



International Science and Technology Institute, Inc.

Prepared for:

Office of Population  
Bureau for Science and Technology  
Agency for International Development  
Washington, D.C.  
Under Contract No. DPE-3024-C-00-4063-00  
Project No. 936-3024

DEVELOPMENT OF A COST-EFFECTIVENESS  
EVALUATION SYSTEM FOR MEXFAM

A TRIP REPORT

by

William D. Hawley, MD, MPH

February 8 - November 15, 1985

Edited and Produced by:

Population Technical Assistance Project  
International Science and Technology Institute, Inc.  
1601 N. Kent Street, Suite 1101  
Arlington, Virginia 22209  
Phone: (703) 243-8666  
Telex: 271837 ISTI UR

Report No.: 85-34-031  
Published August 29, 1986

## TABLE OF CONTENTS

ACKNOWLEDGMENTS . . . . .	iii
GLOSSARY . . . . .	v
EXECUTIVE SUMMARY . . . . .	vii
I. PURPOSE AND ACHIEVEMENTS OF CONSULTANCY	
I.1 Assignment of Objectives, Evaluation and Achievements . . . . .	1
I.2 Background on MEXFAM. . . . .	1
I.3 Development of Scope of Work for CEE. . . . .	2
I.3.1 MEXFAM's Scope of Work . . . . .	2
I.3.2 Consultant Assistance in Refining Scope of Work. . . . .	3
I.3.3 Implementation of Evaluation Scope of Work . . . . .	3
I.4 Evolution of Assignment/Constraints . . . . .	4
II. DETAILED DESCRIPTION OF ASSIGNMENT	
II.1 Actions 1 through 5: Review of Service Statistics Record Keeping . . . . .	7
II.1.1 Review of Monthly Reports (Action 1) . . . . .	7
II.1.2 Review of Local Reports and Reactions from Selected Supervisors (Actions 2 and 4) . . . . .	11
II.1.3 Review of Logistics Documents, Monthly and Local Records (Action 3) . . . . .	14
II.1.4 Modification of Reporting Forms (Action 5) . . . . .	15
II.2 User Characteristics Survey and CEE . . . . .	17
II.2.1 Workplan for Final Two Visits. . . . .	17
II.2.2 User Characteristics Survey. . . . .	17
II.2.3 CEE Analysis System. . . . .	20
III. THE FUTURE	
III.1 General Observations. . . . .	27
III.2 Recommendations . . . . .	28
III.3 Development of a Long-Range OR/FP Plan. . . . .	29

APPENDICES:

Appendix A: Original Request from MEXFAM (Spanish)  
Appendix B: Plan of Action, Narrative, Feb. 14, 1985  
Appendix C: Workplan for MEXFAM Cost-Effectiveness Evaluation  
Appendix D: Revised Monthly Report Form  
Appendix E: Instructions for Users Survey (Spanish)  
Appendix F: Multiplan Spreadsheets  
Appendix G: Old Monthly Report Form

CHARTS:

Chart 1: Users by Age Group  
Chart 2: Percent of Users by Marital Status and Age Group  
Chart 3: Users by Desire for More Children and Age Group  
(Yrs.)  
Chart 4: Cost-Effectiveness (CMP and CYP) - Warehouse vs.  
Clinic Disbursement

### ACKNOWLEDGMENTS

The assistance of the International Science and Technology Institute, Inc. and especially Ms. Elizabeth Preble and Ms. Dorothy Wexler, who provided backup and editorial support, is gratefully acknowledged. Also a special thanks to the Office of Population, USAID, and especially Mr. Sam Taylor, USAID officer in Mexico, who made this possible.

The work reported is mainly the work of all the staff and volunteers at MEXFAM, from the most distant promoter to the President, Lic. Adrian Lajous. Special thanks are due to Lic. Alfonso Lopez Juarez, Director General, who conceived the project and Dr. Hector Perez Ruiz, Chief of the Planning and Evaluation Unit. Dr. Perez worked untiringly throughout the nine months this assignment was in progress and made a significant contribution to the results despite the overwhelming demands on his time. I learned much from the information and monitoring system he had already developed and is now improving.

## GLOSSARY

CE	Cost-effectiveness
CEE	Cost-effectiveness evaluation
CMP	Couple months of protection
CPU	Central processing unit
CYP	Couple years of protection
DF	Federal district
FEPAC	Foundation for Population Studies (Fundacion para Estudios de la Poblacion)
FP	Family planning
IEC	Information, education and communication
IMSS	Institute Mexicano del Seguro Social
INOPAL	Investigacion Operacional en Planificacion Familiar y Atencion Materno - Infantil para America Latina
IPPF	International Planned Parenthood Federation
ISSTE	Instituto de Seguridad y Servicios Sociales para los Trabajadores del Estado
JOICFP	Japanese Organization for International Cooperation in Family Planning
MEXFAM	Mexican Foundation for Family Planning (Fundacion Mexicana para la Planificacion Familiar)
OR	Operations research
PC	Personal computer
SS	Secretaria de Salud
UNFPA	United Nations Fund for Population Activities

## EXECUTIVE SUMMARY

The original objective of this technical assistance assignment to the Mexican Foundation for Family Planning (Fundacion Mexicana para la Planificacion Familiar - MEXFAM) was to assist MEXFAM management to carry out a cost-effectiveness evaluation (CEE) of its service delivery programs. Although the evaluation was carried out as planned, it was determined during the course of the consultancy that the data on which it was to be based was no unreliable that its findings would not be valid. As a result, MEXFAM's expectation that it would be able to make program adjustments based on the CEE were not realized. On the other hand, the preparations for the CEE undertaken during the assignment laid the groundwork for monitoring and evaluations that MEXFAM would be able to carry out in future on its own.

The consultation included four visits to MEXFAM over a nine-month period (February 8-November 15, 1986) and involved four major steps: (i) development of the evaluation methodology; (ii) evaluation and refinement of the data collection; (iii) development of the computer program to carry out the evaluation; and (iv) implementation of the CEE, including its analysis, and specification of recommendations for its use in the future.

