON'T KNOW.....8	→ 433A
431B	How long before her death did the distension start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
433A	Did she have a mass in her abdomen?	YES1 NO2 DON'T KNOW.....8	→ 435A
433B	How long before her death did the abdomen mass start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	

435A	Did she have swelling around her ankles?	YES1 NO2 DON'T KNOW8	
435B	How long before her death did the swelling around her ankles start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
436A	Did she have puffiness/swelling on her face?	YES1 NO2 DON'T KNOW8	
436B	How long before her death did the swelling on her face start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
437A	Did she have swellings in the neck?	YES1 NO2 DON'T KNOW8	
437B	How long before her death did the swellings in her neck start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
438	Did she have any other swelling on different parts the body?	YES1 NO2 DON'T KNOW8	
438A	Where exactly were the swellings? Anywhere else? <i>RECORD ALL MENTIONED</i>	HEAD.....A LOWER BACK.....J MOUTH.....B HIP.....K UPPER ARM.....C GENITALS.....L LOWER ARM.....D THIGH.....M ARMPIT.....E LEGS.....N HANDS.....F FEETS.....O CHEST.....G BREAST.....P INGUINAL.....H OTHER.....U UPPER BACK.....I	
439A	Were there any ulcers in her body?	YES1 NO2 DON'T KNOW8	
439B	Where was the ulcer wound? Anywhere else? <i>RECORD ALL MENTIONED</i>	HEAD.....A LOWER BACK.....J MOUTH.....B HIP.....K UPPER ARM.....C GENITALS.....L LOWER ARM.....D THIGH.....M ARMPIT.....E LEGS.....N HANDS.....F FEETS.....O CHEST.....G BREAST.....P INGUINAL.....H OTHER.....U UPPER BACK.....I	

442A	Did she have diarrhoea?	YES1 NO2 DON'T KNOW8	
442B	How long before her death did diarrhoea start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
443	Was the diarrhoea continuous or on and off?	CONTINUOUS.....1 ON AND OFF.....2 DON'T KNOW.....8	
444	When the diarrhoea was severe, how many times in a day did she defecate/pass stool?	<div style="text-align: center;">  NUMBER OF TOILET VISITS PER DAY (Don't know "98") </div>	
445	How did the stool look like?	WATERY1 LOOSE BUT NOT WATERY2 DON'T KNOW8	
446	Was there blood in the stool?	YES1 NO2 DON'T KNOW8	
447	Was she able to defecate before her death?	YAPABİLİYORDU.....1 YAPAMIYORDU.....2 DON'T KNOW8	
449	What was the colour of urine?	PRIMROSE YELLOW.....1 DARK YELLOW.....2 BROWN.....3 BLOOD STAINED.....4 DON'T KNOW.....8	
450A	Was there any change in the number of urination in a day?	YES1 NO2 DON'T KNOW8	
450B	How long before her death did change in number of urination start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
451	Was the number of daily urination more than normal or was she unable to urinate?	MORE.....1 LESS.....2 NOT URINATING.....3 DON'T KNOW.....8	
452	Did she have difficulty while urinating?	YES1 NO2 DON'T KNOW8	
453	Did she have a burning sensation while urinating?	YES1 NO2 DON'T KNOW8	

454A	Did she have irregular bleeding (vaginal bleeding)?	YES 1 NO 2 DON'T KNOW 8	
454B	How long before her death did irregular bleeding start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
455A	Did she have nausea?	YES 1 NO 2 DON'T KNOW 8	
455B	How long before her death did nausea start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
457	How many times a day did she vomit when the nausea was intense?	 NO OF VOMITS PER DAY (Bilmiyor: "98")	
458	What did the vomitus look like?	WATERY FLUID 1 YELLOWISH FLUID 2 BROWN 3 BLOODY 4 OTHER _____ 7 (SPECIFY) DON'T KNOW 8	
459	Days and weeks before her death had she lost weight?	YES 1 NO 2 DON'T KNOW 8	
460	Was this a severe loss of weight?	YES 1 NO 2 DON'T KNOW 8	
462	Did she have difficulty in opening her mouth?	YES, HAVING DIFFICULTY 1 NO DIFFICULTY 2 DON'T KNOW 8	
463A	Did she have difficulty in swallowing?	YES 1 NO 2 DON'T KNOW 8	
464A	Did she have stiff neck right before her death?	YES 1 NO 2 DON'T KNOW 8	

465A	Did she have fits right before her death?	YES 1 NO 2 DON'T KNOW 8	→ 470
466	Could you describe the fits?	REPETITIVE JERKING OF WHOLE BODY 1 OTHER _____ _____ 7 (SPECIFY) DON'T KNOW 8	
469	Was she having those kinds of fits before?	YES 1 NO 2 DON'T KNOW 8	
470	Was she normal/ conscious, mentally confused or unconscious before her death?	NORMAL 1 CONFUSED 2 UNCONSCIOUS 3 OTHER _____ 7 (SPECIFY) DON'T KNOW 8	→ 475A → 475A
471	How did this problem/ loss of consciousness start, suddenly, rapidly within a day, or slowly over few days?	SUDDENLY 1 RAPIDLY WITHIN A DAY 2 SLOWLY OVER FEW DAYS 3 DON'T KNOW 8	
475A	Was her whole body rigid/stif?	YES 1 NO 2 DON'T KNOW 8	→ 476A
475B	How long before her death did rigidity/stiffness in whole body start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
476A	Did she have paralysis?	YES 1 NO 2 DON'T KNOW 8	→ 477A
476B	How long before her death did state of paralysis start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
477A	Any impairment in her speech?	YES 1 NO 2 DON'T KNOW 8	→ 478
477B	How long before her death did speech impairment start, and stop? <i>RECORD THE ANSWER AS IT IS SAID. IF DATE WAS INDICATED NOTE IT DOWN AND DO NOT MAKE ANY CALCULATION.</i>	Start _____ Stop _____	
478	Did she have sore eyes?	YES 1 NO 2 DON'T KNOW 8	

479	Was the white of her eyes yellow?	YES1 NO2 DON'T KNOW.....8	
480	Did her face look pale or anemic?	YES1 NO2 DON'T KNOW.....8	
481	Did her palms look pale?	YES1 NO2 DON'T KNOW.....8	

489	<i>CHECK 215, 216A, 217A, 218A AND 220A:</i>		
DEATH RELATED WITH PREGNANCY OR DELIVERY <input type="checkbox"/>		DEATH NOT RELATED WITH PREGNANCY OR DELIVERY <input type="checkbox"/>	→ 600
<input type="checkbox"/> ↓ 500			

SECTION 5A. ILLNESS AND TREATMENT

<p>500</p>	<p>Was there any health problem or any symptom indicating a health problem before she died?</p> <p><i>IF NECESSARY PROBE BY TAKING INTO ACCOUNT THE ILLNESS AND DEATH HISTORY OF THE DECEASED YOU GET AT THE BEGINNING OF THE INTERVIEW.</i></p>	<p>YES1 NO2 DON'T KNOW8</p>	<p>→ 530</p>
<p>501</p>	<p>How long before her death did the symptoms indicating a health problem start?</p> <p><i>IF LESS THAN ONE DAY RECORD AS HOUR, IF LESS THAN 1 MONTH RECORD AS DAYS AND IF MORE THAN 1 MONTH RECORD AS MONTH.</i></p>	<p>HOUR1 <input type="text"/> <input type="text"/></p> <p>DAY2 <input type="text"/> <input type="text"/></p> <p>MONTH3 <input type="text"/> <input type="text"/></p>	
<p>502</p>	<p>Did her family or she think that these symptoms are fatal?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
<p>503</p>	<p>Was any attempt made for treatment?</p>	<p>YES1 NO2 DON'T KNOW8</p>	<p>→ 527</p>
<p>504</p>	<p>Who did decide that she has to receive treatment?</p>	<p>HERSELF1 HUSBAND2 FAMILY3 OTHER 7 (SPECIFY) DON'T KNOW8</p>	
<p>505</p>	<p>How much time passed after she decided to take treatment?</p> <p><i>IF LESS THAN ONE DAY RECORD AS HOUR, IF LESS THAN 1 MONTH RECORD AS DAYS AND IF MORE THAN 1 MONTH RECORD AS MONTH.</i></p>	<p>HOUR1 <input type="text"/> <input type="text"/></p> <p>DAY2 <input type="text"/> <input type="text"/></p> <p>MONTH3 <input type="text"/> <input type="text"/></p>	
<p>506</p>	<p>How long after the decision she took treatment?</p>	<p>IMMEDIATELY1 THAT DAY2 THAT WEEK3 THAT MONTH4 NO TREATMENT5 DON'T KNOW8</p>	<p>→ 508 → 508</p>

	<p style="text-align: center;">(NAME OF THE PLACE)</p>	<p>PRIVATE SECTOR</p> <p>PRIVATE HOSP 21</p> <p>PRIVATE POLYCLINIC..... 22</p> <p>PRIVATE DOCTOR'S OFFICE..... 23</p> <p>PRIVATE NURSE/MIDWIFE (HEALTH CABINET)..... 24</p> <p>OTHER _____ 29</p> <p style="text-align: center;">(SPECIFY)</p> <p>UNIVERSITY HOSPITAL 31</p> <p>VOLUNATRY ORG./FOUNDATION HOSP./CLINIC..... 41</p> <p>OTHER _____ 97</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
<p>513</p>	<p>What was the last place she went?</p> <p style="text-align: center;">(NAME OF THE PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT/SAMPLE HOSP..... 11</p> <p>MATERNITY HOUSE 12</p> <p>MCH/FP CENTER..... 13</p> <p>HEALTH CENTER 14</p> <p>HEALTH HOUSE 15</p> <p>SSK HOSPITAL/DISPANSERY 16</p> <p>OTHER _____ 19</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSP 21</p> <p>PRIVATE POLYCLINIC..... 22</p> <p>PRIVATE DOCTOR'S OFFICE..... 23</p> <p>PRIVATE NURSE/MIDWIFE (HEALTH CABINET)..... 24</p> <p>OTHER _____ 29</p> <p style="text-align: center;">(SPECIFY)</p> <p>UNIVERSITY HOSPITAL 31</p> <p>VOLUNATRY ORG./FOUNDATION HOSP./CLINIC..... 41</p> <p>OTHER _____ 97</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 98</p>	

514	ATTENTION ASK THE QUESTIONS BETWEEN 515 AND 526 FOR THE LAST FACILITY WHERE TREATMENT WAS RECEIVED (QUESTION 513)		
515	Did death occur in?	YES1 NO2 DON'T KNOW8	→ 517A
516	How much later did she die after they arrived there? <i>IF LESS THAN ONE HOUR RECORD AS MINUTE, IF LESS THAN 1 DAY RECORD AS HOUR.</i>	MINUTE1 <input type="text"/> <input type="text"/> HOUR2 <input type="text"/> <input type="text"/> DAY3 <input type="text"/> <input type="text"/> DON'T KNOW998	
517A	Was the place she received treatment at the same settlement she lived in?	YES1 NO2 DON'T KNOW8	
517B	How far away was the place she received treatment from the place she lived in?	AT THE SAME STREET, OR QUARTER/DISTRICT.....1 AT A CLOSE QUARTER2 AT A DISTANT QUARTER.....3 AT A CLOSE SETTLEMENT.....4 AT A DISTANT SETTLEMENT.....5 DON'T KNOW8	
518	How has she gone to?	VIA AMBULANCE.....1 VIA PRIVATE CAR.....2 VIA BUS/DOLMUŞ3 VIA TAXI.....4 OTHER _____ 7 (SPECIFY) DON'T KNOW8	
519	How long did it take to go to.....? <i>IF LESS THAN AN HOUR RECORD AS MINUTE.</i>	MINUTE1 <input type="text"/> <input type="text"/> HOUR2 <input type="text"/> <input type="text"/> DON'T KNOW998	
520	Did she have difficulty finding a vehicle?	YES.....1 NO.....2 DON'T KNOW8	
521	How much later has she been examined after she arrived the last place that she received treatment? <i>IF LESS THAN AN HOUR RECORD AS MINUTE.</i>	MINUTE1 <input type="text"/> <input type="text"/> HOUR2 <input type="text"/> <input type="text"/> DON'T KNOW998	

