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Memorandum

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From Jay S. Friedman, M.A., Program Analyst, Program Evaluation Branch, Family Planning Evaluation Division (FPED), Center for Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Morocco: November 30-December 18, 1981

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Horace G. Ogden
Director, CHPE CT for HGO 3/1/82

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SUMMARY

Along with Dr. Miriam Labbok and Dr. Jean Lecompte, AID consultants, I participated on a three-person evaluation team to evaluate USAID-supported family planning activities in Morocco. A 5-year USAID assistance program will expire at the end of FY 82 in that country and includes a recently expanded program of household distribution of contraceptives by outreach house visitors.

The present evaluation was conducted to (1) assess the effectiveness of current USAID population assistance in Morocco, and (2) if advisable, to assist USAID and the Government of Morocco (GOM) in developing a plan for a follow up assistance program beginning in FY 83. Although each of the three evaluation team members were concerned with all aspects of family planning activities in Morocco, I was asked to deal specifically with the service statistics and logistics components. Major findings in these areas were:

A. Logistics
The Moroccan family planning logistics system, which is a "push" system, is working well in that supplies are available in sufficient quantities at almost all service delivery points visited. Nevertheless, problem areas that were identified led to the following recommendations:

(1) National policy should require that physical inventories be done twice per year and a First-In, First-Out (FIFO) system of supply management be followed.

(2) Analysis should be done at all program levels of the quantities in stock according to the "number of months supply on hand."

(3) Provinces, in addition to conscriptions, should submit monthly stock usage and supply level data in order for the push system to operate well in supplying provinces from the national warehouse.

(4) Because of the great deal of variation between provinces in the levels of personnel knowledge and skills in supply management, a logistics training course should be held for personnel at the provincial and lower levels.

B. Service Statistics and Recordskeeping

The forms used in the recordskeeping system are well conceived and will be even more so when recent improvements are implemented. However, they should be modified to include information on the number of active clients. The following changes are recommended:

(1) A filing system should be developed for easy measurement prevalence of contraception of the number of "active" clients in addition to the number of visits.

(2) As the new Visites a Domicile de Motivation Systematique-Systematic Motivation (VDMS) house visitor program expands, data on family planning clients served by this program should be included in existing monthly reports.

(3) A provincial level monthly report should be formalized.

(4) Independent estimates on active users should be developed from logistics data. This was done for national level data which showed about 12 percent public sector use for reversible methods.

(5) The Moroccan Family Planning Association usage data should be integrated with Ministry of Public Health (MOPH) data at the national level.

(6) A national contraceptive prevalence survey should be considered to document both public and private sector use as well as obtain information on other important program variables.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Rabat, Morocco, November 30-December 18, 1982, at the request of USAID/Morocco, AID/S&T/POP, and the Ministry of Public Health of Morocco (MOPH), to participate in a general evaluation of USAID-supported family planning services in Morocco with specific personal emphasis on service statistics and logistics as part of a three-person team. The other two members of the team were Dr. Miriam Labbok and Dr. Jean Lecomte. A verbal report of the evaluation team's findings were presented to Ministry of Public Health officials before our departure. A comprehensive written report is

being prepared; my contribution to the report on the evaluation of the service statistics and logistics systems are presented in this trip report. This travel was performed in accordance with the Resource Support Services Agreement (RSSA) between AID/POP/W and CDC/CHPE/FPED.

II. PRINCIPAL CONTACTS

A. Ministry of Public Health (MOPH)

1. Professor M.T. Aloui, Technical Director
2. Dr. A. Jouhari, Director, Population Division
3. Mr. M. Boukhrissi, Chief, Family Planning Section (FPS)
4. Mr. M. Ovakrim, Director, Statistics Section
5. Dr. Mechebal, Director, Infrastructure (Personnel and Management) Division
6. Mme. Lazzeri, Chief, Information, Education and Communication (IEC) Division
7. Mme. Belhaj, Director, Maternal/Child Health (MCH) Division
8. Mlle. Aicha Haiguech, Administrative Assistant, FPS
9. Mr. Fahdi, Administrator, Technical Services
10. Dr. Izaine, Medecin-Chef, El Jadida Province
11. Dr. Mansouri, Medecin-Chef, El Kalaa Province
12. Dr. Saber, Medecin-Chef, Beni Mellal Province
13. Dr. Akhmiss, Medecin-Chef, Casablanca Province

B. Association Marocaine de Planification Familiale (Moroccan Family Planning Association-AMPF)

1. Mr. El-Mahdi Abdellah, Executive Director
2. Dr. Meziane, Chairman, Casablanca Regional Committee

C. USAID

1. Gerard Bowers, Health, Nutrition, and Population Officer
2. Eileen Oldwine, Populaton Officer
3. Christopher Wornum, Visites a Domicile de Motivation Systematique-Systematic Motivation (VDMS) Project Officer

D. UN Agencies

1. Dr. Pierre Severyne, United Nations Fund for Population Activities (UNFPA) Coordinator
2. Mr. Leo De Vos, United Nations Children's Emergency Relief Fund (UNICEF)Representative

III. BACKGROUND

The current USAID-Government of Morocco (GOM) Population Assistance Program was approved by AID/W in August, 1978, and is scheduled to continue through September 1982 (FY 78-82). This 5-year program is comprised of several activities, or subprojects. They are as follows:

(1) The Marrakech Province Pilot (VDMS) Systematic Motivation Through Home Visits.

(2) VDMS expansion to 10 additional provinces. Three of these provinces are to begin VDMS operations in January 1982.

(3) Construction and equipping of 10 Family Planning (FP) Referral Centers.

(4) Manpower Development (U.S., third country, and in-country training).

(5) Provision of family planning commodities.

(6) Support to a Commercial Retail Sales Program (CRSP).

(7) Support to an Information, Education and Communication (IE&C) program, particularly in association with the Moroccan Family Planning Association, an IPPF affiliate

(8) A National Fertility Survey (Moroccan portion of the World Fertility Survey--WFS). Field work for this survey was completed in 1980.

(9) The renovation and equipping of a clinical facility to be known as the National Training Center for Reproductive Health which will begin operations in early 1982.

(10) Financial support for a Contraceptive Prevalence Survey (CPS) to provide baseline data in the three provinces where the VDMS project is about to begin. Field work is to be completed in early 1982.

(11) RAPID Presentation

The present evaluation had two broad objectives:

(1) To assess the effectiveness of the current USAID-GOM population assistance program in (a) meeting its original objectives, and (b) responding to Morocco's evolving needs in the population field; and

(2) To assist USAID and the GOM in developing a plan for a follow-on population assistance program.

The evaluation team examined each of the major areas of program activity, including:

(1) <u>GOM Population Policy</u>

(a) Policy background of current 5-Year plan; GOM significance attached to demographic and population issues; role of family planning (FP) as an essential element of integrated health care.

(b) Examine ways to increase intragovernmental coordination and collaboration to maximize the availability of FP information and services.

(2) Program Performance

(a) The performance of the current population program in terms of the program's stated objectives.