Development of the evaluation methodology (Step i) was the main activity of the first visit. It was decided to focus on service delivery and to express program cost-effectiveness primarily in terms of couple months of protection (CMP), with the output measured in terms of new acceptors of IUDs, number of sterilizations, and number of commodities sold or distributed and the input expressed in terms of total costs. This focus represented a slight departure from MEXFAM's original objectives, which had also included ascertaining target populations and consistency of program activities with program goals. Given the constraints within MEXFAM of staff time and funds, however, it was deemed realistic to limit the scope of the inquiry.

Evaluation and refinement of the data collection systems (Step ii) constituted the prime focus of the second visit. A new information system had been introduced only a few months prior to the consultancy. It was not yet fully understood or accepted and therefore yielded data that were not entirely reliable, particularly the clinic figures on continuing users and contraceptive distribution. In collaboration with MEXFAM officials, the consultant undertook a more extensive review of the system than originally anticipated and suggested several further changes. These have been implemented and, as data accumulate, should provide the kind of dependable data base that will be essential if results from future CEEs are to be reliable and useful.

During the third visit, the focus was on the development of the computer programs (Step iii) that would be used, not only for the CEE, but also for a survey of user characteristics that would provide more information about program quality than could be established through a CEE.

The third and fourth visits were devoted to carrying out both a computer analysis of the use characteristic survey and the CEE (Step iv). In addition, findings were analyzed and recommendations made on how to improve the CEE process. The survey of user characteristics showed the age distribution of MEXFAM users to be similar to that of the population distribution in the 1980 census, but the MEXFAM users representing a greater proportion of the 23-32 year age group. About 65 percent of all users were using family planning to prevent any future pregnancies, with 26 percent stating that they had completed their families before age 23, and 77 percent by the time they were 33 years old. The CEE data reflected a relatively high cost per couple year of protection (CYP), both real and potential, perhaps because they included all costs (e.g., contraceptives), not just the operational costs usually included, and did not allow for income generated by the programs. The real protection figures (based on clinic center disbursements) were \$4.99/CMP, or, if projected for 12 months, \$59.85/CYP. The potential protection figures (based on warehouse disbursements) were \$2.90/CMP or \$34.82/CYP.

Despite, the questionable nature of the figures generated through the CEE, the consultation succeeded in developing and demonstrating a viable computer-aided evaluation system. This system will be adapted to develop costs for new users and will offer unlimited "what if" data manipulations, be able to interface with other computer programs for graphics, publications, etc., and be transferable to other family planning programs.

For the future, it was recommended that the new information systems developed through the consultancy be monitored over the next 6 to 12 months and that calculation of costs become more program-specific. These steps should help ensure that future CEEs yield data that are useful to MEXFAM program managers.

## I. PURPOSE AND ACHIEVEMENTS OF CONSULTANCY

### I.1 Assignment Objectives, Evaluation and Achievements

The overall objective of this consultancy was to provide assistance to the Mexican Foundation for Family Planning (MEXFAM) to carry out a cost-effectiveness evaluation (CEE) of its operations that would be completed by November, 1985. The evaluation was to be carried out primarily by the MEXFAM staff, and the consultant was asked to provide technical assistance for analysis and evaluation of the data gathered and advice regarding the technical instruments to be used in the evaluation.

The assignment took place over a nine-month period (February-November 1985) and involved four separate trips to Mexico. During these visits, it became clear that any attempt at a meaningful evaluation of MEXFAM was premature. On the other hand, the preliminary work that was accomplished should make it possible in the future for MEXFAM itself to monitor and evaluate its operations. The consultant laid the basis for ongoing management evaluations through (1) identification of the inputs and outputs to be used to measure project cost-effectiveness; (2) refinement and improvement of existing data collection systems, particularly from the clinics; and (3) development, documentation and testing of two computer programs, one to handle input from a survey on user characteristics and the other to carry out the cost-effectiveness evaluation.

### I.2 Background on MEXFAM

MEXFAM was founded in 1965 as the Foundation for Population Studies (Fundacion para Estudios de la Poblacion, A.C. - FEPAC). In 1967, it became a member of the International Planned Parenthood Federation (IPPF). From its inception, one of FEPAC's principal objectives has been to raise the level of consciousness of influential persons in both the government and private sectors regarding the important influence of the rapidly changing demographic characteristics of Mexico on the socioeconomic and political future of the country. In the early 1970s, with the assistance of the United Nations Fund for Population Activities (UNFPA), FEPAC added an extensive service component to its existing services and educational activities. This arrangement was relatively short-lived. During 1974-76, as the government increased its involvement in the promotion and provision of family planning (FP) services, UNFPA support was redirected through governmental agencies and FEPAC reduced the number of its clinics. It has, however, expanded its community-based services, particularly in those states with the

greatest need for services and information. It currently operates in various areas of the country with different cooperating institutions, and combines the goals of service delivery with experimentation with and demonstration of innovative methods of service delivery.

With the appointment of Lic. Alfonso Lopez Juarez as FEPAC's Director General (March 1984), a comprehensive assessment of the organization's programs, organization and objectives was initiated. Major impetus and direction were provided by the new president, Lic. Adrian Lajous, and his board. Symbolically, to reflect the reorganization in progress, the organizational name was changed from FEPAC to MEXFAM. This evaluation was undertaken as part of the reevaluation, specifically to help MEXFAM improve the cost-effectiveness of its family planning services.

### 1.3 Development of Scope of Work for CEE

#### I.3.1 MEXFAM's Scope of Work

MEXFAM used very broad terms to describe the objectives for the cost-effectiveness evaluation and the accompanying plan of action. (The full Spanish text is provided in Appendix A as part of MEXFAM's request for technical assistance.) The purpose of the evaluation was to be threefold:

- 1) to obtain qualitative and quantitative data on the target population in each of its programs;
- 2) to improve the operations of each of its programs, particularly with respect to their efficiency and their consistency with the program objectives; and
- 3) to assign resources according to program effectiveness.