522	Who did the first examination there?	DOCTOR.....1 NURSE2 OTHER HEALTH STAFF.....4 DID NOT RECEIVE TREATMENT5 DON'T KNOW.....8	
523	Was she given blood transfusions during treatment?	YES..... 1 NO.....2 DON'T KNOW8	
524	Was she given serum during treatment?	YES.....1 NO.....2 DON'T KNOW8	
525	Who paid for the treatment expenses?	NOT PAID.....1 HEALTH INSURANCE2 HERSELF/FAMILY3 MONEY BORROWED.....4 DEED EXECUTED.....5 OTHER.....7 (SPECIFY) DON'T KNOW8	530
526	How much was the treatment cost in total? <i>RECORD AS YTL</i> <i>FOR ANSWERS OTHER THAN YTL CIRCLE OTHER OPTION " 99997":</i>	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 99997 (SPECIFY) DON'T KNOW..... 99998	

GO TO 530 A

527	Why no attempt was made for treatment? Why didn't she received treatment? What else? <i>RECORD ALL MENTIONED.</i>	NO REASONA NO HEALTH FACILITY IN PROXIMITYB DISTRUST TO HF/ ITS STAFFC DIFFICULTY BENEFITING FROM THE HF.....D EXPENSIVE.....E CUSTOMS/TRADITIONS.....F NOT REALIZED AS AN IMPORTANT PROBLEM.....G OTHERU (SPECIFY) DON'T KNOW.....X	
-----	---	---	--

SECTION 5B. PREGNANCY, ANC AND DELIVERY

530	Was there any live birth before the pregnancy/delivery she died?	YES.....1 NO.....2 →	533						
531	At which month and year did the last live birth occur before the pregnancy/delivery at the time of her death? <i>YEAR MUST BE RECORDED.</i>	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							

		PREGNANCY OR DELIVERY AT TIME OF DEATH	PREVIOUS LIVE BIRTH (SINCE JANUARY 1998)
533	CHECK QUESTIONS 215,216A,217A,218A AND 220A	NAME _____ <input type="checkbox"/> NO DELIVERY (SPONTANEOUS/INDUCED ABORTION) <input type="checkbox"/> HAD DELIVERY (STILLBIRTH/LIVE BIRTH)	NAME _____
534	When was pregnant did she see anyone for antenatal care during her pregnancy in order to get information and assistance? (IF YES) Whom did she see? Anyone else? <i>PROBE THESE PERSONS AND MARK/RECORD ALL PERSONS SEEN</i>	HEALTH STAFF/PROFESSIONAL DOCTORA MIDWIFE/NURSEB OTHER PERSONS TRAD. MIDWIFE/GRAN..... D OTHER _____ U (SPECIFY) NO ONE..... Y 536 ← DON'T KNOW..... X	HEALTH STAFF/PROFESSIONAL DOCTORA MIDWIFE/NURSEB OTHER PERSONS TRAD. MIDWIFE/GRAN..... D OTHER _____ U (SPECIFY) NO ONE..... Y 536 ← DON'T KNOW..... X
535	Where did she go? Any other? <i>RECORD ALL MENTIONED.</i> _____ (NAME OF PLACE: PREGNANCY OR DELIVERY AT TIME OF DEATH) _____ (NAME OF PLACE: PREVIOUS LIVE BIRTH)	PUBLIC SECTOR GOVERNMENT/SAMPLE HOSP..... A MATERNITY HOUSEB MCHFP CENTER..... C HEALTH CENTERD HEALTH HOUSEE SSK HOSPITAL/DISPANSERY F OTHER _____ G (SPECIFY) PRIVATE SECTOR PRIVATE HOSP H PRIVATE POLYCLINICI PRIVATE DOCTOR'S OFFICE.....J PRIVATE NURSE/MIDWIFE (HEALTH CABINET) K OTHER _____ M (SPECIFY) UNIVERSITY HOSPITAL N VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC... O OTHER _____ U (SPECIFY) DON'T KNOW..... X	PUBLIC SECTOR GOVERNMENT/SAMPLE HOSP..... A MATERNITY HOUSEB MCHFP CENTER..... C HEALTH CENTERD HEALTH HOUSEE SSK HOSPITAL/DISPANSERY F OTHER _____ G (SPECIFY) PRIVATE SECTOR PRIVATE HOSP H PRIVATE POLYCLINICI PRIVATE DOCTOR'S OFFICE.....J PRIVATE NURSE/MIDWIFE (HEALTH CABINET) K OTHER _____ M (SPECIFY) UNIVERSITY HOSPITAL N VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC... O OTHER _____ U (SPECIFY) DON'T KNOW..... X
		<i>SKIP TO 537</i>	<i>SKIP TO 537</i>

		PREGNANCY OR DELIVERY AT TIME OF DEATH NAME _____	PREVIOUS LIVE BIRTH (SINCE JANUARY 1998) NAME _____
536	During her pregnancy with why did she not receive antenatal care? <i>RECORD ALL MENTIONED.</i>	NO PROBLEM..... A NO HEALTH FACILITY IN PROXIMITY..... B DISTRUST TO HF/ ITS STAFF..... C DIFFICULTY BENEFITING FROM THE HF..... D CUSTOMS/TRADITIONS..... E FINANCIAL PROBLEMS..... F POOR SERVICE OUALITY..... G DON'T KNOW WHERE TO GO..... H DIED/HAPPENED SUDDENLY..... I OTHER _____ U (SPECIFY) DON'T KNOW X	NO PROBLEM..... A NO HEALTH FACILITY IN PROXIMITY..... B DISTRUST TO HF/ ITS STAFF..... C DIFFICULTY BENEFITING FROM THE HF..... D CUSTOMS/TRADITIONS..... E FINANCIAL PROBLEMS..... F POOR SERVICE OUALITY..... G DON'T KNOW WHERE TO GO..... H DIED/HAPPENED SUDDENLY..... I OTHER _____ U (SPECIFY) DON'T KNOW X
		<i>SKIP TO 544</i>	<i>SKIP TO 544</i>
537	How many months pregnant was she withwhen she went first time to the person(s) you mentioned before?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98
538	During her pregnancy with when she went for the first time for antenatal care did she go because there was a problem or was it an ordinary check-up for her pregnancy?	THERE WAS A PROBLEM..... 1 ORDINARY CONTROL/CARE..... 2 540 ← OTHER _____ 7 (SPECIFY) DON'T KNOW 8 540 ←	THERE WAS A PROBLEM..... 1 ORDINARY CONTROL/CARE..... 2 540 ← OTHER _____ 7 (SPECIFY) DON'T KNOW 8 540 ←
539	What was the problem?	_____ (SPECIFY)	_____ (SPECIFY)
540	How many times did she see this person (s) during her pregnancy with regarding antenatal care?	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98
541	How many months pregnant was she with when she recieved antenatal care for the last time?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 6. ADULTH DEATH SERVICE USE

600	<p>Has she gone to any health facility for treatment? (IF YES) How many different places did she go?</p>	<p>YES.....1 <input type="checkbox"/> <input type="checkbox"/></p> <p>NO.....200</p> <p>DON'T KNOW998</p>	<p>700</p>
601	<p>What was the first health facility she went?</p> <p>_____</p> <p>(NAME OF THE PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT/SAMPLE HOSP.....11</p> <p>MATERNITY HOUSE12</p> <p>MCH/FP CENTER.....13</p> <p>HEALTH CENTER14</p> <p>HEALTH HOUSE15</p> <p>SSK HOSPITAL/DISPANSERY16</p> <p>OTHER19</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSP21</p> <p>PRIVATE POLYCLINIC.....22</p> <p>PRIVATE DOCTOR'S OFFICE.....23</p> <p>PRIVATE NURSE/MIDWIFE (HEALTH CABINET).....24</p> <p>OTHER29</p> <p>(SPECIFY)</p> <p>UNIVERSITY HOSPITAL31</p> <p>VOLUNATRY ORG./FOUNDATION HOSP./CLINIC.....41</p> <p>OTHER97</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>	
602	<p>What was the reason to chose this facility?</p> <p>_____</p> <p>_____</p> <p>(SPECIFY)</p>		
603	<p>Was she satisfied with the service she recieved there?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p>	<p>605</p> <p>605</p>
604	<p>Why was she not satisfied with this service?</p> <p>_____</p> <p>_____</p> <p>(SPECIFY)</p>		
605	<p>How did the treatment end up? (What was the outcome of the treatment)</p> <p>_____</p> <p>_____</p> <p>(SPECIFY)</p>		

606	Did she go to another health facility?	YES1 NO2 DON'T KNOW8	→ 612
607	What was the last health facility she went to? <hr/> (NAME OF THE PLACE)	PUBLIC SECTOR GOVERNMENT/SAMPLE HOSP11 MATERNITY HOUSE12 MCH/FP CENTER13 HEALTH CENTER14 HEALTH HOUSE15 SSK HOSPITAL/DISPANSERY16 OTHER19 (SPECIFY) PRIVATE SECTOR PRIVATE HOSP21 PRIVATE POLYCLINIC22 PRIVATE DOCTOR'S OFFICE23 PRIVATE NURSE/MIDWIFE (HEALTH CABINET)24 OTHER29 (SPECIFY) UNIVERSITY HOSPITAL31 VOLUNATRY ORG./FOUNDATION HOSP./CLINIC41 OTHER97 (SPECIFY) DON'T KNOW98	
608	What was the reason to chose this facility? <hr/> (SPECIFY)		
609	Was she satisfied with the service she recieved there?	YES1 NO2 DON'T KNOW8	→ 611 → 611
610	Why was she not satisfied with this service? <hr/> (SPECIFY)		
611	How did the treatment end up? (What was the outcome of the treatment) <hr/> (SPECIFY)		
612	<i>CHECK 600</i> <i>(IF APPLIED TO ONE HEALTH FACILITY ONLY)</i> Why didn't she receive treatment at another facility? <i>(IF APPLIED MORE THAN ONE HEALTH FACILITY)</i> Why did she go to another health facility for treatment?	<hr/> (SPECIFY)	

SECTION 7. DECEASED WOMAN'S BACKGROUND

700	<p>Has she ever attended to school?</p> <p>IF YES what was her education level?</p>	<p>NO EDUCATION/NOT COMPLETED PRIM. SCHOOL1 PRIMARY SCHOOL2 SECONDARY SCHOOL3 HIGH SCHOOL AND HIGHER4 DON'T KNOW8</p>	
703A	<p>Where did she live for most of the time until she was 12 years old?</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Was it a province centre, district centre, a subdistrict or village ? Or did she live abroad?</p>	<p>PLACE OF DEATH.....0 → 704A PROVINCE CENTRE.....1 DISTRICT CENTRE2 SUBDISTRICT3 ABROAD4 DON'T KNOW8 → 704A</p>	704A
703B	<p>In which province is this place now?</p> <p><i>RECORD THE NAME AND CODE OF THE PROVINCE.</i></p>	<p>NAME OF PROVINCE _____ <input type="text"/></p>	
704A	<p>Where did she live before her death?</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Was it a province centre, district centre, a subdistrict or village ? Or did she live abroad?</p>	<p>PLACE OF DEATH.....0 → 705 PROVINCE CENTRE.....1 DISTRICT CENTRE2 SUBDISTRICT3 ABROAD4 DON'T KNOW8 → 705</p>	705
704B	<p>In which province is this place now?</p> <p><i>RECORD THE NAME AND CODE OF THE PROVINCE.</i></p>	<p>NAME OF PROVINCE _____ <input type="text"/></p>	
705	<p>What was her mother tongue?</p> <p><i>RECORD ONLY ONE RESPONSE.</i></p>	<p>TURKISH01 KURDISH02 ARABIC03 GREEK,ARMENIAN, HEBREW (LADINO)04 CIRCASSIAN, GEORGIAN, LAZ LANGUAGE05 RUSSIAN, BULGARIAN, RUMANIAN, SERBIAN06 ENGLISH, GERMAN, FRENCH07 OTHER _____ 97 (SPECIFY) DON'T KNOW98</p>	
706A	<p>Now I would like to ask you some questions about her work situation?</p> <p>Has she worked in any job in the last 12 months other than housework, with or without any income?</p>	<p>YES.....1 → 710 NO.....2 DON'T KNOW.....8</p>	710
706B	<p>As you know some women sell small things, sell goods at the market place, work on the family farm or business with or without being paid, do some needlework at home, look after children, work as housemaids etc. Please answer taking these kinds of work into account.</p> <p>Has she worked in a job like that in the last 12 months other than housework, with or without any income?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	