(b) The extent to which the current program is responsive to the FP needs of the Moroccan population.

(3) Program Management and Administration

(a) Appropriateness of MOPH administrative structure and staffing to the planning and implementation needs of the population program.

(b) The extent to which the provincial health structure is organized to effectively deliver FP services.

(c) The capability of MOPH to collect, analyze and utilize FP program data, including logistics and commodity flow information, program service statistics, and special studies.

(4) Information, Education, and Communication (IE&C)

(a) Assess the availability and quality of IE&C materials used in support of MOPH family planning activities.

(b) Review the capability of the Moroccan Family Planning Association (AMPF) to undertake an expanded role in the preparation and distribution of IE&C materials.

(c) Help identify future USAID assistance requirements in view of the foregoing and in light of anticipated UNFPA assistance in IE&C.

(5) Manpower and Training

(a) Examine the MOPH manpower utilization pattern for delivery of FP information and services. Discuss the appropriateness of this utilization pattern as a means to maximize availability of FP services.

(b) Examine the MOPH FP training activities, and discuss the appropriateness of these activities as means to institutionalize use of paramedical personnel as agents for distribution of FP services directly to rural households.

(c) Discuss the future role of the National Training Center for Reproductive Health in expanding in-service training for the delivery of clinical family planning methods.

(d) Discuss the priority needs for long-term academic training in the United States in support of improved management of MOPH FP activities.

(6) Program Evaluation

(a) Examine the MOPH's data system and comment on its utility for effectively assessing FP program performance. Recommend improvements or changes needed.

(b) Assess the MOPH's needs in research evaluation and program monitoring, in terms of:

(1) personnel
(2) in-service
(3) technical assistance
(4) equipment and commodities

(c) Discuss the current status of fertility estimation in Morocco with reference to the WFS, CPS, and family planning service statistics. Recommend measures as needed, to employ these and other tools as measures of family planning program effectiveness.

(7) AID Assistance

(a) Discuss the role of the FY 1978-82 USAID assistance program in contributing to a decrease in Morocco's growth rate.

(b) Discuss ways of maximizing the effectiveness of AID assistance during the remaining year(s) of the bilateral agreement.

(c) Assist USAID and the MOPH to establish priorities for future AID assistance with particular emphasis on expanding the availability of FP information and services throughout the country.

Although each of the three members of the evaluation team examined and reported on all aspects of family planning services in Morocco, I was asked to place a major emphasis on service statistics and logistics.

To facilitate the gathering of relevant information on program performance, three data collection forms were used which were developed by FPED/CDC personnel during a previous evaluation conducted in Mali (see CDC RSSA Trip Report on Mali dated May 14, 1981). These were (a) a questionnaire for clinic personnel, (b) a questionnaire for family planning clients, (c) a form used to gather and analyze service statistics and logistics data.

Meetings were held with MOPH officials in Rabat, and with health personnel at the provincial, health center and dispensary level in four provinces; three provinces where the VDMS program is about to begin and one other. Meetings were also held with officials of the Moroccan Family Planning Association, UNICEF and the UNFPA.

An overall report was prepared and will be made available to USAID/Morocco by February 1982. The writer's evaluation of the service statistics and logistics systems forms the remainder of this trip report.

IV. EVALUATION OF THE FAMILY PLANNING LOGISTICS SYSTEM

A. Introduction

The primary objective of a family planning logistics system is to assure that sufficient quantities of contraceptive supplies are available to actual and

potential users at service delivery points. Evaluations in other countries have shown that if contraceptives are sometimes unavailable or available in small quantities only, dropout rates may increase. Therefore, if supplies are generally available in sufficient quantities, the logistics system can be evaluated as working well, even though there might be problems associated with certain individual features of the system or certain geographic points in the country.

To summarize, in Morocco the system is working well in that supplies are available in sufficient quantities at almost all service delivery points visited during this evaluation. The physical and administrative structure of the family planning logistics system in Morocco is well conceived, and if properly managed should operate efficiently at all program levels.

Problems were found which were associated with certain individuals at the circonscription and provincial levels who had not been adequately trained in supply management. These types of problems are the sort which can easily be resolved through in-service training courses at the provincial level (stages de recyclage).

Additional minor administrative problems were found in the way monthly stock reports are prepared at the provincial level. These result in certain difficulties when calculating supply shipments at the national level. These problems and related difficulties in managing the system are discussed in section IV.B below. These were discussed with the responsible officials concerned (Mr. Mimoun Boukhrissi and Mlle. Aicha Haiguech), who agreed on corrective actions that should be taken at the provincial level.

B. Description of the Logistics System

The logistics system for public sector family planning and other medical supplies in Morocco is a "push" system (Systeme d'Allocation). In this type of system, decisions for the timing and frequency of the delivery of supplies from higher level to lower level facilities is made at the higher level. These decisions are based on reports of consumption and supplies on hand sent from the lower levels to the higher levels. It is a type of system best suited to situations where lower level personnel are not particularly knowledgeable about supply management and is, in fact, the most commonly used system in national family planning programs in developing countries.

Contraceptive supplies management in Morocco is based on the Service de Planification Familiale (SPF) office in Rabat under the direction of Mr. M. Boukhrissi, although actual day-to-day operation of the supply system is delegated to Mlle. Aicha Haiguech. Based on circonscription level monthly reports of supplies received, supplies used and supplies on hand at the end of each month on the last page of form PF 2a. Section 5, "Etat Mensuel du Stock des Produits Contraceptifs au Centre," periodic allocation lists are established by Mlle. Haiguech of quantities of contraceptives to be shipped from the central level warehouse facilities to various provinces. These are prepared every 3 months for any one province, although it is expected to change this to 6-month intervals.

IUDs and other contraceptive supplies which are shipped in small quantities, are stored and packed for shipment in the SPF offices. This office also keeps a very small quantity of pills and condoms for emergency shipments. Most pills and condoms, which are shipped in very large quantities, are stored in the facilities of the Depot Central under the direction of Mr. B. Fahdi.

The Depot Central is responsible for physically organizing all shipments of IUDs and other supplies sent over from the SPF offices to the provinces as well as all pill and condom shipments from the two large warehouses in Rabat and Casablanca. This office is also responsible for customs clearance and receipt of overseas shipments from USAID and other donor agencies. When Mr. Fahdi recieves allocation lists of quantities of pills, condoms, and other supplies to be shipped to various provinces from the SPF, he prepares a list for each province of items to be sent (Bordereau d'Expedition). These lists are then sent to the manager of the warehouse in Rabat or Casablanca for shipment in one of the trucks belonging to the SPF.

The warehouse in Rabat stores a wide variety of medical supplies and is thus used for storing only a small percentage of the large quantities of pills and condoms used in Morocco. The warehouse in Casablanca is, therefore, used for storing most of the central level pill and condom stock, although it is totally under the administrative control of Mr. Fahdi's office in Rabat. Shipments are made from one or the other warehouse based on quantities on hand in each facility.