A four-part plan of action was laid out to achieve these goals, including:

- 1) review of each program in accordance with its objectives, collection of necessary data on target populations, operating systems, resources and results obtained;
- 2) data collection and surveys spaced at appropriate intervals;
- 3) analysis of program costs and their relationship with results obtained; and

4) implementation of necessary adjustments in each program.

### I.3.2 Consultant Assistance in Refining Scope of Work

The first task undertaken by the consultant was to redefine MEXFAM's general goals and actions into a manageable set of activities. This involved identifying the output and input measurements that would be used for the evaluation and listing the Actions that would need to be taken to provide these data. A second consultant, William Bair, assisted report author Hawley in these tasks. All decisions were made in cooperation with MEXFAM's Director General and its Chief of the Planning and Evaluation Unit. (See Appendices B and C for narrative plan of action and the accompanying list of Actions that were developed.)

It was decided that the cost-effectiveness evaluation would focus on the service delivery components of MEXFAM. The primary measure of output would be new acceptors and continuing users, the measure of inputs would be total program costs, disaggregated to allow analysis by component, and the results would be expressed primarily in real couple months of protection (CMP).

The 18-step plan of action, however, had broader goals. Only about half the actions were aimed at providing the input/output data needed for the CEE. The rest would have provided additional insights on issues of program effectiveness, such as target populations, and characteristics of acceptors, as well as an in-depth study of the effectiveness of the Morelas project for The Pathfinder Fund.

### I.3.3 Implementation of Evaluation Scope of Work

Because of constraints of time and money, it was considered doubtful at the time that all of the second group of Actions could be implemented, and in fact five were not: specifically, Actions 7, 8, 10, 11, and 14.

Action 7 reflected MEXFAM's desire to express program achievements in terms of target coverage as well as services delivered. It was found that most of the information needed was available only through other agencies, such as the Census Bureau, governmental health providers, and non-governmental providers of services, such as private medical practitioners and charitable agencies. The necessary research to gather these data was not undertaken. Action 11, which would have involved household

surveys that would have described characteristics of acceptors and target populations, would have provided some of the data desired through Action 7. The MEXFAM staff, however, had no time to undertake these surveys and no funds to contract them out. Action 10, which would have established community impact and acceptance of family planning in terms other than enumeration of services delivered, would also have involved funding for evaluation team visits, and again, due to lack of funds, could not be implemented. The Morelos evaluation (Actions 8 and 14) also proved to be beyond MEXFAM's available resources during the course of this exercise, although it will be carried out at a later date.

#### I.4 Evolution of Assignment/Constraints

Although some of the evaluation activities could not be carried out, this did not affect the completion of the consultancy. The assignment had retained its original objective--to help MEXFAM staff carry out a CEE by provision of technical assistance for data analysis and development of technical instruments (see Section I.1)--and the consultant concentrated on actions that related directly to these objectives.

Specifically, during his first trip (February 8-15), the consultant helped to develop the plan for the CEE (see Section I.3.2). The second trip (February 25-March 29) was spent in assessment and modification of the data collection system (Actions 1-5). It was during this consultancy that a major constraint surfaced. Specifically, a new information system had been introduced only a few months before the consultancy, because of concerns that the old systems were not providing reliable, appropriate or timely information. All forms, including those used for the warehouse, had been replaced. Clinics, however, were still in a period of transition, with some still using old forms, and many others unclear about how to complete the new ones. As a result, the consultant gave more attention to analysis of the new data collection system than originally anticipated. Despite these efforts, however, it was determined that the data available for the CEE would be incomplete and sometimes of questionable accuracy.

During the third trip (August 18-September 27), considerable time was devoted to developing the computer-assisted tools to be used for program monitoring and evaluation. The work was undertaken in collaboration with the Chief of MEXFAM's Research and Evaluation unit and a computer specialist consultant. This preparatory work enabled the consultant not only to carry out the CEE but also to assist in tabulating the results of Action 9, a survey on user characteristics which,

while beyond the immediate needs of the CEE, was related to MEXFAM's interest in establishing the "quality" of acceptors (age, parity, continuation rates, urban/rural).

Despite the lack of valid data, the consultant spent some of the third and all of the fourth trips (November 10-15) carrying out the CEE, undertaking an analysis of it and making recommendations, and establishing a system for continued monitoring and periodic cost-effectiveness evaluations.

The CEE produced data on CMP and on continuing and new users. Because of the problems in the data gathering systems, all but the findings on new users were considered essentially worthless. Nonetheless, the exercise was believed to be useful because it established the validity of the system. All that remained at the end of the consultancy was continued improvement of the raw data input and accumulation of a data base over time.

## II. DETAILED DESCRIPTION OF ASSIGNMENT

## II. DETAILED DESCRIPTION OF ASSIGNMENT

### II.1 Actions 1 through 5: Review of Service Statistics Record Keeping

#### II.1.1 Review of Monthly Reports (Action 1)

The objective was to determine whether clinic center monthly reports were suitable primary tools, not only for the cost-effective evaluation with which the consultant had been asked to assist but also for evaluations and monitoring at the central and clinic center levels that MEXFAM planned to undertake in future, using the methodologies developed during the consultancy.

The monthly report forms had been introduced in October 1984 (see Appendix G), replacing a form that had been developed for parasitosis integrated projects supported by the Japanese Organization for International Cooperation in Family Planning (JOICFP). The JOICFP forms were considered inappropriate because they did not allow for inclusion of information on contraceptives used, supply control, and status of participants.