710	CHECK 214 IF BECAME PREGNANT <input type="checkbox"/>	IF DID NOT BECOME PREGNANT <input type="checkbox"/>	737
711	Now I would like to ask about the births she has had. Has she ever given birth? <input type="checkbox"/>	YES.....1 NO.....2	718
712	Did she have any sons or daughters to whom she has given birth who are living with her?	YES1 NO2	714
713	How many sons were living with her? And how many daughters were living with her? <i>IF NONE, RECORD "00".</i>	SONS <input type="text"/> <input type="text"/> DAUGHTERS <input type="text"/> <input type="text"/>	
714	Did she have any sons or daughters to whom she has given birth who are alive but did not live with her?	YES1 NO2	716
715	How many sons did not live with her? How many daughters did not live with her? <i>IF NONE, RECORD "00".</i>	SONS..... <input type="text"/> <input type="text"/> DAUGHTERS..... <input type="text"/> <input type="text"/>	
716	Has she ever given birth to a boy or a girl who was born alive but died later? <i>IF NO, PROBE BEFORE RECORDING:</i> It could be a baby who lived for a very short time such as few hours, or few days after birth.	YES1 NO2	718
717	In total, how many boys of her have died? And how many girls have died? <i>IF NONE, RECORD "00"</i>	DEAD MALE CHILDREN..... <input type="text"/> <input type="text"/> DEAD FEMALE CHILDREN..... <input type="text"/> <input type="text"/>	

718	CHECK THE NUMBERS IN 713,715,AND 71, ADD THEM AND WRITE DOWN IF NO RECORD "00"	TOTAL <input type="text"/> <input type="text"/>	
719 CHECK 718: Just to make sure that I have this right: She has had in TOTAL _____ live births during her life. Is this true? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 711-718 AND CONTINUE			
720	Did she had any miscarriage?	YES1 NO2 → 722	
721	In total, how many miscarriages has she had?	NUMBER OF MISCARRIAGES..... <input type="text"/> <input type="text"/>	
722	Has she ever had an induced abortion or has she ever induced a miscarriage?	YES1 NO2 → 724	
723	In total, how many induced abortions has she had?	NUMBER OF INDUCED ABORTIONS..... <input type="text"/> <input type="text"/>	
724	Has she ever had a stillbirth?	YES1 NO2 → 726	
725	In total, how many still births has she had?	NUMBER OF STILLBIRTH..... <input type="text"/> <input type="text"/>	
726	TAKE INTO ACCOUNT THE INFORMATION PROVIDED BELOW AND ENSURE THAT THE TOTAL NUMBER OF COMPLETED PREGNANCIES ARE CORRECT TOTAL NUMBER OF PREGNANCIES ENDING IN MISCARRIAGES, INDUCED ABORTIONS OR STILL BIRTHS: SUM THE ANSWERS TO 721, 723 AND 725 _____ TOTAL NUMBER OF LIVE BIRTHS (CHECK 718) + _____ TOTAL NUMBER OF COMPLETED PREGNANCIES..... <input type="text"/> <input type="text"/>		
727 CHECK 726: Just to make sure that I have this right. She has had in TOTAL _____ completed pregnancies. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 711-726 AND CONTINUE.			
728	Has she ever had an ectopic pregnancy?	YES1 NO2 DON'T KNOW.....8 → 730	
729	In total, how many ectopic pregnancies has she had?	NUMBER OF ECTOPIC PREGNANCIES..... <input type="text"/> <input type="text"/>	

730	<p>CHECK 215, 216A, 217A, 218A AND 220A:</p> <p>DEATH RELATED TO PREGNANCY OR DELIVERY</p>	<p>DEATH NOT RELATED TO PREGNANCY OR DELIVERY</p>	737
731	<p>Was she or her husband doing something or using any method to delay or avoid getting pregnant before the pregnancy that led to her death?</p>	<p>YES1 NO2 DON'T KNOW.....8</p>	734
732	<p>Which method were they using?</p> <p><i>IF MORE THAN ONE METHOD RECORD THE ONE WHICH IS MOST TOP.</i></p>	<p>TUBAL LIGATION.....01 MALE STERILIZATION.....02 PILL03 IUD.....04 INJECTABLES.....05 IMPLANT/NORPLANT.....06 CONDOM.....07 FEMALE CONDOM.....08 DIAPHRAGM/FOAM/JELLY.....09 LACTATIONAL AMEN. METHOD.....10 RHYTHM.....11 WITHDRAWAL.....12</p> <p>OTHER _____ 97 (SPECIFY)</p> <p>DON'T KNOW.....98</p>	
733A	<p>Did they stop using the method or did she become pregnant while using the method?</p>	<p>STOPPED USING METHOD.....1 BECAME PREG. WHILE USING.....2 DON'T KNOW.....8</p>	734
733B	<p>Why did they stop using this method?</p>	<p>WANTED TO GET PREGNANT.....1 PROBLEMS WITH THE METHOD.....2</p> <p>OTHER _____ 7 (SPECIFY)</p> <p>DON'T KNOW.....8</p>	
734	<p>Did she want to become pregnant, did she want to wait until later, or did she not want to have any more children at all?</p>	<p>THEN.....1 LATER.....2 NOT AT ALL.....3 DON'T KNOW.....8</p>	737
735	<p>You said that she wanted the last pregnancy. Did she want to become pregnant earlier?</p>	<p>YES1 NO2 DON'T KNOW8</p>	
736	<p>When she learned that she is pregnant, was it a big or small problem for her, or wasn't it a problem at all?</p>	<p>BIG PROBLEM.....1 SMALL PROBLEM.....2 NOT A PROBLEM.....3 DON'T KNOW.....8</p>	
737	<p>Has she ever married?</p> <p><i>ACCEPT THOSE LIVING TOGETHER AS BEING MARRIED.</i></p>	<p>YES.....1 NO.....2</p>	742
738	<p>What was her marital status when she died?</p> <p><i>ACCEPT THOSE LIVING TOGETHER AS BEING MARRIED.</i></p>	<p>STILL MARRIED.....1 WIDOWED.....2 DIVORCED3 LIVING SEPARATELY.....4</p>	742

739	How old is her husband?	COMPLETED AGE <input type="text"/> <input type="text"/>																																																																																																					
740	Did her husband ever attend school? IF YES what was the highest level of school he attended?	NO EDUCATION/NOT COMPLETED PRIM. SCHOOL1 PRIMARY SCHOOL2 SECONDARY SCHOOL3 HIGH SCHOOL AND HIGHER4 DON'T KNOW8																																																																																																					
741	Did her husband work in a job in last week whether paid or unpaid? (IF NO İSE) Does he have a regular job?	YES1 NO2 DON'T KNOW8																																																																																																					
742	Now I would like to ask you some questions about her house. Did she have the following in the household she lived in? Refrigerator Gas or electric oven Microwave oven Dishwasher Blender/Mixer DVD/VCD Player Washing Machine Video Camera Iron Digiturk, CINE 5, Satellite Antenna etc. Vacuum Cleaner Television (IF YES) How many? Video Camera CD Player Telephone Cellular phone (IF YES) How many members have cellular phone? Computer Internet Private Car (IF YES) How many? Taxi/Minibus/Bus/commercial vehicles Tractor Motorcycle Any other transportation vehicle? (IF YES) Which ones?	<table border="0"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> <th>UNKNOWN</th> </tr> </thead> <tbody> <tr><td>REFRIGERATOR.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>GAS OR ELECTRIC OVEN</td><td>0</td><td>1</td><td></td></tr> <tr><td>MICROWAVE OVEN.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>DISHWASHER.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>BLENDER/MIXER.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>DVD/VCD PLAYER</td><td>0</td><td>1</td><td></td></tr> <tr><td>WASHING MACHINE.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>VIDEO CAMERA.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>WASHING MACHINE.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>DIGITURK, CINE5, SATELLITE ANTENNA ETC. ...</td><td>0</td><td>1</td><td></td></tr> <tr><td>VACUUM CLEANER.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>TELEVISION</td><td>0</td><td></td><td><input type="text"/></td></tr> <tr><td>VIDEO.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>CAMERA</td><td>0</td><td>1</td><td></td></tr> <tr><td>CD PLAYER.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>TELEPHONE.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>CELLULAR PHONE.....</td><td>0</td><td></td><td><input type="text"/></td></tr> <tr><td>COMPUTER</td><td>0</td><td>1</td><td></td></tr> <tr><td>INTERNET</td><td>0</td><td>1</td><td></td></tr> <tr><td>PRIVATE CAR</td><td>0</td><td></td><td><input type="text"/></td></tr> <tr><td>TAXI/MINIBUS/BUS.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>TRACTOR.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>MOTORCYCLE.....</td><td>0</td><td>1</td><td></td></tr> <tr><td>Any other transportation vehicle? (IF YES) Which ones?</td><td colspan="3">_____</td></tr> </tbody> </table>		NO	YES	UNKNOWN	REFRIGERATOR.....	0	1		GAS OR ELECTRIC OVEN	0	1		MICROWAVE OVEN.....	0	1		DISHWASHER.....	0	1		BLENDER/MIXER.....	0	1		DVD/VCD PLAYER	0	1		WASHING MACHINE.....	0	1		VIDEO CAMERA.....	0	1		WASHING MACHINE.....	0	1		DIGITURK, CINE5, SATELLITE ANTENNA ETC. ...	0	1		VACUUM CLEANER.....	0	1		TELEVISION	0		<input type="text"/>	VIDEO.....	0	1		CAMERA	0	1		CD PLAYER.....	0	1		TELEPHONE.....	0	1		CELLULAR PHONE.....	0		<input type="text"/>	COMPUTER	0	1		INTERNET	0	1		PRIVATE CAR	0		<input type="text"/>	TAXI/MINIBUS/BUS.....	0	1		TRACTOR.....	0	1		MOTORCYCLE.....	0	1		Any other transportation vehicle? (IF YES) Which ones?	_____			
	NO	YES	UNKNOWN																																																																																																				
REFRIGERATOR.....	0	1																																																																																																					
GAS OR ELECTRIC OVEN	0	1																																																																																																					
MICROWAVE OVEN.....	0	1																																																																																																					
DISHWASHER.....	0	1																																																																																																					
BLENDER/MIXER.....	0	1																																																																																																					
DVD/VCD PLAYER	0	1																																																																																																					
WASHING MACHINE.....	0	1																																																																																																					
VIDEO CAMERA.....	0	1																																																																																																					
WASHING MACHINE.....	0	1																																																																																																					
DIGITURK, CINE5, SATELLITE ANTENNA ETC. ...	0	1																																																																																																					
VACUUM CLEANER.....	0	1																																																																																																					
TELEVISION	0		<input type="text"/>																																																																																																				
VIDEO.....	0	1																																																																																																					
CAMERA	0	1																																																																																																					
CD PLAYER.....	0	1																																																																																																					
TELEPHONE.....	0	1																																																																																																					
CELLULAR PHONE.....	0		<input type="text"/>																																																																																																				
COMPUTER	0	1																																																																																																					
INTERNET	0	1																																																																																																					
PRIVATE CAR	0		<input type="text"/>																																																																																																				
TAXI/MINIBUS/BUS.....	0	1																																																																																																					
TRACTOR.....	0	1																																																																																																					
MOTORCYCLE.....	0	1																																																																																																					
Any other transportation vehicle? (IF YES) Which ones?	_____																																																																																																						
743A	Has she, her husband or her family had any social security? (IF YES) Which one?	NO0 SSK1 EMEKLİ2 SANDIĞI..... BAĞ KUR.....3 ÖZEL SAĞLIK SİGORTASI.....4 YEŞİL KART.....5 OTHER.....7 (SPECIFY) DON'T KNOW8	744 744																																																																																																				