Contraceptives are stored at the provincial level for distribution to health centers at the circonscription level. Administrative control of the provincial level stock varies from province to province. For example, in the provinces visited by the evaluation team responsibility was as follows:

El Jadida	-	(Family Planning Officer (Animateur de Planning Familial)
El Kelaa	-	Warehouseman
Beni Mellal	-	Nurse in charge of Family Planning Reference Center

Each month the provincial level receives a monthly report "PF2a Programme de Planification Familiale, Compte Rendu Mensuel d'Activites" from each health center and reference center (circonscription level) in the province (see Figure 1). Section 5 of this report (see Figure 2) presents a summary of the receipt issues and balance on hand at the beginning and end of the month for IUDs, condoms, and pills. As is done at the national level, the person responsible for stock management at the provincial level then decides the quantity of each contraceptive needed in each health center and reference center. Supplies are then sent using a vehicle belonging to the provincial level or in some cases of the circonscription level. An identical system is then used to supply dispensaries with pills and condoms, as few dispensaries perform IUD insertions.

C. Evaluation and Recommendations

(1) At all program levels the physical infrastructure, the administrative procedures, and the personnel available for managing commodity distribution are of high quality.

All warehouses and storage areas visited were sound and dry and with the exception of Marrakech Province, stock levels were recorded on stock cards. Most personnel seemed to be aware of the First-In, First-Out (Premieres Entrees-Premieres Sorties) method of stock management and it was in use in most areas, although a small number of pills as old as 1977 were seen.

At the national level and everywhere in Beni Mellal province, physical inventories are regularly done, and information on stock cards is accurate. In El Jadida province physical inventories are not done, although the discrepancies found between the amounts counted by the evaluaton team and the amounts recorded on the stock cards were minor. However, in the El Kelaa provincial warehouse, cartons were stocked in such a way that an exact physical count was impossible and the FIFO system difficult to administer. A rough count by the evaluation team showed almost twice as many pills in stock as were recorded on the stock card.

Recommendation

As a national policy, at least twice per year, physical counts should be made of all commodities in stock. In addition, the FIFO system should be emphasized. This should be facilitated by stocking cartons with space between them so most are visible and the oldest lots, therefore, distinguished so they can be distributed first.

(2) An analysis was done of the number of months supplies of contraceptives on hand at various program levels. This is done by calculating the average monthly amount of each method issued (SORTIES) from the storage facility covering the country, province, circonscription, or dispensary for the past 6 months (the past 12 months for the national level to compensate for large amounts issued in early 1981). This average monthly amount for each method is then divided into the amount for each method on hand at the end of the past month, in this case November 30, 1981. The result is the number of months' supply as of this date. At the national level in a large family planning program such as Morocco's, a minimum amount of 12 months'supplies and a maximum amount of 3 years (36 months) supplies should be on hand for each method. As of December 11, 1981, the number of months' supply on hand in the national level Rabat and Casablanca storage facilites for each method were:

Pill	-	23 months
Condom	-	45 months
IUD	-	4 months

As can be seen, the amount of condoms is excessive and should be allowed to drop by ordering a lesser amount from overseas, or by shipping more to lower level facilities after doing a similar analysis in all provinces. Alternatively, condom consumption may dramatically increase with the launching of the new VDMS program. This should be monitored over the next year. The IUD stock on the other hand is extremely low, no doubt because of large recent shipments to the provincial level in anticipation of the beginning of the new VDMS program. It is necessary that new supplies be received soon from overseas to avoid running out at the national level.

(3) In the provincial and circonscription level facilities visited, a similar analysis was done where logistics statistical data was sufficiently available. Since Mlle. Haiguech receives provincial and circonscription stock reports about 3 months after the end of each month*, and since provincial deliveries will henceforth be every 6 months, it is recommended that provincial stocks be relatively large. Therefore, it is recommended that at the provincial level, a minimum of 12 months' and a maximum of 18 months' supplies be kept on hand for each method since the shipping interval is 6 months and reports arrive at the national level about 3 months after the end of each month. The following provincial monthly supply-on-hand figures were calculated:

	Pill	Condom
El Jadida	10 months	9.5 months
Beni Mellal	22 months	(use is extremely low)

As can be seen, the amount of pills on hand in Beni Mellal is more than an 18 month supply, partly due to a special large shipment recently received for the soon-to-begin VDMS program. This can be corrected by sending larger amounts to health centers in Beni Mellal province where, in fact, it was found in one case that too few pills were regularly kept on hand. The supply of pills and condoms in El Jadida is probably sufficient, although the next shipment should bring stocks up to minimum levels. At the conscription or health center level this analysis was done at Kasba Tadla Health Center, Beni Mellal Province, where it was found only a 1-month supply of pills was on hand, although the chief male nurse (major) in charge of supply management at the Health Center had a good knowledge of logistics techniques and kept four dispensaries, including one in a remote village, regularly supplied. A minimum supply of 2 months and a maximum supply of 4 months should probably be kept on hand in circonscriptons.

(4) In the provinces where the new VDMS program is being launched large shipments of supplies have been made to all health centers and dispensaries from which outreach workers (agents itinerants) will be distributing contraceptives. There is some indication that personnel in these areas consider this stock to be "for the VDMS program;" that is, to be separate and apart fom contraceptives distributed from these same fixed facilities. This should not be the case, since an analysis of monthly consumption of contraceptives in a health facility with VDMS activities should include consumption for both VDMS and fixed activities as a whole. The minimum and maximum number of months' supplies to be kept on hand will then be established for this total consumption. When new provincial and circonscription level monthly report forms are designed, they should include a monthly count of supplies distributed which is broken down by clinic and VDMS activities (see Figure 2).

*On December 14, 1981, of the 31 provinces she had, 35 November reports, 6 October reports, 20 September reports and 31 August reports.

Recommendation:
As national policy, this type of analysis (number of months' supply on hand) should be made a regular part of supply management procedure. At each level of health facility, it should include the number of months' supply on hand in the storage facility covering the area and the number of months' supplies on hand in all the lower level facilities totaled together. The number of months' supplies in lower level facilities should, in the aggregate, be equivalent to a figure between the recommended minimum and maximum amounts for a single lower level facility. Contraceptive supplies for VDMS activities should not be treated separately, neither physically nor administratively. Quantities consumed and quantities kept on hand will merely be increased in order to provide for VDMS activities in each facility where VDMS outreach workers are based.

Decisions on the quantities of contraceptive supplies to be shipped to lower level facilities should then be based in the maximum and minimum number of months' supply on hand in these facilities. If a lower level facility has less than the maximum number of months' supplies in stock, the next shipment should be an amount equivalent to the additional number of months' supply needed to bring the stock up to the maximum. When the lower level facility has more than the maximum number of months' supplies on hand, the next shipment may then be postponed. When the stock in a family planning facility falls below the minimum number of months' supplies, an emergency shipment may be required.

This type of analysis greatly aids in ensuring that lower level facilities do not run out of stock, that no facilities are over-supplied, and that the logistics system functions more efficiently. It should be used at the national, provincial, circonscription and dispensary level in Morocco after personnel are trained in calculating stock levels and supply needs following these formulas.

