



Memorandum

Date January 5, 1981

From Carlos Huezo, M.D., Visiting Scientist, Program Evaluation Branch
Family Planning Evaluation Division, Bureau of Epidemiology

Subject Foreign Trip Report (AID/RSSA): El Salvador, December 8-9, 1980;
Patient Flow Analysis and IUD Study

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE) *PSB 1/6/81*

SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. PREPARATION OF FINAL REPORT, PATIENT FLOW ANALYSIS
 - A. Background
 - B. Clinic Reports
 - C. Organization of the Final Report
 - D. Publication Strategy
- IV. IUD STUDY

SUMMARY

During December 8-9, 1980, Dr. Carlos Huezo, a CDC/FPED consultant, visited San Salvador, El Salvador, to provide technical assistance to the Ministry of Health (MOH) in the preparation of a final report for the Patient Flow Analysis (PFA) studies conducted in 24 MOH study clinics in August and September 1979. In addition, an IUD study for which CDC provided technical assistance in data management and analysis, was discussed.

Comments and recommendations written on the PFA reports of each clinic were discussed with MOH personnel. Plans were made to implement the recommendations in the clinics analyzed. A draft of the final report will be written at CDC based on the clinics' reports and will be sent to the MOH for their review and approval. This final report will form the basis for the MOH implementing recommended changes in clinic services.

The IUD study is a prospective study started in February 1978 comparing the Copper T and Lippes Loop. The use continuation rate and reasons for discontinuation, including side effects, complications, and pregnancies, will be studied. At this time more than 3,500 women have entered the study, and we expect the study group of 4,000 cases to be complete in January 1981.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

El Salvador, December 8-9, 1980, at the request of USAID/El Salvador, AID/POP/FPSD, and the Ministry of Health (MOH), to provide followup technical assistance to the El Salvador MOH in the preparation of a final report for the Patient Flow Analysis (PFA) studies conducted in 24 MOH study clinics in August and September 1979 (see CDC RSSA trip reports dated September 4, 1979, and April 9, 1980). This consultation was provided by Dr. Carlos Huezo, Visiting Scientist, Program Evaluation Branch, Family Planning Evaluation Division, Bureau of Epidemiology, Centers for Disease Control, following a consultation in Panama during the week of December 1-6, 1980. The Panama consultation on the national contraceptive prevalence survey report will be the subject of a separate report. This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/BE/FPED.

II. PRINCIPAL CONTACTS

A. Ministry of Public Health

1. Dr. Gonzalo Beltram, Subsecretary of Public Health
2. Dr. Jose Arturo Coto, General Director of Health
3. Dra. Vilma H. de Aparicio, Director of the Planning Department
4. Dr. Jose Max Molina, Director of Operative Services
5. Dr. Raul Moran Tejada, Chief, Division of Maternal and Child Health and Family Planning (MCH/FP)
6. Dr. Wenceslao Martinez, Operative Services
7. Dr. Raul Guillermo Toledo, MCH/FP

III. PREPARATION OF FINAL REPORT, PATIENT FLOW ANALYSIS (PFA)

A. Background

This was the fifth consultation provided to the El Salvador MOH related to the planning, implementation, and analysis of PFA (see CDC/RSSA Foreign Trip Reports: El Salvador, dated April 25, June 7, and September 4, 1979, as well as April 9, 1980). PFA studies were conducted in 24 MOH clinics during August and September 1979. During the fourth consultation, three persons on the MOH staff were trained in the interpretation of PFA output, and written guidelines were developed for discussion with clinic personnel during followup visits to the study clinics. These followup visits were made by regional personnel after being trained by the MOH staff. For each clinic, a report of the interpretation of the PFA output was written by the regional personnel identifying the problems found, possible causes of the problems, and proposing solutions. At the time the data were collected, I was working in the MOH and was responsible for the study.

B. Clinic Reports

Copies of 19 of 24 clinic reports were sent to CDC. These reports were reviewed at CDC by Anthony Hudgins of the Program Evaluation Branch, FPED, and myself. Comments and suggestions were written on the report of each

clinic, and additional and/or alternative specific recommendations were made. During this trip, these comments and suggestions were discussed with Dr. Moran Tejada and Dr. Raul Toledo (Division of MCH/FP) and with Dr. Max Molina and Dr. Wenceslao Martinez (MOH Office of Operative Services). They were in agreement with comments and recommendations suggested. Plans were made to present the comments to the regional offices so that regional personnel could make a followup visit to the clinics to discuss the comments and reports with the manager and clinic personnel, and supervise the implementation of recommendations. There is one region (Paracentral) that has not yet completed their PFA reports (five clinics). Dr. Toledo will send these reports to CDC as soon as they are received, so a final report can be written based on the clinic reports of all 24 clinics.

A brief presentation of the PFA results was made to the Subsecretary of Public Health, Dr. Gonzalo Beltram, and the General Director of Health, Dr. Jose Arturo Coto. They expressed interest in having the final report as documentation for implementing general recommendations in other than the 24 study clinics participating in the PFA study.

A draft of a final report will be written at CDC by Carlos Huevo and Anthony Hudgins when reports for all 24 clinics are received. This final report will be sent to the MOH for review/approval by both the MCH/FP Division and the Office of Operative Services.

C. Organization of the Final Report

In the 24 clinics, five different categories of health establishments are represented. The categories are: (1) hospitals, (2) health centers, (3) health unit with specific FP programs, (4) health unit with integrated FP programs, and (5) health posts. Although we have identified some common problems, there are differences between specific categories. For this reason, the final report will present common problems and their related recommendations for all clinics as well as identification of specific problems and recommendations for each category of health establishment. The statistical results will be presented by tables comparing the findings in the 24 clinics. The recommendations for each category of clinic will be documented with computer simulations to demonstrate the effect of recommended changes.

D. Publication Strategy

The preparation of an article for publication was discussed with Dra. de Aparicio, who was the Chief of the MCH/FP Division at the time the study was planned and data were collected. Now she is the Director of the Planning Department and has agreed to be a co-author for this article; Dr. Raul Moran Tejada also agreed to be a co-author.

IV. IUD STUDY

A prospective study comparing the Copper T and Lippes Loop IUDs was initiated in February 1978 in 12 family planning clinics of the MOH. The purpose is to measure the use continuation rate and reasons for discontinuation, including side effects and pregnancy among the Salvadoran female population. Data are collected on an initial form that is completed at the time an IUD is inserted, and followup forms are completed each time the patient revisits the clinic. Followup visits are programmed two and six months after insertion and thereafter, every six months. The original of the form is maintained at the health facility, and a copy is sent to the MOH.

From February 1978 to August 1980, 3,438 patients had entered the study. Of these, 1,507 were using the Copper T, and 1,931 were using Lippes Loop. Until October 1980, there were 1,044 patients with over two years of followup; 1,875 with over 18 months; 2,511 with over 12 months; 3,081 with over 6 months; and 3,438 with over 2 months.

Patients will be admitted into the study until there are 4,000 cases. It is estimated that this level will be reached in January 1981. The MOH will send forms to FPED for analysis seven months later (around August 1981), so all patients will have at least six months of followup. However, before this date, the MOH will begin sending the forms of patients who received their IUD in the first six months of the study (from February to July 1978) and have more than two years followup so that coding and editing procedures may be initiated.

The principal contact for this study in the MOH is Dr. Raul Toledo of the MCH/FP Division.


Carlos Huezo, M.D.