743B	Did this health insurance belong to herself, or was she using her husbands or other family members insurance?	HERSELF.....1 HER HUSBAND.....2 FAMILY MEMBERS.....3 DON'T KNOW.....8	
744	Has she had an ID Card?	YES1 NO2 DON'T KNOW.....8	
746A	<i>RECORD THE ENDING HOUR</i>	HOUR – MINUTE..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
746B	<i>WAS THE INTERVIEW INTERRUPTED?</i> <i>IF YES, HOW MANY MINUTES APPROXIMATELY?</i>	NO000 MINUTE1 <input type="text"/> <input type="text"/>	
747	<i>I asked you several questions about someone you lost and who is close to you. How did you feel while talking on that issue?</i> <i>RECORD EXACTLY RESPONDENT'S WORDS AND CIRCLE THE APPROPRIATE OPTION. .</i> 	GOOD/BETTER 1 BAD/WORSE..... 2 SAME/NO DIFFERENCE..... 3	
748	<i>IN YOUR OPINION, HOW DID THE RELATIVE OF THE DECEASED FEEL BY TALKING ABOUT HER DEATH?</i>	GOOD/BETTER 1 BAD/WORSE..... 2 SAME/NO DIFFERENCE..... 3	
<i>SAY THANK YOU AND GO BACK TO THE COVER PAGE IN ORDER TO FINALIZE THE QUESTIONNAIRE.</i>			

AGE -YEAR OF BIRTH TABLE

YEAR OF DEATH 2005		
AGE	YEAR OF BIRTH	
	HAS NOT HAD BIRTHDAY IN 2005	HAS ALREADY HAD BIRTHDAY IN 2005
	DOES NOT KNOW	
12	1992	1993
13	1991	1992
14	1990	1991
15	1989	1990
16	1988	1989
17	1987	1988
18	1986	1987
19	1985	1986
20	1984	1985
21	1983	1984
22	1982	1983
23	1981	1982
24	1980	1981
25	1979	1980
26	1978	1979
27	1977	1978
28	1976	1977
29	1975	1976
30	1974	1975
31	1973	1974
32	1972	1973
33	1971	1972
34	1970	1971
35	1969	1970
36	1968	1969
37	1967	1968
38	1966	1967
39	1965	1966
40	1964	1965
41	1963	1964
42	1962	1963
43	1961	1962
44	1960	1961
45	1959	1960
46	1958	1959
47	1957	1958
48	1956	1957
49	1955	1956
50	1954	1955
51	1953	1954
52	1952	1953
53	1951	1952
54	1950	1951
55	1949	1950

YEAR OF DEATH 2006		
AGE	YEAR OF BIRTH	
	HAS NOT HAD BIRTHDAY IN 2006	HAS ALREADY HAD BIRTHDAY IN 2006
	DOES NOT KNOW	
12	1993	1994
13	1992	1993
14	1991	1992
15	1990	1991
16	1989	1990
17	1988	1989
18	1987	1988
19	1986	1987
20	1985	1986
21	1984	1985
22	1983	1984
23	1982	1983
24	1981	1982
25	1980	1981
26	1979	1980
27	1978	1979
28	1977	1978
29	1976	1977
30	1975	1976
31	1974	1975
32	1973	1974
33	1972	1973
34	1971	1972
35	1970	1971
36	1969	1970
37	1968	1969
38	1967	1968
39	1966	1967
40	1965	1966
41	1964	1965
42	1963	1964
43	1962	1963
44	1961	1962
45	1960	1961
46	1959	1960
47	1958	1959
48	1957	1958
49	1956	1957
50	1955	1956
51	1954	1955
52	1953	1954
53	1952	1953
54	1951	1952
55	1950	1951

PROVINCE TRAFFIC CODES

01 ADANA	21 DİYARBAKIR	41 KOCAELİ	61 TRABZON
02 ADIYAMAN	22 EDİRNE	42 KONYA	62 TUNCELİ
03 AFYON	23 ELAZIĞ	43 KÜTAHYA	63 ŞANLIURFA
04 AĞRI	24 ERZİNCAN	44 MALATYA	64 UŞAK
05 AMASYA	25 ERZURUM	45 MANİSA	65 VAN
06 ANKARA	26 ESKİŞEHİR	46 K.MARAŞ	66 YOZGAT
07 ANTALYA	27 GAZİANTEP	47 MARDİN	67 ZONGULDAK
08 ARTVİN	28 GİRESUN	48 MUĞLA	68 AKSARAY
09 AYDIN	29 GÜMÜŞHANE	49 MUŞ	69 BAYBURT
10 BALIKESİR	30 HAKKARİ	50 NEVŞEHİR	70 KARAMAN
11 BİLECİK	31 HATAY	51 NİĞDE	71 KIRIKKALE
12 BİNGÖL	32 ISPARTA	52 ORDU	72 BATMAN
13 BİTLİS	33 İÇEL	53 RİZE	73 ŞIRNAK
14 BOLU	34 İSTANBUL	54 SAKARYA	74 BARTIN
15 BURDUR	35 İZMİR	55 SAMSUN	75 ARDAHAN
16 BURSA	36 KARS	56 SİİRT	76 IĞDIR
17 ÇANAKKALE	37 KASTAMONU	57 SİNOP	77 YALOVA
18 ÇANKIRI	38 KAYSERİ	58 SİVAS	78 KARABÜK
19 ÇORUM	39 KIRKLARELİ	59 TEKİRDAĞ	79 KİLİS
20 DENİZLİ	40 KIRŞEHİR	60 TOKAT	80 OSMANİYE
90 ABROAD			81 DÜZCE

CONVERSION OF YEARS OF BIRTH FROM RUMI
CALENDAR TO GREGORIAN CALENDAR YEARS:

RUMI YEARS + 584 = GREGORIAN YEAR

**ANNEX 9A – CENTRAL REVIEW COMMITTEE
EVALUATION FORM FOR MATERNAL DEATHS**

NMMS-Central Review Committee Evaluation Form (for Maternal Deaths)

- Please carefully assess the VA Questionnaire and the HFRR Form to arrive at the causes of death and at the risk factors involved with this case of pregnancy related death.
- Ticking of multiple answers is possible
- **This is a confidential inquiry: Stress and maintain confidentiality even among yourselves**

A	IDENTIFICATION <i>(fill)</i>		
1	DATE OF BURIAL (DAY/MONTH/YEAR)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2	PLACE OF BURIAL PROVINCE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DISTRICT _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> SUB-DISTRICT _____ <input style="width: 20px; height: 20px;" type="text"/> VILLAGE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	2a	CBL LINE NO: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3	Name of the deceased woman		
3a	Age of deceased woman		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4	VA Questionnaire - Date received <i>(day-month-year)</i>		
5	HFRR Form - Date received <i>(day-month-year)</i>		
6	Date of evaluation report <i>(day-month-year)</i>		

B	QUALITY RATING OF VA/HFRRF <i>(circle)</i>		
7	Quality of the VA/HFRRF is excellent, satisfactory, poor?	Excellent	1
		Satisfactory	2
		Poor	3
8	In case of poor HFRRF, need for additional VA?	Yes	1
		No	2

C	HISTORY OF THE DECEASED			
9a	Pregnant or 42 days after delivery or termination of pregnancy at time of death <i>(circle)</i>	yes	no	don't know
<i>If not pregnant when death occurred nor 42 days after delivery or termination of pregnancy please continue with section H!</i>				

- You may select multiple (more than one) causes of death (for example, a woman may die with obstructed labour and ruptured uterus)
- *)Please use ICD 10 terminology

D	CAUSES OF DEATH (tick)			
D1	DIRECT MATERNAL CAUSES <i>(Death of a woman while pregnant or within 42 days of termination of the pregnancy, irrespective of the duration and the site of the pregnancy from any cause related to the pregnancy or its management)</i>			
	Early Pregnancy deaths	No	Certain cause	Possible cause
13	Due to spontaneous abortion (O03)			
	Due to induced abortion			
14	Self-induced (O05)			
15	With medical indication (O04)			
16	Due to undefined/unspecified abortion (O06)			
17	Due to ectopic pregnancy (O00)			
18	Due to hemorrhage (O20.9)			
19	Due to other defined early pregnancy cause (O08) (<i>specify*</i>)			
20	Due to unknown early pregnancy cause			
	Oedema, Proteinuria and Hypertensive Disorders			
21	Hypertension with significant proteinuria – Preeclampsia (O14)			
22	Hypertension + Proteinuria with convulsions –Eclampsia (O15)			
23	Unspecified maternal hypertension (O16)			
	Antepartum Haemorrhage (APH)			
24	APH with coagulation defect (O46.0)			
25	APH without coagulation defect (O46.8)			
26	Due to Abruptio Placentae (premature separation of p) (O45)			
27	Due to Placenta Previa (O44.0)			
28	APH of unknown reason (O46.8)			
	Intrapartum Haemorrhage (IPH)			
29	Excessive IPH with coagulation defect (O67.0)			
30	Excessive IPH without coagulation defect (O67.8)			
	Postpartum Haemorrhage (PPH)			
31	PPH with coagulation defect (O72.3)			
32	PPH without coagulation defect (O72.0)			
33	PPH due to atonic uterus (O72.1)			
34	PPH due to Obstetric Trauma (perineal, vaginal, cervical laceration) (O70, O71)			
35	PPH due to Retained Placenta (O72.2)			
36	PPH of unknown reason (O72)			
	Ante-, intra-, postpartum death due to other causes			
37	Ruptured uterus (O71.1)			
38	Obstructed labour (<i>if possible specify reason*</i>) (O64)			
39	Caesarean section (O82)			
39a	Caesarean section elective (O82.0)			
39b	Caesarean section emergency (O82.1)			

		No	Certain cause	Possible cause
39c	Caesarean section hysterectomy (O82.2)			
40	Complication of Anaesthesia (O74)			
41	Embolism (O88)			
42	Shock (O75.1)			
43	Renal failure (O75.8)			
44	Cardiac arrest/failure (O75.8)			
44a	Other complications of obstetric surgery and procedures (O75.4)			
45	Other late pregnancy death (<i>specify*</i>) (O75.8)			
Pregnancy related infections				
46	Infection following abortion or ectopic (O08.0)			
46a	Amnioninfection (O41.1)			
46b	Other infection during labour (O75.3)			
47	Puerperal sepsis (O85)			
48	Other puerperal infections (e.g. infection of obstetric surgical wound, infection of the breast) (<i>specify*</i>) (O86)			
Other direct causes				
49	Other direct cause(s) (<i>specify*</i>) (O26.8, O75.9) e.g. renal disease			

D2	OTHER CAUSES OF DEATH (O99)				
/3		No	Certain cause	Possible cause	Aggravated by pregnancy
	Death due to diseases of the blood and blood-forming organs (incl. immunological disorders) (D50-89):				
50	Anaemia (not caused by acute haemorrhage) (O99.1)				
51	Other (<i>specify*</i>) (D50-89)				
	Death due to diseases of the circulatory system (I00-99):				
52	Ischaemic heart disease (I20-25)				
53	Rheumatic heart disease – acute and chronic (I00-05)				
54	Hypertensive disease (I10-15)				
55	Venous complications (I80)				
56	Other disease of the circulatory system (<i>specify*</i>) (O99.4, I95)				
57	Death due to diseases of the respiratory system (<i>specify*</i>) (J00-99, O99.5)				
	Death due to diseases of the digestive system (K00-93):				
58	Hepatitis (B15-19, O99.6, O98.4)				