(5) At the SPF office in Rabat, all monthly reports sent from provinces are collated. These reports include the PF/2a COMPTE RENDU MENSUEL D'ACTIVITES (see Figures 1 and 2), which are sent for each circonscription in the province. These reports include a report of family planning activities, by number of initial visits and revisits as well as a report of stock levels and use. Most provinces also include a report which is a summary of all family planning activities in the province, by circonscription, in the same format as the circonscription report of family planning activities. These are not on a preprinted SPF form, such as PF/2a, but are on ad hoc forms produced differently in each province (see Figure 3), and more importantly, only a small number of the 31 provinces include data for stock levels and use based on data from the provincial level storage facility. As a result Mlle. Aicha Haiguech does not have the data most needed to decide the quantities of each contraceptive method to be sent to each province. She can only roughly estimate the quantities actually needed in each province, based on the total levels of stock in circonscriptions, which she collates on the "BILAN MENSUEL D'ACTIVITES" which she has printed in her office for each province (see Figures 4 and 5). Since shipments from the national level warehouses are to provincial level warehouses, not circonscriptions, it is essential that

provincial level stock data be available to enable the "PUSH" system (Systeme d'Allocation) to function properly.

Recommendations
Provinces should be required to submit a monthly report, which includes stock levels and use in the provincial level storage facility in the same format as the circonscription stock level and use report. This could be done on a new form that could be entitled "PF/3 RECAPITULATIF PROVINCIAL DE ACTIVITES DE PLANIFICATION FAMILIALE." The section on family planning activities could be identical with that used in El Jadida Province (see figure 3), and the stock report could be identical with Section 5 of Form PF/2a (see Figure 2), except it would be entitled, "Etat Mensuel de Stock dans le depot Provincial." In addition, it should include data on pills and condoms distributed by VDMS house visitors as written on Figure 2. This will provide the information necessary to fill out the information under "STOCK PROVINCIAL" on the "BILAN MENSUEL D'ACTIVITES," which Ms. Haiguech needs to accurately determine quantities of contraceptive supplies to be shipped from the national to the provincial levels (see Figures 5 and 6).

In addition, the "BILAN MENSUEL D'ACTIVITES" should be modified slightly. The TOTAL on the botto of the second page counts amounts distributed in line "D" and the amount in stock in line "S" as a total of amounts distributed from health centers as well as amounts distributed from the SIAAP and/or provincial warehouses. However, the amounts distributed form the SIAAP and/or provincial warehouses represent amounts distributed to these lower level facilities, and the total of the two amounts will result in double-counting of items being distributed. The form should be modified by having a line for "TOTAL CENTRES" above the lines for STOCK SIAAP and STOCK PROVINCIAL. The data for STOCK SIAAP and STOCK PROVINCIAL should remain separate (see Figure 6).

(6) There seemed to be a great deal of variation between provinces in the knowledge and skills of personnel in logistics and supply management. In the provinces visited, the range was from poor management seen in Marrakech Province, due to lack of specific logistics training, to excellent management in Beni Mellal Province. There is no reason to think that the same variation does not exist between other provinces.

Recommendation
Once logistics procedures are finalized by SPF staff, inservice training (STAGES DE RECYCLAGE) should include supply management. Mr. Boukhrissi suggested that training could take place in each province by having national level personnel visit each province in turn. If this is not possible, a "training of trainers" course could be held in Rabat which could include the adminstrateur-econome and the person directly responsible for stock distribution in each province. In either case the SPF may want to request a USAID consultant to aid in developing this training course as well as assisting in finalizing some of the logistics procedures. FPED/CDC is currently developing a regional workshop on logistics management to be held in Asia later this fiscal year in collaboration with The University of Hawaii and the Training Division, AID/W.

V. EVALUATION OF THE FAMILY PLANNING RECORDSKEEPING AND SERVICE STATISTICS SYSTEM

A. Existing Forms

The basic forms for the recordskeeping and service statistics system for ongoing family planning activities in fixed health facilities in Morocco consist of PF/1 FICHE INDIVIDUELLE and PF/2a COMPTE RENDU MENSUEL D'ACTIVITES. The information gathered on PF/2a at the provincial family planning reference center and health center levels is totalled on ad hoc summary forms at the provincial level.

(1) PF/1

The Fiche Individuelle is a client record form with standard personal, demographic, gynecological, and method prescribed information for a new acceptor (see Figure 7). The MOPH has recently decided to change the format of PF/1. The draft of the revised form shown to the evaluation team (see Figures 8a and 8b) now includes space for computer coding to facilitate records, surveys, and information on breastfeeding while information on IE&C has been dropped. The reverse side of this form (Figure 8b) records subsequent visits, including the quantity of contraceptive methods distributed. At the initial visit the front side of the Fiche Individuelle is filled out in two copies; a paper copy is sent to the MOPH and a cardboard copy, which includes the reverse side, is kept on file in the health facility.

The Fiche Individuelle is well conceived and the recent changes in format will facilitate surveys on the characteristics of new acceptors which will, among other things, aid in targetting IE&C activities.

The Fiches Individuelles are filed in health facilities by either name or number, depending on the preference of the center personnel. One health center visited also required that the client's photograph be attached to the form to ensure only the client herself would be resupplied. However, the service statistics generated at the health center level can only include initial visits and subsequent visits, by method, when filing is by name or number only, since there is no easy way to routinely determine the number of active clients.

Recommendation

A system for filing Fiches Individuelles should be developed which would permit counting the number of active family planning clients, that is, the number of clients using the center's family planning services who are in possession of a contraceptive method and are presumably using it. This is the prevalence rather than the incidence of use and is a much more accurate measure of program progress than merely recording intial and subsequent visits.

The simplest and easiest system to accomplish this would be to file the PF-1 Fiche Individuelle by month of next appointment. At the end of each month a count is made, by method, of the cards remaining in a file separator for the month just ended. These are clients who have not kept their appointments in the previous month, are now "inactive," and must be followed up. This would be particularly true of pill users who would have missed their appointment for resupply and presumably have no more pills in their possession. If no

followup activities exist, these cards are then filed in a separate inactive section in case the woman decides to return to resume contraceptive use. A count is then made of "active" clients, whose Fiches Individuelles are filed behind file separators for appointments in the subsequent months, and who presumably have a contraceptive method in their possession and are using it. This number would be totaled in the monthly report under a new category, "NOMBRE DE CONSULTANTES ACTIVES." An example of the monthly file separaters is in Figure 9.

(2) PF/2a
The COMPTE-RENDU MENSUEL D'ACTIVITES provides information on the total number of initial users for all reasons; details of first insertion and subsequent IUD visits; and the number of first and subsequent pill and condom users in health centers, reference centers, and dispensaries providing family planning services (see Figures 1 and 2). The Compte-Rendu is formatted in such a way that it is used as a daily tally sheet which is then totalled at the end of the month and sent to the provincial level. (Information on the receipts, issues and balances on hand of stock, which is also included on this form, is dealt with in the logistics section of the evaluation in the previous section.)