Of the 29 clinics involved, all had submitted forms, and all but five had used the new forms. All the reports were received at Tlalpan headquarters by February 22. Together with MEXFAM's Chief of the Planning and Evaluation Unit and two program supervisors, the consultant reviewed the reports February 25 and 26, with particular attention to their timeliness, completeness, and accuracy. Each of the seven sections was reviewed individually. Notice was also taken of any additional information supplied that might suggest deficiencies in the present form. The following is based only on the reports of the 24 clinics using the new form.

#### II.1.1.1 Section A: Identification Data

II.1.1.1.1 Observations. Many clinics did not complete the identification information; sufficient information was provided, however, in every case, usually by clinic name, to identify the source of the report. Eight of the 24 centers (33 percent) did not report the number of promoters, perhaps because of confusion, even at the central level, about how to compute the number: whether as promoters who (i) were active during the report month, assuming some vacations, illnesses, etc.; (ii) were active, whether active this month or not; or (iii) had provided reports in time for inclusion in the clinic center report.

II.1.1.1.2 Possible Changes. The number of promoters should represent those currently under supervision, whether active this month or not. An additional space should be provided for the number of promoters whose reports are included in the monthly report. In this regard, a report received late from a promoter who is active during the current month should be included in the next (now current) monthly report when it is received, so that no information is lost.

#### II.1.1.2 Section B: Methods Users and Supplies

II.1.1.2.1 Observations. This section was difficult to evaluate with complete confidence because most reporting centers left some spaces blank. While it was often known that the blanks represented no services, because the center in question did not have the specific service available, sometimes this was not entirely clear. Several centers provided information on oral contraceptives by categories other than those listed on the new form.

Regarding supplies of contraceptives, several clinic centers apparently used the "amount received" section to include the balance carried forward from the previous month or the balance on hand at the beginning of the report month, plus the amount received from the warehouse. Other centers seemed to include only the amount received from the supplying point. There was also confusion as to whether supplies received should include supplies dispensed to the promoters and subcenters. Another area of confusion related to the amount sold: specifically, whether it represented the combined amount sold, given away or destroyed, or only the amount actually sold.

In short, due to the many inconsistencies in reporting, it was impossible to determine from these records the amount of contraceptives received at or disbursed from any given clinic.

II.1.1.2.2 Possible Changes. The inclusion of a line for referrals is important; it should be added below "Donativo" and extended to the right to include other procedures, as these may be the reason for referral.

One additional line should be provided to show the amount of contraceptive supplies on hand at the beginning of the report month as well as the amount remaining at the close of the month. Thus information on supplies would include the following four items:

1. Total de unidades sobrantes (antes)
  2. Total de unidades recibidas
  3. Total de unidades vendidas
  4. Total de unidades sobrantes (despues)
- (1 + 2) - 3 = 4

Item 4 should become item 1 of the following month's report. The lines should not be included under surgery or other procedures and the space used for other information.

Whether to provide space for information on Noriday or Norminest on the new form depends on the central level decision as to whether these items are going to be discontinued completely or only for new participants.

Each major center should provide a consolidated or summary report that includes all data on the peripheral activity points.

II.1.1.3 Section C: Number of Users, Dropouts, and Lost to Follow-up

II.1.1.3.1 Observations. Section C is generally adequate. The number of new acceptors reached in any given period can be determined from the monthly clinic reports, and the number of active users from visit cards, which are filed according to next visit, missed follow-up, or lost to follow-up (inactive). This section, however, was not completed by 17 centers (71 percent); was incomplete from 5 (21 percent); and fully completed by only 2 (8 percent). In most cases only figures for active users were provided, while those for dropouts and those lost to follow-up were omitted. This section had not been emphasized during the initial three months of use of the new form. All clinics are expected to have completed this section by February 1985, with their compliance to be monitored in March.

II.1.1.3.2 Possible Changes. Section C should be revised for clarity as follows:

- |                      |       |
|----------------------|-------|
| 1. Activas (antes)   | _____ |
| 2. New participants  | _____ |
| 3. Dropouts          | _____ |
| 4. Activas (despues) | _____ |
| 5. Lost to follow-up | _____ |
| (1 + 2) - 3 = 4      |       |

Whether dropouts should be subdivided into temporary and permanent needs to be discussed further. The more detailed the

information requested on a monthly basis, the less likely it is to be provided or provided accurately. Perhaps the information in this section could be obtained from a record survey when needed, rather than monthly.

A place should probably be provided to enter the date received in Tlalpan and the supervisor's signature, to show that the report has been reviewed. A place should also be provided for notes, comments or problems.

II.1.1.4 Sections D and E: Visits to the Clinic Center and Home Visits. The layout of these forms was apparently confusing; many centers entered a number in the space to the right of the section title, presumably thinking that this was the correct space for information requested in item A. This incorrect entry may have thrown off entries for items B-D, as well.

There was also some concern about whether every center understood the difference between clinic and home visits. In one instance, the number of home visits was listed as 1,000, suggesting an estimate rather than a precise tabulation. Eleven centers (46 percent) did not complete Section D; 11 completed it correctly (46 percent); and 2 (8 percent) incorrectly. Seven centers (29 percent) did not complete Section E; 13 completed it correctly (54 percent); and 4 (17 percent) completed it incorrectly, including the one probable estimate.

II.1.1.5 Section F: Presentations. Eighteen centers (75 percent) completed this section; 1 (4 percent) provided incomplete information; and 5 (21 percent) did not complete this section, although three provided the information on the old, separate form.

#### II.1.1.6 Section G: Explanation of Each Graph

II.1.1.6.1 Observations. Only one clinic submitted graphs, these without explanations. Nonetheless, the impression was that most centers use graphs to assist in monitoring their activities.

To comply with Section G, however, would entail providing a complete new set of four graphs each month, since the previously completed graphs would not be returned to the centers for monthly updating. If graphic depiction of activities is considered useful to the Tlalpan central office, it could be completed there by a computer plot and updated each month as new

data are entered. The clinic centers would be encouraged to keep graphs in the centers for use at the center level.