		No	Certain cause	Possible cause	Aggravated by pregnancy
59	Others (<i>specify*</i>) (K00-93):				
	Endocrine, nutritional and metabolic diseases (99.2):				
60	Diabetes (E10-14, O24)				
61	Other endocrine, nutritional or metabolic diseases, incl. malnutrition (<i>specify*</i>) (E00-90):				
62	Diseases of the nervous system (e.g. epilepsy) (<i>specify*</i>) (G00-99, O99.3)				
63	Mental and behavioural disorder (<i>specify*</i>) (F00-99, O99.3))				
64	Infectious and parasitic diseases not mentioned yet (<i>specify*</i> , e.g. <i>Malaria</i>) (A00-B99)				
65	Diseases of the genitourinary system not directly pregnancy related (<i>specify*</i>) (N00-99):				
66	Neoplasm (<i>specify*</i>) (C00-48):				
67	Homicide (Murder)				
68	Suicide				
69	Injury (<i>specify*</i>) (S00-T98):				
70	Poisoning (<i>specify*</i>) (T36-65):				
72	Burns				
73	Road Traffic Accident				
74	Falls				
75	Drowning				
80	Other causes of death (<i>specify</i>)				

D4 UNKNOWN CAUSE OF DEATH	
81	Cause of death cannot be determined

D5	RISK FACTORS (<i>Biomedical and sub-standard care factors which may have contributed to the maternal death</i>)				
	Individual biomedical risk factors	No	Certain	Possible	Don't know
82	e.g. smoking, obesity, age, parity etc. (<i>specify</i>)				
Household and community factors (Sub-standard care 1)					
83	Unwanted pregnancy but not using contraceptives				
84	Delay in recognising problem				
85	Delay in seeking care				
86	No antenatal care				
Health service provider factors (Sub-standard care 2)					
87	Poor quality antenatal care				
1st Medical Provider:					
88	Midwife failed to diagnose				
89	Midwife failed to manage				
90	GP failed to diagnose				
91	GP failed to manage				
92	Obstetrician team failed to diagnose				
93	Obstetrician team failed to manage				
94	Provider failed to refer				
2nd Medical Provider (for referred cases):					
95	Obstetrician/medical team failed to diagnose				
96	Obstetrician/medical team failed to manage				
Health service supply factors (Sub-standard care 3)					
97	Lack of surgical staff				
98	Lack of anaesthetic staff				
99	Lack of nursing staff				
100	Lack of blood				
101	Lack of drugs (e.g. antibiotics, oxytocin)				
102	Lack of equipment				
103	Lack of medical supplies (e.g. oxygen, tubes)				
104	Operating theatre not available				
105	Lack of back-up facilities (e.g. pathology, biochemistry, ultrasound, radiology services)				
106	Lack of anaesthetic facilities				
107	Lack of transportation between home and health facility				
107a	Lack of transportation between health facilities				
108	Long distance to nearest hospital				
108a	Health service communication breakdown				
Other risk factors					
109	(<i>Specify</i>)				

E PREGNANCY RELATION OF THE WOMAN'S DEATH				
<p>Death by direct maternal causes: <i>Death of a woman while pregnant or within 42 days of termination of the pregnancy, irrespective of the duration and the site of the pregnancy from any cause related to the pregnancy or its management</i></p> <p>Death by indirect maternal causes: <i>Death of a woman while pregnant or within 42 days of termination of the pregnancy, irrespective of the duration and the site of the pregnancy from any cause aggravated by the pregnancy or its management</i></p> <p>Death due to co-incident causes: <i>Death of a woman while pregnant or within 42 days of termination of the pregnancy, irrespective of the duration and the site of the pregnancy from accidental or incidental causes not related to the pregnancy or its management</i></p>				
110	Pregnancy related death (<i>circle</i>)	Yes	No	Not sure
111	By direct maternal cause	Yes	No	Not sure
112	By indirect maternal cause	Yes	No	Not sure
113	By co-incident cause	Yes	No	Not sure

F SUB-STANDARD CARE				
114	Death due to sub-standard care?	Yes	No	Not sure

G QUESTIONS ABOUT THE PREGNANCY OUTCOME (fetus/child) (<i>circle</i>)		
115	Abortion.....	1
	Ectopic.....	2
	.	3
	Stillbirth.....	4
	Delivered alive.....	5
	APGAR Status (if available).....	6
	Delivered alive then died.....	7
	Delivered alive then became sick.....	8
	Delivered alive & still well.....	
	Not known.....	

H		CAUSE(S) OF DEATH <i>(fill)</i>	
		<i>Enter the <u>chain of events</u> – diseases, injuries, complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest without showing the aetiology. DO NOT use abbreviations. Enter only one cause on one line.</i>	Approximate interval between onset and death <i>(answer if possible)</i>
120	i	IMMEDIATE CAUSE <i>(Final disease or condition resulting in death)</i>	(a) <i>e.g. <u>cardiac arrest</u></i>
			due to (or as a consequence of)
121	ii	UNDERLYING CAUSES <i>(Sequentially list conditions - diseases or injuries - , if any, giving rise to the above cause, stating the underlying condition that initiated the events resulting in death last</i>	(b1) <i>e.g. hypovolemic shock</i>
			(b2) <i>if any e.g. head trauma</i>
			due to (or as a consequence of)
			(c1) <i>e.g. intra-abdominal bleeding</i>
			(c2) <i>if any</i>
			due to (or as a consequence of)
			(d1) <i>e.g. premature separation of placenta</i>
			(d2) <i>if any</i>
122	iii	Other significant biomedical conditions contributing to death but not resulting in the causes above	<i>e.g. Pre-existing anemia</i>
123	iv	Significant sub-standard care factors contributing to death <i>(see D5)</i>	<i>e.g. delay in seeking care or lack of blood for transfusions</i>

To be filled by the Review Committee!

I		CAUSE(S) OF DEATH (fill)		
		<i>Enter the <u>chain of events</u> – diseases, injuries, complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest without showing the aetiology. DO NOT use abbreviations. Enter only one cause on one line.</i>		Approximate interval between onset and death (answer if possible)
123	I	IMMEDIATE CAUSE (<i>Final disease or condition resulting in death</i>)	(a) <i>e.g. cardiac arrest</i>	
			due to (or as a consequence of)	
124	II	UNDERLYING CAUSES (<i>Sequentially list conditions - diseases or injuries - , if any, giving rise to the above cause, stating the underlying condition that initiated the events resulting in death last</i>)	(b1) <i>e.g. hypovolemic shock</i>	
			(b2) <i>if any e.g. head trauma</i>	
			due to (or as a consequence of)	
			(c1) <i>e.g. intra-abdominal bleeding</i>	
			(c2) <i>if any</i>	
			due to (or as a consequence of)	
			(d1) <i>e.g. premature separation of placenta</i>	
			(d2) <i>if any</i>	
125	iii	Other significant biomedical conditions contributing to death but not resulting in the causes above	<i>e.g. Pre-existing anemia</i>	
126	iv	Significant sub-standard care factors contributing to death (<i>see D5</i>)	<i>e.g. delay in seeking care or lack of blood for transfusions</i>	

**ANNEX 9B – CENTRAL REVIEW COMMITTEE
EVALUATION FORM FOR FEMALE DEATHS**

NMMS-Central Review Committee Evaluation Form (for Female Deaths)

- Please carefully assess the VA Questionnaire and the HFRR Form to arrive at the causes of death and at the risk factors involved with this case of pregnancy related death.
- Ticking of multiple answers is possible
- **This is a confidential inquiry: Stress and maintain confidentiality even among yourselves**

A	IDENTIFICATION <i>(fill)</i>			
1	DATE OF BURIAL (DAY/MONTH/YEAR)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2	PLACE OF BURIAL PROVINCE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DISTRICT _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> SUB-DISTRICT _____ <input style="width: 20px; height: 20px;" type="text"/> VILLAGE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	2a CBL LINE NO: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
3	Name of the deceased woman			
3a	Age of deceased woman			
4	VA Questionnaire - Date received <i>(day-month-year)</i>			
5	HFRR Form - Date received <i>(day-month-year)</i>			
6	Date of evaluation report <i>(day-month-year)</i>			

B	QUALITY RATING OF VA/HFRRF <i>(circle)</i>		
7	Quality of the VA/HFRRF is excellent, satisfactory, poor?	Excellent	1
		Satisfactory	2
		Poor	3
8	In case of poor HFRRF, need for additional VA?	Yes	1
		No	2

C	HISTORY OF THE DECEASED			
9a	Pregnant or 42 days after delivery or termination of pregnancy at time of death <i>(circle)</i>	yes	no	don't know
<i>If not pregnant when death occurred nor 42 days after delivery or termination of pregnancy please continue with section H!</i>				

H		CAUSE(S) OF DEATH (fill)	
		<i>Enter the chain of events – diseases, injuries, complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest without showing the aetiology. DO NOT use abbreviations. Enter only one cause on one line.</i>	Approximate interval between onset and death (answer if possible)
120	i	IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) e.g. <u>cardiac arrest</u>
			due to (or as a consequence of)
121	ii	UNDERLYING CAUSES (Sequentially list conditions - diseases or injuries - , if any, giving rise to the above cause, stating the underlying condition that initiated the events resulting in death last)	(b1) e.g. <u>hypovolemic shock</u>
			(b2) if any e.g. <u>head trauma</u>
			due to (or as a consequence of)
			(c1) e.g. <u>intra-abdominal bleeding</u>
			(c2) if any
			due to (or as a consequence of)
			(d1) e.g. <u>premature separation of placenta</u>
		(d2) if any	
122	iii	Other significant biomedical conditions contributing to death but not resulting in the causes above	e.g. <u>Pre-existing anemia</u>
123	iv	Significant sub-standard care factors contributing to death (see D5)	e.g. <u>delay in seeking care or lack of blood for transfusions</u>

General Comments of Pre-review Committee:

.....

.....

.....

.....

.....

.....

.....

Names and signatures of Pre-review committee members who reviewed case:

	Name	Signature
1
2

ANNEX 10 – IN-DEPTH INTERVIEW GUIDELINES

IN-DEPTH INTERVIEW GUIDELINE-1 (GENERAL DIRECTORATE OF POPULATION AND CITIZENSHIP AFFAIRS)

Introduction and permission to tape recording

1. PERSONAL HISTORY AND JOB EXPERIENCE

- Personal identification (age, education, marital status etc.)
- Previous posts (briefly)
- Employment period in the institution, positions occupied and since when?
- Satisfied with his/her job in the institute?

2. INTRA AND INTERINSTITUTIONAL RELATIONSHIPS

General Directorate

- Brief information about Mernis project (date, start date, prospective changes etc.)
- Number and the quality of the general directorate staff (are they enough? are there any experts having the knowledge of demography? How good is the staff motivation? what is the manager profile? etc.)
- Experiences that they had with the institutions in contact, such as SIS, General Staff and tax departments (data flow, accuracy and lack of the data)
- Attitude of general directorate towards human resource planning and coordination at general directorate
- In-service training as regards general directorate staff and trainings for increasing motivation

Province and District Directorate of Population

- Number and the quality of province and district directorate staff
- Communication with province and district directorate of population (frequency, quality?)
- Problems on data reporting from province and district (lack of reporting and inaccurate reporting)
- Problems reported by province and district directorates (if yes, what kind of problems?)
- Trainings or meetings as regards province and districts

3. CONDITION OF THE CURRENT REGISTRATION SYSTEM

- Theoretical and practical issues related to the existing registration system
- Sufficiency of laws and regulations (if there exists a complaint about that issue, any attempts to change?)
- Practical problem areas (if any?)
- Data quality, evaluation of data (any changes observed concerning the number of female, male, child and infant deaths?)
- Solutions developed for practical problems
- Source of incomplete reporting
- Suggestions for improving Mernis system

IN-DEPTH INTERVIEW GUIDELINE-2 (MINISTRY OF HEALTH)

Introduction and permission to tape recording

1. PERSONAL HISTORY AND JOB EXPERIENCE

- Personal identification (age, education, marital status etc.)
- Previous posts (briefly)
- Employment period in the institution, positions occupied and since when?
- Satisfied with his/her job in the institute?