Evaluation and Recommendations
PF/2a only gathers information from MOPH fixed health facilities. As the VDMS program expands, data will be needed from the circonscription and provincial levels on the family planning clients served by house visitors. This should be presented in a single monthly report from the dispensaries, circonscriptions, and the provinces which would include data from fixed facilities and house visits by itinerants, as well as supply management data on commodities distributed by both activities. This will require a redesigned PF/2a form and compatible lower level data collection forms to be used by the VDMS itinerant house visitors. The VDMS family planning monthly summary data should be neither kept separately nor in a different format from fixed health facility data. Definitions should be uniform.

The PF/2a COMPTE-RENDU should also include space to record the NOMBRE DE CONSULTANTES ACTIVES, if and when such information is gathered.

B. Proposed Forms

(1) PF/3:
RECAPITULATIF PROVINCIAL D'ACTIVITES DE PLANIFICATION FAMILIALE
This form does not yet exist. However, most, but not all, provinces provide information to the SPF in Rabat on ad hoc summary sheets, which collate family planning service statistics gathered on Form PF/2a in the reference centers and circonscriptions (see Figure 3 for an example). They follow a format similar to the PF/2a with vertical columns dividing the information by lower level facility rather than the day of the month. A similar summary is then made at the national level.

Recommendation:
This form should be designed and put into use on an official basis. It should include:.

(a) family planning service statistics, including NOMBRE DE CONSULTANTES ACTIVES for both fixed facilities and VDMS activities;

(b) stock information on the provincial warehouse and all lower level facilities taken as a whole; and

(c) tubal ligations performed preferably by age and parity. In order to be able to plan for training gynecologists and surgeons in tubal ligation, and to have an idea of the impact of sterilizations on the fertility rate, a form similar to PF/3 can then be put into use at the national level.

(2) A form was developed during the evaluation team's visit for use by VDMS itinerant house visitors for use during the two household visit rounds per year that they will perform as part of the VDMS program (see Figure 10). The evaluation team provided major input into design of this form which was not yet approved for use in the VDMS at the time of this writing.

Recommendation

This VDMS form should be adopted by the MOPH of Public Health for use in the VDMS program. It should be given a name and number; for example, VDMS-1, "Fiche Individuelle a l'usage des Agents itinerants du Programme VDMS."

C. Estimation of Active Users

National level statistics are collected on tables similar in format to Form PF/2a (see Figures 11 and 12). They provide information on the number of visits or the "incidence" level of family planning activities.

Figure 11, which shows national level activities for 1979 and 1980 broken down by province, documents percentage increases in all activities from 1979 to 1980, as shown below:

		79-80 % Increased
Initial Visits All Reasons		25.9
IUD Insertions		10.0
First Visits:	Pill	11.1
	Condom	12.4
Revisits:	Pill	19.2
	Condom	40.0

This demonstrates increased utilization of family planning services by the population, but little else as it is not possible to even roughly estimate prevalence of use from these figures, since there is no standard amount of pills given for first and revisits. The figures for the first semester of 1981 presented in Figure 12 could not be compared as percentage increases, since there seems to be an error in tabulation for revisits for pills and condoms.

Recommendations

In order to be a more effective tool for evaluating family planning program effectiveness, service statistics must provide estimates of prevalence, or the number of active users in addition to counting visits. This is particularly true for measuring the prevalence of pill use as compared to IUD use since for the IUD, of course, there is no regular resupply schedule. This can be done by one or more of the following:

(1) Modifying the recordskeeping system to count "NOMBRE DE CONSULTANTES ACTIVES" as described earlier under 1.PF/1.

(2) Doing small-scale surveys in one or more small areas, such as a province, on public sector contraceptive use. These can either be household-based or based on a sample frame consisting of Fiches Individuelles on file in facilities providing family planning services.

(3) As mentioned in the logistics section of this evaluation, a new PF/3 provincial level monthly report should include information on supplies distributed from the provincial stock in addition to similar information already gathered in circonscriptions. From supply distribution data a rough estimate can be made of contraceptive prevalence in the circonscription, province, or the entire country. This is done by adding the monthly issues (SORTIES) from warehouses or health facility storage areas for each method for a period of 1 year. This is divided by the average number of units of that method used during a year. These are 13 pills, 100 for condoms, and 0.4 for IUD's (which stay in place an average of 2.5 years).

The result is a rough estimate of the number of public sector users (couple-year of protection--CYP) of that method in the area for 1 year. By taking 20 percent of the population of the area as the total number of women 15-44 years of age in the area, the percentage of those women who are public sector users can be estimated. This can be compared with the results of independent sources of data such as Contraceptive Prevalence Surveys and the NOMBRE DE CONSULTANTES ACTIVES from the service statistics system.
For example, this calculation was done for Morocco as a whole, as follows:

	PILL	IUD	CONDOM
(1) ISSUES FROM DEPOT CENTRAL PAST 12 MONTHS:	4,351,105 cycles	61,946 units	618,782 units
(2) DIVIDED BY:	13 cycles per year	0.4 units per year	100 units per yr.
(3) EQUALS NUMBER OF USERS:	334,700	154,865	6,188
(4) OR	459,753, TOTAL USERS		
(5) Population of Morocco:			20,000,000
(6) 20 Percent Women 15-44 years of age			4,000,000
(7) $\frac{495,753}{4,000,000}$		12.4% estimated contraceptive prevalence in the public sector.	

These calculations assure that the issues of supplies are replacing previous issues that have been distributed to users.

This type of calculation yields an estimate only, but it can be compared to the stated goal of the MOPH to have 24 percent public sector prevalence by 1985. In addition, private sector sales can perhaps be obtained from drug companies in Morocco to provide a more accurate overall figure. The CPS in the three provinces of Beni Mellal, El Jadida, and Meknes will also yield private sector data on source of contraception which may be compared to logistics data in these provinces.

(4) Larger scale household surveys, such as Contraceptive Prevalence Surveys (CPS), can be performed to obtain active user data from both the public and private sector as well as other program evaluation data on users and non-users. A major advantage of a well managed CPS is that data can be available in as little as 6 months time with preliminary data 3-4 months following field work, compared to the larger scale World Fertility Survey which takes longer due to its detailed questionnaire and non-family planning objectives.

Finally, the service statistics of the AMPF should be integrated with those of the MOPH at the national level to make service statistics complete for the non-private sector. This will provide greater completeness in the overall use of family planning services in Morocco.

USAID/Morocco and the MOPH may want to request the services of a consultant in order to implement the foregoing recommendations on service statistics and/or survey design and implementation.

Jay S. Friedman

Jay S. Friedman, M.A.