II.1.1.6.2 Possible Changes. Section G could be deleted from a revised form.

II.1.1.7 General Recommendations. If the modifications recommended above are adopted, the information requested on the monthly report forms should be adequate for all purposes. Perhaps only information in Sections A and B, plus notes and comments, are needed on a monthly basis. Information in Sections D-F could be reported quarterly, and Section C semiannually, modified to meet the requirements of specific projects. For example, a project emphasizing IEC activities may require more complete monitoring for the first six to nine months than on-going programs primarily oriented to service delivery.

Changes in this reporting system will have to be communicated to centers together with clarification of problems in reporting techniques identified by this review. Written instructions should be provided, with oral follow-up addressing specific problems in individual centers. No changes should be initiated until after Actions 2-4 are completed and all suggestions thoroughly discussed with users of the information system at every level.

Implementation of these recommendations should be accomplished quite easily. The evaluation should be repeated about six months after the changes are implemented.

#### II.1.2 Review of Local Reports and Reactions from Selected Supervisors (Actions 2 and 4)

The objective of Action 2 was to determine whether the local record forms (visit cards and promoter books) were sufficiently complete and accurate to serve as a primary tool for the MEXFAM evaluation scheduled to take place by November 1985. As with Action 1, the team also sought to evaluate whether report forms would be suitable for cost-effectiveness management reviews of MEXFAM's operations and for routine monitoring at the central and clinic level that would take place after November 1985. Program supervisors carried out simultaneous reviews during March (see Section I.3), primarily during regular supervisory visits to the centers. The clinics were

## Urban centers, Federal District (DF)

1. La Villa
2. Naucalpan
3. Nezahualcoyotl

## Outlying centers

4. Jojutla
5. Yautepec
6. Cuernavaca
7. Toluca
8. Poza Rica

At each center, all three report forms were reviewed (visit card, community promoter's record book, and monthly report form). All of the data provided below, however, came from the visit cards.

The review of these cards included an estimation of the total number of cards on file and a sampling of about 2 percent by selecting every 50th card for review. In no situation was fewer than 10 or more than 20 cards reviewed. (Ten cards represented as high as a 14 percent sample [Yautepec].) Each item on the visit card was reviewed and tabulated separately. The results are provided in Table II.1.2.

Items 4-6 and 8 (the address, number of living children, age, and marital status of user) were considered important for the present evaluation exercise. Items 9, 10, and 14 (desire for more children, schooling, and previous use of method) should be important for evaluations anticipated in the near future. Item 20 (current method) is essential for completing the monthly reports and determining the number of users.

These items were completed satisfactorily at the rural centers, with the exception of items 8 (marital status) and 20 (current method), which were only 71 percent and 88 percent complete, respectively. The latter deficiency was due to the reluctance, at the time of this study, on the part of some centers to substitute the visit card for the old form--a two-page patient chart. Some of the clinics decided to fill out the front side of the new form, items 1-19, because this card had other uses (being filed according to the next date of follow-up visit). However, the more medically related aspects, such as method information, were still kept on the old form. When the visit cards were reviewed, item 20 would be missing because it was being recorded elsewhere. The information is available in

100 percent of the records but is not always recorded on the visit card. In many cases, one center alone may have been responsible for the failure to report a specific category. For example, the 10 percent deficiency for item 9 in the urban centers was from one center only. The implication is that limited and specifically targeted training or follow-up should result in considerable improvement in performance without the need for general retraining.

Table II.1.2

TABULATION OF INFORMATION ON VISIT CARDS

Item	Percentage Completed		
	Urban	Rural	Promoter
1. Name of user	100	100	70
2. Number of user	100	100	82
3. Date of visit	100	100	96
4. Address of user	96	97	34
5. Number of living children	98	97	34
6. Age	98	94	63
7. Sex	98	91	94
8. Marital Status	98	71	n.a.
9. Want to have more children	90	79	66
10. Schooling	98	91	47
11. Occupation	100	88	62
12. Reason for visit	88	82	57
13. Attended by	94	97	86
14. Previous use of method	92	76	22
15. Which method	n.a.	44	22
16. Which institution	n.a.	44	19
17. How know about center	96	91	74
18. Type of talk	96	94	67
19. Referral	82	94	67
20. Current method (reverse)	100	88	75
21. Tot. No. of cards reviewed	50	34	18-(14)
22. Sample size (percent)	1	2.5 (est)	n.a.

As might be expected, the records of the promoters (220 cards) were considerably less complete than those of the centers. Of 18 promoters, 4 did not use the record book at all (item 21) but utilized other recording systems. Because most of the users were well known to the promoters, items 1 - 4 were frequently not completed. Since some promoters cannot read or write, it is unrealistic to expect complex records, such as the book, to be completed. However, some of the deficiencies should

have been noted and corrections initiated by the local supervisor prior to the time of this study. The problems of adequate supervision in remote areas are well known.

The comments of the record users were generally favorable, particularly with regard to the current (new) system as compared with the old. Nevertheless, almost every clinic expressed some reluctance about the new system, partly a natural reluctance to change, especially externally initiated change, and partly on more substantive grounds: many were apprehensive about the loss of information involved in changing to a simpler system, even though the previous data were rarely, if ever, used. The fear was that they would be held accountable if the missing information were needed sometime in the future. In several clinics, the new system was used along with the old.

In conclusion, the local records as presently utilized were deemed adequate for purposes of this evaluation, particularly as they can be adapted to accommodate specific situations (e.g., illiterate promoters). Moreover, specifically targeted training should improve the accuracy of the data considerably.

#### II.1.3 Review of Logistics Documents, Monthly and Local Records (Action 3)

The objectives of this action were

- 1) to determine the correlation between the numbers of users and contraceptives dispensed;
- 2) to review the accuracy and completeness of supply reporting; and
- 3) to determine the suitability of the reports for evaluation and monitoring purposes.