2. INTRA AND INTERINSTITUTIONAL RELATIONSHIPS

General Directorate

- Brief information about the registration system of Ministry of Health (ETFs, prospective changes etc.)
- Number and the quality of the staff in charge of registration of MoH (How good is the staff motivation? what is the manager profile? etc.)
- Experiences about the communication with provinces (data flow, accuracy and lack of the data)
- Attitude of general directorate towards human resource planning, coordination at general directorate, in-service training and trainings for increasing motivation
- Expectations of the Ministry for Maternal Mortality (especially the relationship with Ministry of Interior)

Health Directorates

- Number and the quality of Health Directorate staff and the relationship with General Directorate
- Problems on data reporting from health directorates (lack of reporting and inaccurate reporting)
- Problems reported by health directorates (if yes, what kind of problems?)
- Trainings or meetings as regards health directorate staff

3. CONDITION OF THE CURRENT REGISTRATION SYSTEM

- Theoretical and practical issues related to the existing registration system
- Sufficiency of laws and regulations (if there exists a complaint about that issue, any attempts to change?, benefits of family doctor, the effects of unifying SKK and other institutions)
- Data quality, evaluation of data (any changes observed concerning the number of female, male, child and infant deaths?)
- Solutions developed for practical problems and source of incomplete reporting
- Benefits of new implications about causes of death
- Sensitivity level of MoH related to the causes of death
- Responsible people for issuing death certificate (especially the sensitivity of doctors in hospitals to that subject, sufficiency of doctors, attitude of doctors etc.)
- Suggestions for improving the registration system of MoH

IN-DEPTH INTERVIEW GUIDELINE-3 (TURKSTAT)

Introduction and permission to tape recording

1. PERSONAL HISTORY AND JOB EXPERIENCE

- Personal identification (age, education, marital status etc.)
- Previous posts (briefly)
- Employment period in the institution, positions occupied and since when?
- Satisfied with his/her job in the institute?

2. INTRA AND INTERINSTITUTIONAL RELATIONSHIPS

- Brief information about death statistics compiled by SIS until now
- Legal alterations, expenctations that can occur due to TUIK
- Number and the quality of the staff at TUIK in charge of death statistics and manager profile (differences due to new law)
- Number and quality of staff at district offices
- Relationship between TUIK and the institutions in contact as regards death statistics (Moh, MoI, Gendarmerie, National Security Directorate etc.)
- Attitude of TUIK towards human resource planning, coordination at the Institute and district offices, in-service training and trainings for increasing motivation

3. CONDITION OF THE CURRENT REGISTRATION SYSTEM

- Theoretical and practical issues related to death statistics compiled and published by TUIK
- Suggestions and opinions related to the new law and regulations
- Data quality, evaluation of data (any changes observed concerning the number of female, male, child and infant deaths?)
- Point of view as regards the death statistics
- Sensitivity level of TUIK related to the death statistics and causes of death of MoH and MoI (Responsible people for issuing death certificate)
- Suggestions for improving death statistics of TUIK
- Problems on death data collected from 2000 General Population Census and sharing of them

IN-DEPTH INTERVIEW GUIDELINE-4 (MUHTAR)

Introduction and permission to tape recording

1. PERSONAL HISTORY AND JOB EXPERIENCE

- Personal identification (age, education, marital status etc.)
- Period of being a muhtar
- Works done before and while being a muhtar
- Satisfaction from being muhtar and willingness to continue

2. RESPONSIBILITY OF MUHTARS

- Main responsibility areas of muhtars
- Procedure for reporting, especially for death reporting
- Issuing death certificate and reporting to MERNİS
- Condition of the village cemetery
- Any changes observed as regards the reporting of deaths? (female, male, child)
- Problems related to MERNİS

3. MATERNAL MORTALITY PROJECT

- Problems confronted at the beginning of the maternal mortality project (training, filling the forms, submitting the forms)
- Experiences that they had with the villagers related to the maternal mortality project (positive, negative)
- Problems confronted with the institutions relating the maternal mortality project (Health Directorate, kaimakam, gendarmerie)
- Overall evaluation of maternal mortality project (positive and negative aspects)
- Any changes in their thoughts about reporting of deaths after the project?

IN-DEPTH INTERVIEW GUIDELINE-5 CEMETERY OFFICIALS

Introduction and permission to tape recording

1. PERSONAL HISTORY AND JOB EXPERIENCE

- Personal identification (age, education, marital status etc.)
- Previous posts in brief
- Employment period in the current position, positions occupied and job description
- Satisfaction from being a cemetery official

2. RESPONSIBILITY OF CEMETERY OFFICIAL

- Brief information about the cemetery, number and quality of staff (staff who washing the dead body, staff digging the grave)
- Cemetery registration (responsible staff, computer system etc.)
- Unauthorized burials and night burials
- Differences between female, male and child death certification
- Relations of the cemetery official with the visitors and the ones coming for burial

3. MATERNAL MORTALITY PROJECT

- Problems confronted at the beginning of the maternal mortality project (training, filling the forms, submitting the forms)
- Problems confronted with the institutions relating the maternal mortality project (Health Directorate, kaimakam, gendarmerie)
- Overall evaluation of maternal mortality project (positive and negative aspects)
- Any changes in their thoughts about reporting of deaths after the project?

IN-DEPTH INTERVIEW GUIDELINE-6 (KAIMAKAM)

Introduction and permission to tape recording

1. PERSONAL HISTORY AND JOB EXPERIENCE

- Personal identification (age, education, marital status etc.)
- Previous posts in brief
- Employment period in the current position, positions occupied and job description
- Satisfaction level from the job

2. RELATIONS WITH DISTRICT UNITS

- General information about the district where there is a kaimakam (major problems of the district etc.)
- Human resource planning of the local administration in the district, number and quality of staff
- Relationship between the local administration and muhktars, topics of trainings concerning muhktars and frequency of the trainings
- Relationship between local administration and municipality (especially the problem areas)
- Relations with District Health Group (especially the problem areas)

3. CONDITION OF THE CURRENT REGISTRATION SYSTEM

- Theoretical and practical issues related to the existing registration system
- Sufficiency of laws and regulations (approach of MoI towards that subject)
- Solutions developed for practical problems and source of incomplete reporting
- Benefits of new implications about causes of death
- Sensitivity level of MoI related to the causes of death (compulsory bookkeeping of muhktars and cemetery officials, letters sent under the scope of project concerning that subject)
- Problems confronted in the district as regards the issuing of death certificate (responsible people, the sensitivity of doctors in hospitals to that subject, sufficiency of doctors, attitude of doctors etc.)
- Attempts of MoI to improve the registration system

4. MATERNAL MORTALITY PROJECT

- Expectations of MoI from maternal mortality project (especially the relations with MoH)
- Problems confronted at the beginning of the maternal mortality project (attendance at the training, irregular reporting)
- Problems confronted with the institutions relating the maternal mortality project (Health Directorate, gendarmerie)
- Overall evaluation of maternal mortality project (positive and negative aspects)
- Any changes in their thoughts about reporting of deaths after the project? (in terms of muhktars and cemetery officials)

IN-DEPTH INTERVIEW GUIDELINE-7 FAMILY

Introduction and permission to tape recording

1. PERSONAL HISTORY AND CONDITION OF DISEASE

- Personal identification (age, education, marital status etc.)
- A brief history of the spouse's disease
- Where and when did you apply for treatment?
- What was the approach of the health staff like?
- What did you do for burial after you had learned about the death? Did anybody direct you?
- Who gave the death certificate and when?

ANNEX 11 – BRIEF REPORT ON PRIMARY INFORMANT TRAININGS

**T.C. Ministry of Health
Reproductive Health Programme of Turkey
National Maternal Mortality Study
Brief Report on Primary Informant Trainings and
Data Collection Activities of June
15 July 2005**

NMMS Province project teams (province project coordinator, province project doctor and province project researcher) were trained during 5 regional meetings. After the training of province project teams, province project teams trained district coordinators in all districts of the 28 provinces. The last 3 weeks of May was arranged for the completion of the training of primary informants by province and district project teams. Data collection activities of NMMS started on 1 June 2005 and still continues. HUIPS supervisors paid supervision visits to provinces during the end of May and the beginning of July.

Primary informant trainings conducted in 28 provinces were mainly completed in the given time period or exceeded the prescribed period. However, primary informant trainings conducted in some provinces could not be completed in the given period, and are still not complete at the date of 15 July 2005.

With the self-sacrificing work of province and district project teams, primary informant trainings were completed in 94 % of the settlements covered by NMMS. Since almost all the settlements in which trainings are not completed are rural areas, rural data collection activities and rural data production can be hindered unless the trainings are completed as soon as possible. This could also make analysis for some sub-regions impossible. The first months are very important for the data collection phase of NMMS. If a good follow-up and surveillance system could be established, on later months the coverage of the study could increase and reach to 100 %. With a strict follow-up and surveillance during the pilot study conducted in Antalya, the coverage increased quickly and reach to 100 % level today.

Some province project teams perceive NMMS as a study conducted by Hacettepe University instead of MoH. Therefore, General Directorate of MCH/FP should regularly be in contact with Province Health Directors and Province Project Teams, and emphasise that NMMS is MoH's study.

Village headmen and cemetery officials play a major role during data collection phase. In some provinces village headmen and cemetery officials have not been informed enough about NMMS activities. Some of the village headmen who were informed, are not supporting the training and in turn data collection activities properly. Therefore, a closer collaboration is necessary with MoI in order to overcome these problems.

According to NMMS principles province project teams should submit a monthly report to MoH MCH/FP General Directorate and Hacettepe University Institute of Population Studies. However, some province project teams have concerns about this issue. Since the reports that the province project teams have to send every month include the project activities conducted in their province, the problems they face and the state of the province budget, they are very important to follow the project activities on provincial basis. Therefore, the province project teams should be directed to send their comprehensive monthly reports to relevant authorities on time.

In project provinces, necessary activities for data collection and data entry keep going on. Therefore, return rates on provincial basis are still not clear. The table below shows the last status of the project provinces in terms of primary informant trainings and summarizes the problems faced during data collection phase.

Last status of the project provinces in terms of primary informant trainings and the problems faced during data collection phase

Line no	Project Province	General Percentage	Explanation
1	Bursa	100,0	Trainings were completed after June,1 2005. Some district coordinators do not attach enough importance to the study. In addition, there are difficulties in terms of cooperating with municipalities.
2	Sakarya	100,0	Trainings were completed after June,1 2005. Province team and district coordinators are working in harmony with each other. However, some village headmen and municipalities are not willing to work in cooperation. Furthermore, mainly in central districts some municipalities are not able to control the cemeteries under their responsibilities.
3	Tekirdağ	100,0	Trainings were completed after June,1 2005. Province team and district coordinators are working in harmony with each other.
4	Giresun	100,0	Trainings were completed after June,1 2005. The turnover rate among district coordinators is too high, this in turn hinders project activities. Therefore, the newly assigned district coordinators should be trained immediately. Due to scattered settlements and “backyard cemeteries”, data collection activities are getting more difficult.
5	Bartın	100,0	Trainings were completed on time. Province team and district coordinators are working in harmony with each other. With the attempts of Bartın province project team and cooperation with governorship, a “burial book” was prepared and distributed to all settlements.
6	Balıkesir	100,0	Trainings were completed after June,1 2005. Lack of coordination was observed between province project team and district coordinators during data collection period. In addition, director of provincial local administration was not willing to cooperate with province project team.
7	Burdur	100,0	Trainings were completed on time. Province team and district coordinators are working in harmony with each other.