FIGURE 3

Date de Consultation (mar, mars, avril) / Activités																	Total du Mois
1. Nombre de visites initiales pour toutes raisons																	
2. Appareils [illegible]																	
a) Insertions initiales																	
b) Réinsertions																	
c) Retraits [illegible]																	
d) Expulsions																	
e) Grossesses																	
f) Autres visites de contrôle																	
3. Nombre de Consultations [illegible] pour la première fois																	
a) Pilules																	
b) Condoms																	
4. Nombre de consultations [illegible] pour																	
a) Pilules																	
b) Condoms																	

INSTRUCTIONS: Chaque colonne représente une journée de consultation. Il faut indiquer la date de chaque consultation.

Question 1: Marquer le nombre [illegible] les femmes qui ne [illegible] pas de contrariété.

Question 2: Indiquer le nombre [illegible] Le nombre de grossesses représente seulement les grossesses [illegible]

[illegible]

Type de produit / Dénomination du produit	[illegible]	[illegible]	[illegible]
a – [illegible]			
b – [illegible]			
c – [illegible]			
[illegible]			
[illegible]			
d – [illegible]			

6. Personnel responsable de la Consultation

Médecin

Sage-femme

Infirmière

7. Observations

MINISTERE DE LA SANTE PUBLIQUE

Mois

Année

PROGRAMME DE PLANIFICATION FAMILIALE

COMPTE RENDU MENSUEL D'ACTIVITES

Province ou Préfecture _____

Centre ou Hôpital _____

Nom du Responsable

Visa de contrôle du Médecin Chef des Services de Prévention

Signature du Responsable

[illegible]
MINISTERE DE LA SANTE PUBLIQUE
PROVINCE SANITAIRE D' EL JADIDA

FIGURE 3

MOS DE _____

RECAPITULATIF PROVINCIAL DE PLANIFICATION FAMILIALE

ACTIVITES / Circonscriptions	Centre de Reference	C.S. El Jadida	C.S. Azemour	SIDI Benmour	C.S. Zemamra	BIR Jdid	C.S. Oualidia	SIDI Smail	CS Ouled Fredj	TOTAL
Nombre de visites initiales pour toutes raisons										
Appareils intra-utérins a) Insertions initiales										
b) Reinsertions										
c) Retraits										
d) Expulsions										
e) Grossesses										
f) Autres visites de controle										
Nombre de consultantes ayant reçu pour la 1ere fois : a) Pilules										
b) Condoms										
Nombre de consultantes revenues pour : a) PILULES										
b) CONDOMS										

Etat de stck à la date du :

- Pilule
- Condoms
- Appareil intra utérin

Le Medecin Chef du S.I.A.A.P.

DIVISION DE LA POPULATION
SERVICE CENTRAL DE LA PLANIFICATION FAMILIALE

FIGURE 4

BILAN MENSUEL D'ACTIVITES PILULE
PROVINCE DE BENI MELLAL ANNEE 19 ...

Mois / Centres		J	F	M	A	M	J	JT	A	S	O	N	D	TOTAL
Centre de référence	D													
	S													
C.S.U. Beni mellal	D													
	S													
Rural	D													
	S													
Fquih Ben Salah	D													
	S													
Jamila	D													
	S													
Rural	D													
	S													
Souk Sebt	D													
	S													
Rural	D													
	S													
El Ksiba	D													
	S													
Rural	D													
	S													
Kasbet Tadla	D													
	S													
Rural	D													
	S													
Zaouia Cheikh	D													
	S													
Souchrieto	D													
	S													
Oradia	D													
	S													
	D													
	S													
	D													
	S													

FIGURE 5

Ouled Abdollah	D													
	S													
	D													
	S													
	D													
	D													
	S													
Stock SIAAP	D													
	S													
Stock Provin-	D													
cial	S													
TOTAL	D													
	S													

FIGURE 6

Ouled Abdollah	D													
	S													
	D													
	S													
	D													
Total Centres	D													
	S													
Stock SIAAP	D													
	S													
Stock Provin-	D													
cial	S													

FIGURE 7

MINISTERE DE LA SANTE PUBLIQUE

PLANIFICATION FAMILIALE

FICHE INDIVIDUELLE PF/La

I. N° D'Enregistrement

2. Circonscription sanitaire.

3. Date de la première visite.

4. Centre ou hôpital de. . . . . .

5. Nom de la femme . . . . . .
Prénom nom du père nom de la Mère.

6. Adresse détaillée. . . . . .
Cercle ou ville. . . . . .Prov. ou préf. . . . . .

7. Nom du Mari. . . . . 8, profession du Mari. . . . . .

9. La femme travaille-t-elle en dehors de la maison ? ....Oui;;... Non.....
Si oui, en quoi consiste son travail : . . . . . .

10. Age de la femme. . . . . .

11. Age du mari.....

12. Nbre de garçons vivants. . . . . .

13. Nbre de filles vivants.....

14. Nbre d'enfants décédés.....

15. Nbre de fausses couches.....

16. Mois écoulés depuis la dernière Grossesse. . . . . .

17. Date des dernières règles : Jour
: Mois
: Année

18. La consultante désire-t-elle d'autre enfants ? OUI.....
NON.....
Ne sait pas....

19. La consultante a été informée e l'existence de contre de PF Par :
Mari.....
Parents.....
Amies
Personnel de la santé
Radio, Cinéma, journal
Autres (précisez,

20. LA Consultante, sait-elle lire et écrire.? OUI. . . . . .
NON. . . . . .

21. Nombre d'années passées à l'école

22. La femme a -t-elle essayé d'autres méthodes contraceptives dans le pas é
OUI.....
NON.....
Si oui, lesquelles.

23. Examen gynécologiques :
Normal : Oui.....
Non.....
Si non, précisez. . . . . .
. . . . . .

24. La consultante est-elle enceinte ?
OUI.....
NON.....

Si oui, âge de la grossesse en semaines.....

25.. L'appareil intra-Utérin a t-il inséré.
OUI.....
NON.....
Si non, expliquez. . . . . .
. . . . . .

26. Taille de l'appareil inséré.
B. . . . . .
C.....
D.....

27. Autre méthode préscrite :
Condom .....
Pilule .....
Aucune.....
Autres (Précisez).....
. . . . . .

Signature du Médecin..

.....

FIGURE 8a

MINISTERE DE LA SANTE PUBLIQUE

PLANIFICATION FAMILIALE

FICHE INDIVIDUELLE P.F/12

1 - NO ENREGISTREMENT :

2 - PREF. OU PREFECTURE DE :

3 - FORMATION SANITAIRE DE :

4 - DATE DE LA 1ère VISITE : J M A

5-1 NOM ET PRENOM DE LA FEMME

5-2 AGE (EN ANNEES)

6. LA FEMME TRAVAILLE-T-ELLE ? OUI ☐ NON ☐

7-1 NOM ET PRENOM DU MARI :

7-2 AGE (EN ANNEES)

7-3 PROFESSION DU MARI :

8-1 NOMBRE D'ENFANTS VIVANTS

8-2 NOMBRE DE GARCONS VIVANTS

8-3 NOMBRE DE FILLES VIVANTES

9-1 NOMBRE D'ENFANTS DECEDES

9-2 NOMBRE DE MORTINES

9-3 NOMBRE DE FOETUS COUVERS

10. TEMPS ECOULES DEPUIS LA DERNIERE GROSSESSE : (EN MOIS) ou (EN ANNEES)

11. ALLAITEMENT ACTUEL : OUI ☐ NON ☐

11-1 EN AMENORRHEE ☐ REGLEE ☐

11-2 DATE DES DERNIERES REGLES : J M A

12. LA FEMME A-T-ELLE UTILISE D'AUTRES METHODES CONTRACEPTIVES DANS LE PASSE ?

OUI ☐ NON ☐

12-1 LESQUELLES ?
- D.I.U ☐
- PILULE ☐
- CONDOM ☐
- AUTRES : ☐ .....