Source materials were the monthly reports from the clinic centers for October-December, 1984 and the summary from the warehouse of materials dispensed to the centers for this period. Sections B and C of the monthly report were used to determine data on users and contraceptive supplies at various centers.

All available 1984 fourth-quarter reports from eight clinics were reviewed, four DF (La Villa, Naucalpan, Netzahuacoyotl, and Tlalpan), and four outlying centers (Ensenada, Veracruz Puerto, Cuernavaca, and Chihuahua). As indicated above (see Sections II.1.1.2 and II.1.1.3), information on users and on supplies in Sections B and C was neither complete

nor reliable. Therefore, it was impossible to calculate with any certainty the amount of supplies dispensed.

The summary of disbursements from the warehouse for the fourth quarter of 1984 provides detailed information about the amounts requisitioned and dispensed for each clinic. The accuracy of the information cannot be verified by a cross check with clinic records, however, because the latter are incomplete. Moreover, no internal check is possible because the original records have been lost. This problem should be corrected by the end of 1985, when a planned reorganization of the warehouse personnel will have been carried out and staff have been further trained in the changes in the forms for inventory control, stock keeping, etc. It is fair to state, however, that the current reporting systems, if properly implemented, are capable of providing the information needed for evaluation purposes.

It is recommended that the accuracy of the next quarterly summary of warehouse disbursements be verified internally by an independent review of the original reports. To improve clinic records, monthly report forms should be modified as suggested in Sections II.1.1.2.2 and II.1.1.3.2. A further improvement would be to change the line entitled "units sold" (unidades vendidas) to "units dispensed," and to include those lost, used for demonstration, provided without charge, etc. (see Section II.1.1.2.1). If these changes are made, a meaningful comparison could be made between receipt (inventory) records at the centers and the warehouse records.

In short, in March 1985, it was not possible to determine either the consistency of user reporting and contraceptive levels or the accuracy and completeness of supply reporting, and thus reports were not considered suitable for evaluation purposes.

#### II.1.4 Modification of Reporting Forms (Action 5)

A committee that included the Chief of the Planning and Evaluation Unit, the two program supervisors, and this consultant considered changes in individual record forms, monthly report forms, and the warehouse disbursement record system. All changes recommended were based on findings in Actions 1-4.

In the committee's opinion, the new record system was providing data reliable enough for purposes of this evaluation. Taking into consideration that a completely new record system had been introduced within the past six months, the committee decided that changes should be limited to those needed to facilitate future data collection.

No changes were recommended in individual record forms. The present forms are certainly comprehensive, and where some of the items may be inappropriate, they can simply be left blank. Current failure to complete certain sections can be improved by on-the-job training by supervisors.

No changes were recommended in the supplies management record system (forms for intake, stocking, and distribution) that originate at the warehouse. This activity is currently being computerized, and it seems likely that several of the forms presently completed in multiple can be eliminated or consolidated in the process without loss of data and with an expected improvement in accuracy and facility.

The monthly report form was extensively revised (see Appendix D) as follows:

- o Section B was changed to address all the problems noted in Sections II.1.1.2 and II.1.1.3 above. Section C of the old form was incorporated into the users' portion of Section B. Now, with little additional effort, tabulation of active users by method is possible. Oral contraceptives were divided into high- and low-dose to reflect the current use of four kinds of pills (not including Norplant subcutaneous). Some titles were changed or made more specific. Follow-up is now recorded to reflect both numbers of visits and users (except for new acceptors, since visits and users are synonymous). Information on referrals by user method is now included. Recording of supply inventory was clarified by including specific recording of inventory carried forward each month.

- o The layout of Sections D, E, and F was changed to ensure that information is entered into the correct spaces (see Section II.1.1.4).

- o Section G was replaced by a section for notes and comments. These could, of course, include data on activity graphs but also would allow comments on a broader range of problems or achievements.

- o An additional section was added to document the time of transmission of the report and the person responsible for it. This should ensure that the report is seen by appropriate persons at all levels. It should also show if the report is being held up at any point.

- o Section A remains unchanged.

The manual for use of the forms has been updated to reflect these changes. Comments from the field were then solicited, which resulted in several additional revisions.

At a meeting of all of the individual program coordinators (about 30 persons) the last week of June, the suggested additional changes in reporting, including inventory control, were discussed, and a final draft of the new monthly report form was approved. This new form was formally implemented beginning with reports for September. Program staff intend to re-review monthly reports (Action 1) as soon as practicable.

## II.2 User Characteristics Survey and CEE

### II.2.1 Workplan for Final Two Visits

The purpose of the final two visits was to develop the computer-assisted tools for the CEE and for continued monitoring, undertake an analysis of results, and make recommendations for future monitoring and CEEs. The CEE was to cover the six-month period from January through June of 1985. All the data, therefore, would be drawn from the forms in use prior to the revision of June 30, 1985. Thus, it was evident from the outset that the CEE results would be questionable at best and that this exercise should therefore be viewed primarily as an opportunity to demonstrate and document the system, rather than as a legitimate evaluation. Because of problems encountered in systems development, and lack of staff and consultant time for the evaluation, it was necessary to schedule two visits to complete the analysis and develop recommendations.

### II.2.2 User Characteristics Survey

The data base management system developed during the first consultancy to handle the input from a planned survey on female user characteristics (see Section I.4) was based on an existing software package, "DB Master," which is well documented and supported. It permitted tabulation of the user data by any single characteristic or combination of characteristics, with fuller utilization limited only by the speed of the central processing unit (CPU).

The survey was planned at the June meeting of program coordinators and implemented in August. It included 11 randomly selected clinic centers. The data collected on each user comprised:

- |                           |                             |
|---------------------------|-----------------------------|
| 1. age                    | 7. education                |
| 2. sex                    | 8. occupation               |
| 3. no. of pregnancies     | 9. reason for visit         |
| 4. no. of living children | 10. prior contraceptive use |
| 5. marital status         | 11. what kind               |
| 6. desire more children   | 12. where obtained          |

This information was taken from a sample of active users' clinic record cards based on the month of June. A 10 percent sample was taken of both the users registered at the centers and with the promoters. The details of the selection process can be found in the instructions sent to the coordinators (Appendix E).