Line no	Project Province	General Percentage	Explanation
8	Bayburt	100,0	Trainings were completed on time. Province project coordinator and province project doctor resigned from their jobs. New people were assigned yet. These changes greatly affected data collection and data flow control activities. In addition, province project researcher wants to quit due to family reasons.
9	Tokat	100,0	Trainings were completed on time. Province team and district coordinators are working in harmony with each other.
10	İstanbul	100,0	Trainings were completed on time. Province team and district coordinators are working in harmony with each other. Results of June 2005 has already been sent to us. Since number of burials and so female burials is high, the workload of province and district project teams will be much more compared to other provinces.
11	Nevşehir	100,0	Trainings were completed on time. Province team and district coordinators are working in harmony with each other.
12	Aydın	100,0	Trainings were completed on time. Province team and district coordinators are working in harmony with each other.
13	Çankırı	100,0	Trainings were completed on time. Province team and district coordinators are working in harmony with each other.
14	Erzurum	100,0	Trainings were completed on time. Province team and district coordinators are working in harmony with each other. Since the quality of health services is high compared to surrounding provinces, number of female deaths occurred in Erzurum but buried in neighbour provinces is high also. This increases the workload of Erzurum province project team.
15	İzmir	100,0	Trainings were completed on time. Province team and district coordinators are working in harmony with each other.
16	Antalya	100,0	Training were completed during pilot phase. Data flow from 646 settlement of Antalya keeps going on. We expect the PPR, who is a staff of health directorate, to be more responsive while conducting verbal autopsies.
17	Karaman	99,0	Province project coordinator does not show enough interest in NMMS. Furthermore, the cooperation between district coordinators and municipalities is not in the required level. In Kazımkarabekir 80 % of trainings could have been completed.
18	K. Maraş	99,0	Province team and district coordinators are working in harmony with each other. Because the PPR is working in a separate place than the other project team members, this is creating communication problems. In Çağlayancerit, Nurhak, Afşin, Andırın and Türkoğlu the trainings are still not completed.
19	Ordu	94,0	High turnover rate among district coordinators hinders project activities. For this reason, the newly assigned district coordinators should be trained immediately. Due to scattered settlements and “backyard cemeteries”, data collection activities are getting more difficult. Also, in some of the districts primary informant trainings have still not been completed.
20	Adana	98,0	In Kozan only 60% of the trainings have been completed. In districts other than Seyhan, İmamoğlu, Pozantı and Saimbeyli trainings could not have been completed.

Line no	Project Province	General Percentage	Explanation
21	Gaziantep	95,0	Province team and the district coordinators are working in harmony with each other. However, because of village headmen there are serious problems in primary informant trainings in Şahinbey, Oğuzeli and Yavuzeli districts.
22	Ağrı	81,0	Province team and the district coordinators are working in harmony with each other. Since some of the district coordinators do not cooperate enough with local administrators in their districts, there are some problems in terms of participation to the trainings and progress of data collection activities. District coordinators stated that the problems arose mainly because of the muhktars. As a result of these problems, there are serious training shortage in Merkez, Patnos, Tutak, Diyadin, Eleşkirt and Hamur districts.
23	Batman	83,2	Province project coordinator is not interested in NMMS activities. Therefore, province project team and the district coordinators are not working in harmony. Province project coordinator and province project doctor went on leave at the same time. As a result, in Kozluk 60 %, in Gecüş 71 % and in Center 92% of the trainings have been completed. In center and in districts there are serious problems on side of the municipalities in keeping records. Therefore, in settlements where there is no cemetery official, headmen of the neighbourhoods were trained.
24	Kütahya	95,0	Province team and the district coordinators are working in harmony with each other. But the district coordinator in Simav is not putting enough effort for this harmonious work. Only 83 % of the trainings have been completed in Simav. There are also problems in terms of primary informant trainings in Gediz, Emet and Pazarlar.
25	Sivas	92,0	Province project coordinator is stating that his/her workload is too much and so he/she is not paying enough attention to NMMS. Province project doctor wants to depart from Sivas and working with low motivation. Therefore, it will be useful to assign a second doctor who can share the workload of the PPC and PPD. Furthermore, some district coordinators abstain from doing the project activities. Because of this reason, there are serious training shortage in Kangal, Şarkışla, Ulaş, Gürün, Hafik, Doğanşar and İmralı.
26	Ankara	87,0	There is no adequate cooperation between province project team and DCs. Some DCs (Polatlı ve Haymana) are claiming to take out/exclude their districts form NMMS. Another problem observed in Ankara is that NMMS is viewed as a study of HUIPS rather than MoH. Province Health Directorate, in cooperation with Directorate of Province Local Administrations has printed “burial book” for every settlement. There are serious training shortage in terms of village headmen in Akyurt, Ayaş, Beypazarı, Haymana, Kızılcahamam, Polatlı, Sincan and Şereflikoçhisar.

Line no	Project Province	General Percentage	Explanation
27	Van	68,9	Province team and the district coordinators are working in harmony with each other. Since some of the district coordinators do not cooperate enough with local administrators in their districts, there are some problems in terms of participation to the trainings and progress of data collection activities. District coordinators stated that the problems arose mainly because of the muhktars. As a result of these problems, trainings have not been completed in Başkale, Erciş ve Gevaş, Çatak, Muradiye, Bahçesaray and Özalp.
28	Diyarbakır	68,7	Province project coordinator is not allocating enough time for NMMS activities. Because the PPC will work outside Diyarbakır for a 6-months period, director of MCH/FP division will be in charge as PPC. However, the director of MCH/FP division is stating that he does not have positive thoughts about NMMS. Another problem observed in Diyarbakır is that NMMS is viewed as a study of HUIPS rather than MoH. In Diyarbakır except Dicle and Koacaköy, the trainings have still not been completed. As a result of these problems, there are serious training shortage in terms of village headmen in Çınar, Çüngüş, Merkez, Ergani, Kulp, Lice, Hazro, Bismil, Çermik and Silvan.
29	Malatya	85,0	Province team and the district coordinators are working in harmony with each other. Although province team and the district coordinators have done lot of correspondence in cooperation with local administrators in order to invite primary informants to trainings, primary informants, especially village headmen were unwilling to attend the training. Therefore, there are serious training shortage in Merkez, Arapgir, Doğanyol, Pötürge, Kulancak, Darende, Hekimhan and Yeşilyurt.
Total		94,0	

ANNEX 12 – THE DATE AND PLACE OF QUALITATIVE INTERVIEWS

The Date and Place of In-Depth Interviews

	Province		Date of interview
Focus group with PPR	Ankara	Center	10.03.2006
Focus group with doctors	Ankara	Center	17.03.2006
ANKARA			
In-depth interview with SIS	Ankara	Center	11.04.2006
In-depth interview with SIS	Ankara	Center	11.04.2006
In-depth interview with MOI	Ankara	Center	31.03.2006
In-depth interview with MOI	Ankara	Center	14.04.2006
In-depth interview with MOH	Ankara	Center	05.04.2006
In-depth interview with muhtar	Ankara	Periphery	17.04.2006
In-depth interview with muhtar	Ankara	Periphery	20.04.2006
In-depth interview with muhtar	Ankara	Periphery	24.04.2006
In-depth interview with cemetery official	Ankara	Center	18.04.2006
In-depth interview with cemetery official	Ankara	Periphery	19.04.2006
In-depth interview with kaymakam	Ankara	Periphery	15.05.2006
In- depth interview with kaymakam	Ankara	Periphery	08.05.2006
DİYARBAKIR			
In- depth interview with muhtar	Diyarbakır	Center	02.05.2006
In- depth interview with muhtar	Diyarbakır	Periphery	03.05.2006
In- depth interview with muhtar	Diyarbakır	Periphery	03.05.2006
In-depth interview with cemetery official	Diyarbakır	Center	02.05.2006
In-depth interview with cemetery official	Diyarbakır	Periphery	04.05.2006
In-depth interview with a family	Diyarbakır	Center	05.05.2006
KAYSERİ			
In-depth interview with muhtar	Kayseri	Center	10.05.2006
In-depth interview with muhtar	Kayseri	Periphery	10.05.2006
In-depth interview with muhtar	Kayseri	Periphery	11.05.2006
In-dept interview with muhtar	Kayseri	Periphery	11.05.2006
In-depth interview with cemetery official	Kayseri	Center	11.05.2006
In-depth interview with cemetery official	Kayseri	Periphery	09.05.2006
In-depth interview with a family	Kayseri	Center	09.05.2006

ANNEX 13 – BENNETT AND HORIUCHI MORTALITY TECHNIQUE

Bennett and Horiuchi technique is developed for estimating under-registration of deaths. The technique estimates the completeness of death registration above a certain age x during an intercensal period, based on population distributions from two consecutive censuses. Age x is the age above which the degree of completeness of death registration can be assumed to be uniform; it is usually age of 5 years. This technique also provides a set of adjusted death rates by age, as well as estimated life expectancies for age 5 years and above during the intercensal period.

Bennett and Horiuchi technique uses the number of registered deaths and population growth rate factors for each age group to estimate the expected population at each age. A comparison of the expected population with the population enumerated in the censuses provides the degree of completeness of death registration. In this method, completeness of death registration is essentially estimated by using the growth-rate-transformed registered deaths to generate an independent estimate of the average intercensal population at an age above x ; the ratio of this figure to that calculated from the two observed censuses provides an estimate of completeness of death registration above age x . The technique, therefore, provides a series of estimates of completeness of death registration due to the possibility of varying x from age 5 through the maximum age.

There are a number of assumptions in applying this technique. If the population was not exposed to migration during the intercensal period, if both censuses have the same degree of completeness, if age misreporting occurs only after age 50 years and if the degree of completeness of death registration is uniform above age 5 years, this technique will provide an almost constant set of figures for completeness of death registration. Variance from a "constant" set of figures indicates that one or more of the above conditions does not hold.

This technique has some advantages compared to similar techniques. Firstly, the technique does not assume that the population is stable. Secondly, the results may be used to evaluate the base information used in the beginning. For example, if the estimated degree of completeness at different ages is similar, the base information may be considered consistent. If the estimates of completeness differ considerably from age to age, then the base information may contain errors or may not meet the assumptions of the technique.

Bennett and Horiuchi Mortality Technique also has some limitations. Regarding the zero migration assumption, in fact, migration has an effect on the estimation of completeness of death registration. If there has been immigration, the result will indicate a better degree of completeness than is actually true. On the other hand, if there has been outmigration, then the result will indicate that the death registration is less complete than it actually is. Additionally, the technique is also sensitive to different degrees of enumeration in the two consecutive censuses. Relative underenumeration in the first census (or overenumeration the second) would raise the estimated degree of completeness of death registration while relative

overenumeration in the first census (or underenumeration in the second) would reduce the estimated degree of completeness of death registration. Finally, this technique does not evaluate the completeness of registration of deaths under age 5 years. The results should be carefully handled because infant and child deaths have a higher degree of underregistration than deaths at other ages.

The computer program BENHR in the United Nations MORTPAK makes the calculations to estimate the completeness of death registration. The program calculates the median of the series of estimates and assumes this median is the best estimate of death registration completeness. This best estimate is then used to calculate an adjusted set of age-specific death rates and life expectancies for ages 5 and above.

The method requires a preliminary estimate of life expectancy for the oldest age entered for the population age distribution. This life expectancy is estimated within the computer program using a set of regression equations which relate life expectancy at age x to the ratio of registered deaths for age group 60 and over to registered deaths for age group 5 and over. These regressions were estimated from a set of data points simulated from stable populations generated from male and female model life tables from the United Nations General Pattern with life expectancy at birth varying from 35 years to 75 years, at one-year intervals, in conjunction with intrinsic growth rates varying from .015 to .035, at intervals of .005. The regression equations are

$$\begin{aligned}e(60) &= 9.345 + 12.403 D_{60+}/D_{5+} \\e(65) &= 7.535 + 10.072 D_{60+}/D_{5+} \\e(70) &= 6.049 + 7.918 D_{60+}/D_{5+} \\e(75) &= 4.890 + 5.965 D_{60+}/D_{5+} \\e(80) &= 4.060 + 4.162 D_{60+}/D_{5+} \\e(85) &= 3.379 + 2.836 D_{60+}/D_{5+}\end{aligned}$$

where $e(x)$ is life expectancy at age x , and D_{60+}/D_{5+} is the ratio of intercensal registered deaths for age group 60+ to age group 5+.