12-2 DUREE UTILISATION ☐☐ MOIS

12-2 POURQUOI ? :

13. LA FEMME DESIRE-T-ELLE D'AUTRES GROSSESSES OUI ☐ NON ☐ NE SAIT PAS ☐

14. L'EXAMEN GYNECOLOGIQUE EST-IL NORMAL ? OUI ☐ NON ☐

PRECISER :

15. METHODE ACCEPTEE :

D.I.U ☐ PILULE ☐ CONDOM ☐ MOUSSE ☐ TABLETTE ☐ AUTRE ☐

15-1 DATE D'ACCEPTATION : J M A

15-2 LE D.I.U A-T-IL ETE INSERE ?

OUI ☐ NON ☐

TYPE : .....

DATE : J M A

POURQUOI ? .....

FIGURE 8b

MOTIFS ET RESULTATS DES VISITES ULTERIEURES DE LA FEMME (Suite)

DATE DES VISITES	A- MOTIF DE LA VISITE (CAUSE MEDICALE CONTROLE MEDICAL GROSSESSE ETC)	B- RESULTATS DE LA VISITE (EXAMEN DE DIAGNOSTIC, TRAITEMENT, CHANGEMENT DE METHODE ETC...)	QUANTITE FOURNIE DE MOYENS CONTRACEPTIFS ET OBSERVATIONS EVENTUELLES.
JOUR MOIS ANNEE			

FIGURE 9

CARD DIVIDERS
SEPARATEURS DES FICHES INDIVIDUELLES

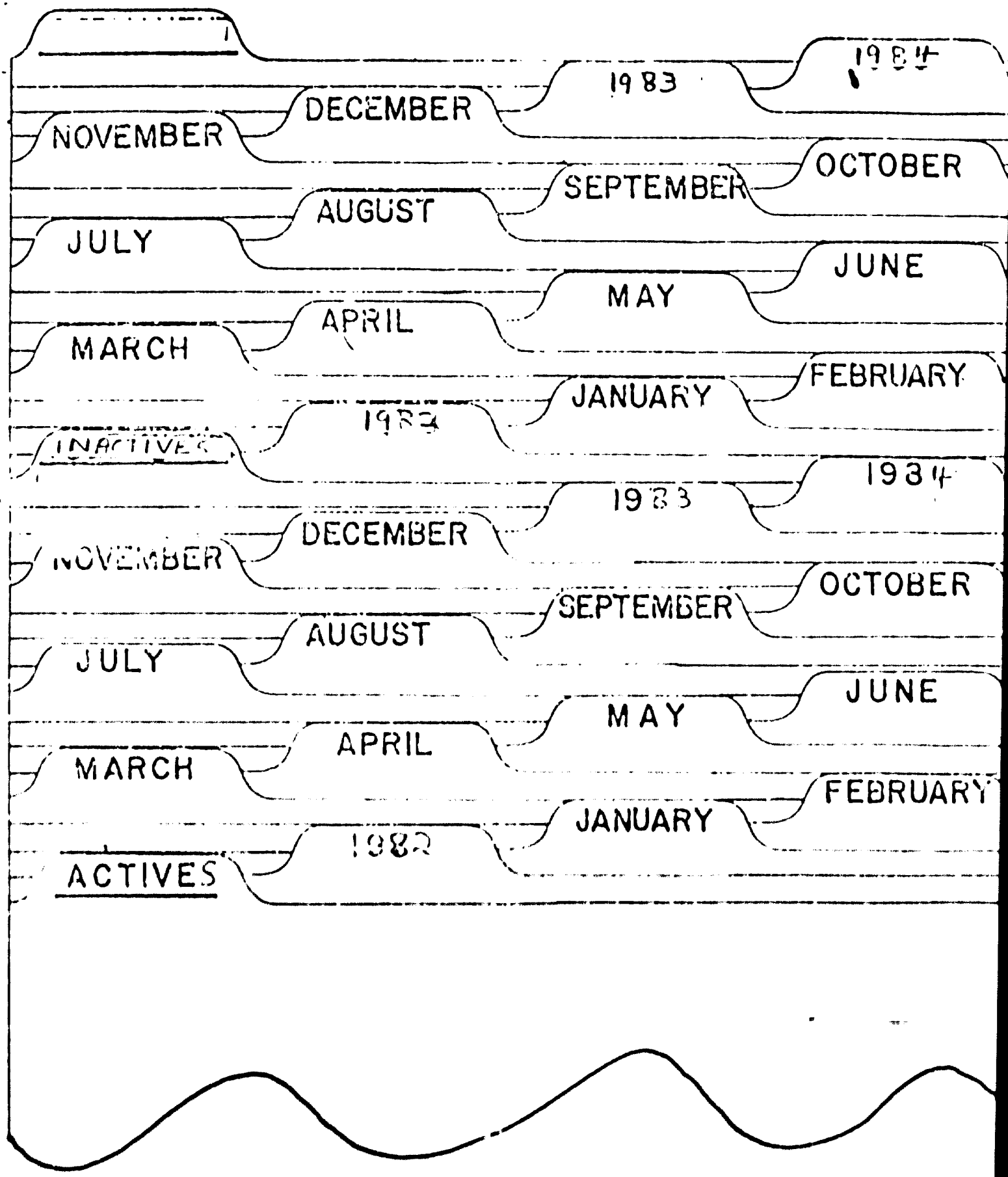

FIGURE 10

Circonscription _____

Centre Médical _____

Habitation _____

Chef de Famille _____

Nom de la Femme _____

(Cocher les cases
Indiquer le nombre
approprié sur la ligne) _____

	Visite	1	2	3	4	5	6	7	8
	Date	___	___	___	___	___	___	___	___
PLANIFICATION FAMILIALE	1. Stérilet : Référée								
	Déjà placé								
	2. Nouvelle Acceptrice								
	Pilule								
	Condom								
	Autre (préciser) _____								
	3. Utilisatrice								
	Pilule								
	Condom								
	Autre (préciser) _____								
	4. Référée pour stérilisation								
	5. Nombre de cycles ou pièces données								
	Pilule								
	Condom								
	Autres								
VACCINATION	Nombre d'enfants Référée pour :								
	- Polio								
	- DTCoq								
	- Rougeole								
	- BCG								
	- Autre								
	Suite à la dernière visite, Nombre d'enfants vaccinés :								
	- Polio								
	- DTCoq								
	- Rougeole								
	- BCG								
	- Autre								
ORALYTE	Enfants actuellement diarrhéiques:								
	- Oui								
	- Non								
	Démonstration Oralyte :								
	- Oui								
	- Non								
	Nombre de sachets donnés :								
AUTRES	1. Actamine : Démonstration :								
	- Oui								
	- Non								
	- Quantité donnée :								
	2. Fer : Quantité donnée pour :								
	- Grossesse								
	- Allaitement								
	- Autres								