The reports from 8 of the 11 clinics were received in time to be entered into the data base for analysis the last week of September. The total sample size used in the analysis is 1,920. The age distribution for the sample is provided in Chart 1.

When the percentage of the users in each age group is compared with the age distribution of the female population according to the 1980 census (Chart 1), the population distributions are seen to be similar. As would be expected, however, the MEXFAM population is weighted toward the more reproductively active group between the ages of 23 and 32 years. On the other hand, there is considerable variation among centers in the level of use for younger and older users.

Table II.2.2

USERS BY AGE GROUP

Center	Percentage and Numbers of Users	
	18 - 32 Years of Age*	33+ Years
1. Ensenada	89.73 (131)	10.27 (15)
2. La Villa	58.50 (86)	41.50 (61)
3. Chihuahua (Rural)	69.05 (29)	30.95 (13)
4. Chihuahua (Urban)	64.39 (311)	35.61 (172)
5. Saltillo	66.67 (46)	33.33 (23)
6. Toluca	73.01 (403)	26.99 (149)
7. Veracruz	67.13 (145)	32.87 (71)
8. Monterrey	74.01 (168)	25.99 (59)
Total	70.09 (1319)	29.91 (563)

\*Two percent of total users were below the age of 18.

CHART 1  
Users By Age Group

Centers	18 yrs.		18-22 yrs.		23-27 yrs.		28-32 yrs.		33-37 yrs.		38-42 yrs.		43 yrs. +		TOTAL	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Ensenada	2.67	04	28.67	43	37.33	56	21.33	32	9.33	14	0.67	01	0.00	--	7.81	150
La Villa	---	--	14.67	22	21.34	32	21.34	32	15.34	23	12.67	19	12.67	19	7.66	147
Chihuahua (Rural)	---	--	21.01	09	35.00	15	11.66	05	21.01	09	4.67	02	4.67	02	2.19	42
Chihuahua (Urban)	0.21	01	14.46	70	28.51	138	21.28	103	12.19	59	10.12	49	13.22	64	25.21	484
Saltillo	1.43	01	21.43	15	24.29	17	20.00	14	18.57	13	12.86	09	1.43	01	3.65	70
Toluca	3.66	21	23.39	134	28.62	164	18.32	105	12.74	73	7.50	43	5.76	33	29.84	573
Veracruz	2.26	05	16.29	36	29.86	66	19.46	43	14.93	33	12.67	28	4.52	10	11.51	221
Monterrey	1.30	03	18.70	43	29.57	68	24.78	57	12.17	28	8.26	19	5.22	12	11.98	230
TOTAL	1.82	35	19.37	372	28.96	556	20.36	391	13.13	252	8.85	170	7.34	141	1.00	1920
1980 Census			25.79		20.72		16.32		12.86		12.11		12.11		100	

The reason for such wide variations (e.g., Ensenada's younger users are 90 percent of the total, compared with only 59 percent for La Villa) is not clear and needs to be studied further, but it is probably traceable to the inconsistent way that various clinics define the term "active user." For example, La Villa may include sterilized females, while Ensenada may not. Despite several conferences and much correspondence on the subject, some other centers do not include among their active users those who use methods that provide greater than three months of protection. Together with differences in method emphasis, this discrepancy in reporting procedures could produce considerable differences in results.

Marital status by age group is shown in Chart 2. With 97 percent of acceptors either married or living in consensual union, there is clearly very little variation by clinic center, and therefore, this breakdown is not provided.

Chart 2 shows that the MEXFAM programs are targeting women who are either married or living in free union and are more likely to be sexually active than women in the "other" (widowed, divorced) categories. This focus shields MEXFAM from any blame for contributing to "promiscuity" among the young. On the other hand, exclusion of the under 18-year olds and "others," leaves MEXFAM open to the charge that it is not addressing the needs of young women who may, if pregnant, be at a higher risk or more likely to fall back on abortion.

Chart 3 indicates the breakdown between users who are child-spacing and desire more children and those who have completed their desired family size. Thirty-five percent of all users, regardless of age, are using family planning for spacing. As might be expected, the percentage varies from 74 percent in the 18-22 year old age group to zero in the 43 years and over group. Conversely, 65 percent of all users have completed their families, ranging from 26 percent of the 18-22 year olds to 52 percent of the 23-27 year olds and 77 percent by age 33 years. This general trend, however, does not apply in all clinics; the proportions varying considerably from clinic to clinic. These variations may represent program emphasis at the clinic level.

### II.2.3 CEE Analysis System

The computer program for CEE, developed during the third visit of the consultancy (see Section I.4), integrated information from the warehouse, converted to CMP, with data from

CHART 2

Percent of Users by Marital Status and Age Group

	18 yrs.	18-22 yrs.	23-27 yrs.	28-32 yrs.	33-37 yrs.	38-42 yrs.	43 yrs. +	TOTAL
	M/UL* 0**	M/UL 0						
TOTAL	97.14 2.86	96.93 3.07	97.16 2.84	97.94 2.06	95.29 4.71	95.93 4.07	99.16 0.84	92.08 2.92

\* M/UL = married or living in free union

\*\* 0 = other (widowed, divorced)

Chart 3

USERS BY DESIRE FOR MORE CHILDREN AND AGE GROUP (YRS.)