**ANNEX 14 – ASSUMPTIONS USED IN THE
PROJECTION OF NUMBER OF FEMALES AND BIRTHS**

Assumptions used in the projection of number of females and births

	Total Fertility Rate							Life Expectancy at Birth														Net Migration		Percent Urban Population						
								Male							Female							Male	Female							
	2000	2001	2002	2003	2004	2005	2006	2000	2001	2002	2003	2004	2005	2006	2000	2001	2002	2003	2004	2005	2006	2000	2000	2000	2001	2002	2003	2004	2005	2006
ADANA	2.68	2.65	2.62	2.59	2.56	2.53	2.50	61.1	61.2	61.4	61.6	61.8	61.9	62.1	65.7	65.9	66.1	66.3	66.5	66.7	66.9	-5,372	-2,727	75.3	76.0	76.7	77.5	78.2	79.0	79.7
AĞRI	5.49	5.42	5.34	5.27	5.19	5.12	5.04	57.8	57.9	58.1	58.3	58.5	58.6	58.8	61.3	61.5	61.7	61.9	62.1	62.3	62.5	-2,848	-2,394	44.7	46.3	47.9	49.4	51.0	52.6	54.1
ANKARA	1.90	1.85	1.79	1.74	1.68	1.63	1.58	61.2	61.3	61.5	61.7	61.9	62.0	62.2	70.8	71.0	71.2	71.4	71.6	71.8	72.0	8,668	9,511	88.7	88.9	89.1	89.3	89.6	89.8	90.0
ANTALYA	1.93	1.90	1.87	1.84	1.81	1.78	1.75	68.1	68.2	68.4	68.6	68.8	68.9	69.1	72.5	72.7	72.9	73.1	73.3	73.5	73.7	9,797	8,294	62.9	64.1	65.2	66.3	68.6	68.6	69.7
AYDIN	2.12	2.11	2.10	2.08	2.07	2.06	2.05	69.7	69.8	70.0	70.2	70.4	70.5	70.7	73.9	74.1	74.3	74.5	74.7	74.9	75.1	2,094	2,217	48.9	49.6	50.3	51.0	51.7	52.4	53.1
BALIKESİR	1.95	1.94	1.93	1.91	1.90	1.89	1.88	69.8	69.9	70.1	70.3	70.5	70.6	70.8	73.5	73.7	73.9	74.1	74.3	74.5	74.7	686	275	54.4	55.4	56.5	57.6	58.6	59.7	60.7
BURDUR	2.12	2.09	2.06	2.03	2.00	1.97	1.94	62.6	62.7	62.9	63.1	63.3	63.4	63.6	66.0	66.2	66.4	66.6	66.8	67.0	67.2	-524	-551	40.7	41.1	41.5	41.9	42.2	42.6	43.0
BURSA	1.98	1.97	1.96	1.94	1.93	1.92	1.91	71.6	71.7	71.9	72.1	72.3	72.4	72.6	77.0	77.2	77.4	77.6	77.8	78.0	78.2	8,114	8,951	78.8	79.6	80.3	81.1	81.9	82.6	83.4
ÇANKIRI	2.27	2.22	2.16	2.11	2.05	2.00	1.95	62.7	62.8	63.0	63.2	63.4	63.5	63.7	65.2	65.4	65.6	65.8	66.0	66.2	66.4	-150	-745	37.3	39.0	40.7	42.5	44.2	45.9	47.6
DIYARBAKIR	4.51	4.44	4.36	4.29	4.21	4.14	4.06	65.1	65.2	65.4	65.6	65.8	65.9	66.1	69.3	69.5	69.7	69.9	70.1	70.3	70.5	-5,753	-3,959	64.3	65.6	66.9	68.1	69.4	70.6	71.9
ERZURUM	3.51	3.44	3.36	3.29	3.21	3.14	3.06	60.3	60.4	60.6	60.8	61.0	61.1	61.3	62.5	62.7	62.9	63.1	63.3	63.5	63.7	-5,075	-4,224	53.7	55.0	56.3	57.7	59.0	60.4	61.7
GAZİANTEP	3.83	3.76	3.68	3.61	3.53	3.46	3.38	66.9	67.0	67.2	67.4	67.6	67.7	67.9	71.3	71.5	71.7	71.9	72.1	72.3	72.5	-118	818	77.6	78.4	79.2	80.0	80.8	81.6	82.4
GİRESUN	2.31	2.18	2.06	1.93	1.81	1.68	1.55	61.4	61.5	61.7	61.9	62.1	62.2	62.4	65.7	65.9	66.1	66.3	66.5	66.7	66.9	-450	-720	44.6	45.7	46.7	47.8	48.8	49.9	50.9
İSTANBUL	1.97	1.96	1.95	1.93	1.92	1.91	1.90	69.0	69.1	69.3	69.5	69.7	69.8	70.0	74.2	74.4	74.6	74.8	75.0	75.2	75.4	39,698	41,789	97.1	97.3	97.4	97.6	97.7	97.8	98.0
İZMİR	1.75	1.74	1.73	1.71	1.70	1.69	1.68	69.0	69.1	69.3	69.5	69.7	69.8	70.0	73.7	73.9	74.1	74.3	74.5	74.7	74.9	11,541	12,534	82.9	83.3	83.8	84.2	84.7	85.1	85.6
KÜTAHYA	2.19	2.14	2.08	2.03	1.97	1.92	1.87	63.3	63.4	63.6	63.8	64.0	64.1	64.3	69.0	69.2	69.4	69.6	69.8	70.0	70.2	243	-455	42.8	43.4	44.0	44.7	45.3	45.9	46.6
MALATYA	2.56	2.49	2.41	2.34	2.26	2.19	2.11	63.3	63.4	63.6	63.8	64.0	64.1	64.3	67.4	67.6	67.8	68.0	68.2	68.4	68.6	-1,722	-1,642	59.6	60.5	61.4	62.4	63.3	64.2	65.1
K.MARAŞ	3.54	3.51	3.48	3.45	3.42	3.39	3.36	57.6	57.7	57.9	58.1	58.3	58.4	58.6	61.4	61.6	61.8	62.0	62.2	62.4	62.6	-2,869	-2,237	51.1	52.0	52.8	53.6	54.4	55.2	56.0
NEVŞEHİR	2.55	2.50	2.44	2.39	2.33	2.28	2.23	62.9	63.0	63.2	63.4	63.6	63.7	63.9	64.4	64.6	64.8	65.0	65.2	65.4	65.6	-221	-170	34.0	34.9	35.7	36.6	37.4	38.3	39.1
ORDU	2.81	2.68	2.56	2.43	2.31	2.18	2.05	63.8	63.9	64.1	64.3	64.5	64.6	64.8	67.3	67.5	67.7	67.9	68.1	68.3	68.5	-4,270	-3,122	42.9	43.8	44.7	45.6	46.5	47.3	48.2
SAKARYA	2.23	2.22	2.21	2.19	2.18	2.17	2.16	71.5	71.6	71.8	72.0	72.2	72.3	72.5	77.0	77.2	77.4	77.6	77.8	78.0	78.2	-994	-2,185	58.0	58.7	59.4	60.1	60.8	61.5	62.2
SİVAS	2.76	2.71	2.65	2.60	2.54	2.49	2.44	64.1	64.2	64.4	64.6	64.8	64.9	65.1	68.7	68.9	69.1	69.3	69.5	69.7	69.9	-3,470	-3,655	50.6	51.3	52.0	52.8	53.5	54.2	55.0
TEKİRDAĞ	1.83	1.82	1.81	1.79	1.78	1.77	1.76	60.5	60.6	60.8	61.0	61.2	61.3	61.5	64.7	64.9	65.1	65.3	65.5	65.7	65.9	5,951	4,316	65.1	66.2	67.3	68.4	69.5	70.6	71.7
TOKAT	3.06	3.05	3.04	3.02	3.01	3.00	2.99	61.6	61.7	61.9	62.1	62.3	62.4	62.6	65.5	65.7	65.9	66.1	66.3	66.5	66.7	-3,918	-3,517	44.5	45.0	45.6	46.2	47.3	47.3	47.9
VAN	6.00	5.93	5.85	5.78	5.70	5.63	5.55	62.5	62.6	62.8	63.0	63.2	63.3	63.5	63.0	63.2	63.4	63.6	63.8	64.0	64.2	-4,443	-2,027	50.0	51.6	53.1	54.6	56.2	57.7	59.2
BAYBURT	3.29	3.22	3.14	3.07	2.99	2.92	2.84	63.3	63.4	63.6	63.8	64.0	64.1	64.3	67.8	68.0	68.2	68.4	68.6	68.8	69.0	-547	-525	33.2	33.3	33.5	33.7	33.9	34.1	34.2
KARAMAN	2.77	2.72	2.66	2.61	2.55	2.50	2.45	57.4	57.5	57.7	57.9	58.1	58.2	58.4	61.9	62.1	62.3	62.5	62.7	62.9	63.1	-334	-220	49.7	50.6	51.5	52.3	53.2	54.1	55.0
BATMAN	5.27	5.20	5.12	5.05	4.97	4.90	4.82	60.0	60.1	60.3	60.5	60.7	60.8	61.0	64.3	64.5	64.7	64.9	65.1	65.3	65.5	-2,115	-1,491	59.9	61.0	62.1	63.1	64.2	65.3	66.3
BARTIN	2.11	1.98	1.86	1.73	1.61	1.48	1.35	62.1	62.2	62.4	62.6	62.8	62.9	63.1	68.6	68.8	69.0	69.2	69.4	69.6	69.8	-1,680	-1,451	19.5	20.1	20.7	21.3	21.9	22.5	23.1

ANNEX 15 – DEATH CERTIFICATE

Death Certificate		
<p>Enter the <u>chain/sequence of events</u> – diseases, injuries, complications – that caused the death. Use ICD 10 terminology! Do not use abbreviations! Enter only one cause on one line!</p>		<p>Approximate interval between onset and death (answer if possible)</p>
<p>FINAL OR IMMEDIATE CONDITION/ DISEASE RESULTING IN DEATH If only ‘cardio-pulmonar arrest’ can be established without any other known aetiology, please enter ‘<u>unknown cause</u>’</p>	<p>1. Example a: <u>hypovolemic shock</u> or Example b: <u>brain damage</u></p>	
due to (or as a consequence of)		
<p>UNDERLYING CAUSES Sequentially list conditions - diseases or injuries - , if any, giving rise to the above cause, stating the underlying condition that initiated the events resulting in death last</p>	<p>2a. For example a: happened as a consequence of a <u>premature separation of placenta</u> or For example b: as a consequence of an <u>epidural haematome</u></p>	
	<p>2b. For example a: happened as a consequence of a <u>blunt abdominal trauma</u> or For example b: as a consequence of a <u>head injury</u></p>	
	<p>2c. For example a: as a consequence of a <u>road traffic accident</u> or For example b: as a consequence of a <u>road traffic accident</u></p>	
<p>Other significant biomedical conditions contributing to death but not resulting in the causes above</p>	<p>e.g. <u>Pre-existing anemia or hypertension</u></p>	
<p>Significant sub-standard care factors contributing to death</p>	<p>e.g. <u>delay in seeking care or lack of blood for transfusions</u></p>	
<p>Kind of death</p>	<p><i>Illness, Accident, Suicide, Murder, Natural Disaster</i></p>	
<p>Pregnancy status</p>	<p><i>pregnant, within 42 days after pregnancy, within one year after pregnancy, not pregnant</i></p>	