FIGURE 11 — Tab. 16: - ACTIVITES DES CENTRES DE PLANIFICATION FAMILIALE PAR PROVINCES ET PREFECTURES

ETAT COMPARATIF (ANNEE 1979 / 1980)

Prov. et Prefect. / Activités	Années	Agadir	Al-Hoceima	Azilal	Beni-Mellal	Boulemane	Chaouen	El-Jadida	El-Kelâa	Errachidia	Essaouira	Fès	Figuig	Kénitra	Khéniffra	Khénifra	Khouribga	Marrakech	M'diouna	Nador	Ouarzazate	Oujda	Safi	Settat	Tanger	Tiznate	Tarfaya	Taza	Tétouan	Tiznit	Casablanca	Rabat-Salé	TOTAL
I-Dire de l'int.	1979	11409	3962	2865	10576	2383	5569	8070	8770	5002	2626	43222	234	20190	3609	19098	8561	17261	43459	19373	21089	32527	8963	12369	6024	4951	2032	11714	4562	2128	34554	23215	571302
	1980	23[illegible]	4037	1046	31304	2472	5092	2729	11341	10[illegible]	1576	3906	2066	6043	5363	27022	[illegible]	21835	46820	5760	2534	1055	21071	20820	6666	5514	3621	19155	6093	3536	42213	27100	719254
II-A.I.U. a-Ins	1979	189	64	271	770	0	5	231	1570	96	36	1151	0	101	79	184	297	2065	1400	60	125	400	293	42	275	2	0	269	337	15	2620	1176	14219
	1980	297	124	319	636	0	5	761	1200	116	37	929	12	112	99	273	300	2192	1667	71	139	601	192	82	261	5	3	370	235	17	3147	1259	15647
b-Réin.	1979	8	4	6	20	0	0	3	107	0	0	25	0	1	3	2	2	44	159	0	2	12	20	0	2	0	0	5	20	0	195	161	897
	1980	22	6	25	39	0	0	1	225	0	1	74	1	2	3	3	1	47	165	0	4	1	14	1	7	0	0	11	21	0	101	190	1053
c-Retr.	1979	76	5	14	113	0	1	29	160	2	6	130	0	110	5	7	42	170	160	4	32	100	160	3	31	0	0	39	81	0	611	206	2393
	1980	101	15	42	160	0	1	41	243	6	9	238	3	22	3	10	51	235	230	9	25	131	45	1	45	0	1	62	70	4	700	426	2936
d-Ex.	1979	3	2	10	14	0	0	2	79	0	1	20	0	0	1	5	1	45	41	5	4	14	2	0	7	2	0	2	20	4	139	36	467
	1980	0	2	8	27	0	0	4	80	5	2	36	0	2	0	8	0	49	69	4	6	26	4	0	10	0	0	10	14	0	147	105	626
e-Gros	1979	0	0	3	16	0	0	1	15	0	0	7	0	1	0	0	0	15	1	3	2	7	4	0	2	0	0	3	8	0	25	30	147
	1980	4	2	10	5	0	0	1	11	1	0	15	0	0	0	0	0	18	8	0	6	9	1	0	4	0	0	0	5	0	32	40	172
F-V.C.	1979	356	3	834	749	17	0	1412	6453	172	164	4066	0	963	246	201	230	9467	14162	3260	137	1306	1010	0	1070	7	0	1020	4732	35	15445	3554	73962
	1980	799	52	489	694	0	13	1933	6017	575	224	5907	14	1350	730	500	402	9526	16173	6405	1400	1773	1089	0	1612	6	0	1793	4472	3	15529	4124	81255
III-1er Trim. a-Pilul.	1979	5960	1100	2434	6712	630	904	2421	3902	1200	1365	5239	331	4661	3671	3131	4437	3350	9776	2034	1307	6490	3144	0597	1260	900	395	1615	2746	506	12300	3902	106035
	1980	7370	1067	2606	6079	677	901	3525	4629	2196	2013	6355	100	5136	3662	3700	5270	4054	10132	2304	2103	6004	3479	0153	1363	1156	449	1034	2475	871	12660	4022	117007
b-Condom.	1979	60	59	742	50	13	199	279	175	97	31	2705	0	115	140	75	660	960	464	27	7	1021	134	37	367	140	0	490	135	7	2500	1190	13561
	1980	0	106	627	20	1	111	160	147	205	65	2067	0	1509	467	51	697	540	770	39	57	1430	599	469	0	392	81	310	67	393	2140	1431	15926
IV-2e Trim. a-Pilul. (I)	1979	4379	253	2152	2017	641	203	2427	2134	1112	1390	5535	135	5349	3301	2127	4054	2242	7702	1120	1111	3969	2250	605[illegible]	1412	757	254	1505	1767	675	15192	5102	97306
	1980	5084	215	4264	2772	242	252	2030	2911	1921	2010	4210	13	5692	3653	3023	4646	2929	6651	1060	1502	3875	2007	0259	1465	207	237	1930	1525	740	17391	5661	104640
b-Condom. (II)	1979	0	0	150	33	4	2	2	15	73	1	240	1	3	0	7	145	120	120	22	0	15	174	5	25	25	0	50	51	0	157	109	1500
	1980	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	61	115	121	6	19	11	12	173	[illegible]	105	[illegible]	66	[illegible]	[illegible]	[illegible]	125	2[illegible]

FIGURE 12

- EVALUTION DE L'ACTIVITE DES CENTRES DE PLANIFICATION FAMILIALE DURANT [redacted] le 1er Semestre 1981.

ACTIVITES / MOIS	J	F	M	A	M	J	Jt.	A	S	O	N	D	TOTAL
I) Nbre. de visites initiales pour toutes raisons	67559	69915	66682	74905	74932	76270							430 263
II- Appareils Intrautérins													
a- Insertions	1[illegible]5	1966	1995	2262	2566	2344							12 658
b- Réinsertions	139	138	160	159	174	167							938
c- Retraits	292	312	322	358	330	391							2 005
d- Expulsions	76	75	71	81	65	78							446
e- Grossesses	24	13	12	23	14	15							101
f- Autres visites de contrôle	6811	8250	7666	8024	8449	8253							47 453
III- Nbre. de cons. ayant reçu pour la 1re fois :													
a- Pilules	10751	13236	12522	13574	13547	13902							77 532
b- Condoms	1523	2344	2119	2183	3194	1888							13 251
IV- Nbre. de consul. revenues pour :													
a- Pilules	101166	104230	106362	113974	11970	116884							
b- Condoms	4168	4224	3592	3814	3901	3005							