CENTERS	Less than 18 years				18-22 years				23-27 years				28-32 years			
	YES		NO		YES		NO		YES		NO		YES		NO	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Ensenada	100.00	4	---	--	60.47	26	39.53	17	44.64	25	55.36	31	25.00	8	75.00	24
La Villa	---	--	---	--	59.09	13	40.91	9	56.25	18	43.75	14	28.13	9	71.87	23
Chihuahua (Rural)	---	--	---	--	77.78	7	22.22	2	40.00	6	60.00	9	---	--	100.00	5
Chihuahua (Urban)	100.00	1	---	--	71.43	50	28.57	20	30.43	42	69.57	96	2.91	3	97.09	100
Saltillo	100.00	1	---	--	80.00	12	20.00	3	76.47	13	23.53	4	7.14	1	92.86	13
Toluca	90.48	19	9.52	2	84.33	113	15.67	21	60.98	100	39.02	64	36.19	38	63.81	67
Veracruz	100.00	5	---	--	75.00	27	25.00	9	39.39	26	60.61	40	30.23	13	69.77	30
Monterey	100.00	3	---	--	60.47	26	39.53	17	52.94	36	47.06	32	33.33	19	66.67	38
TOTAL	94.29	33	5.71	2	73.66	274	26.34	98	47.84	266	52.16	290	23.27	91	76.73	300

Chart 3 (continued)

USERS BY DESIRE FOR MORE CHILDREN AND AGE GROUP (YRS.)

CENTERS	33-37 years				38-42 years				43 + years				TOTAL			
	YES %	n	NO %	n	YES %	n	NO %	n	YES %	n	NO %	n	YES %	n	NO %	n
Ensenada	14.29	2	85.71	12	---	--	100.00	1	---	--	---	--	41.78	65	58.22	85
La Villa	13.04	3	86.96	20	5.26	1	94.74	18	---	--	100.00	19	29.93	44	70.07	103
Chihuahua (Rural)	11.11	1	88.89	8	---	--	100.00	2	---	--	100.00	2	33.33	14	66.67	28
Chihuahua (Urban)	3.39	2	96.61	57	---	--	100.00	49	---	--	100.00	64	20.08	98	79.92	386
Saltillo	23.08	3	76.92	10	---	--	100.00	9	---	--	100.00	1	42.03	30	57.97	40
Toluca	15.07	11	84.93	62	6.98	3	93.02	38	---	--	100.00	33	48.01	284	51.99	287
Veracruz	3.03	1	96.97	32	3.57	1	96.43	27	---	--	100.00	10	33.03	73	66.97	148
Monterey	10.71	3	89.29	25	---	--	100.00	19	---	--	100.00	12	37.83	87	62.17	143
TOTAL	10.32	26	89.68	226	2.94	5	97.06	163	---	--	100.00	141	35.45	695	64.55	1220

the monthly reports and the finance center. The financial data system was already computerized and the warehouse was in the process of being computerized during the consultancy.

In the computer program, the raw data from the warehouse disbursements are automatically transferred to a spreadsheet, which accumulates the totals for the month on an individual clinic center basis and aggregates them into totals for orals, condoms, foam, injectables, and IUDs. This spreadsheet has the factors to convert these data into potential CMP, monthly by clinic center. Data from the monthly spreadsheet are automatically transferred to another spreadsheet, which permits accumulation on a quarterly, semiannual, or annual basis. Data from this spreadsheet are transferred automatically to the final spreadsheet. Here, they are integrated with data from the clinic centers' monthly reports and the finance center. The cost/CMP is then automatically calculated for the period on a clinic-by-clinic basis. A similar system of information flow obtains for the financial data and clinic center disbursements. Monthly financial data are aggregated at the monthly summary level before they are transferred forward to the quarterly summary and final (CEE) spreadsheet. The materials inventory from the clinic centers' reports is handled similarly to the warehouse disbursements and permits a calculation on the CEE spreadsheet of real CMP and costs for comparison with the potential for the same time period.

An additional system for information flow will be developed that permits active-user information to be defined as new users and total users, and aggregated by method. This information will be integrated with the same financial information to allow calculation of the cost/user as defined on a clinic-by-clinic basis for a prescribed period.

Because the basis for the final CEE calculations is the raw data input, the system can easily be changed to accommodate a variety of assumptions. Costs may easily be aggregated differently by redefining the formulae without any additional raw data input. The factors for conversion of disbursements to CMP can be changed as studies provide information more specific to Mexico in general, individual catchment areas, or other programs. Any change in the raw data as additions or corrections are made automatically changes every other level of the information hierarchy. The spreadsheets with formulae are available in Appendix F.

The data output for the period of January-June 1985 is so variable among the clinics and from quarters I and II, and the reliability of the disbursement data from the clinic centers so questionable, the cost-effectiveness (CE) calculations are highly

suspect. The results are contained in Chart 4. As can be seen, these costs are very high: potential costs (based on warehouse disbursement) were \$2.90/CMP or \$34.82/CYP, and real costs (based on clinic center disbursements) were \$4.99/CMP or \$59.85/CYP. One reason may be that MEXFAM's cost calculations include all costs to MEXFAM; in similar programs, such costs as contraceptive purchases are often excluded, and income generated by the program is taken into consideration.

Overall costs appeared to be declining during the period of the evaluation, perhaps in response to efforts to reduce overhead costs. Initial start-up costs of the many new programs initiated during 1985 have contributed to a sharp variation in costs, but overall, as returns from these programs increase, the downward trend should continue. Time did not permit recalculating CE to compensate for these differences (e.g., by excluding the new programs), although the computer programs would permit this easily. Some clinics appear to be lax in reporting their monthly disbursements of contraceptives, and this needs immediate attention. The conversion factor for pesos to dollars is noted in the chart. Considerable devaluation has occurred since the end of September.

The system for calculating users' costs, based on an integrated system using "Multiplan," has not been completed. It may not be undertaken because there are plans under the INOPAL agreement to convert to "SuperCalc 3," which provides some support additional to that of "Multiplan." The availability of similar systems based on different software packages will provide versatility in adapting the system for other potential users. As part of this effort, an analysis of cost per new user was performed, using a free-standing system. A wide range in costs among the clinics was again noted. For this exercise, receipts from the clinics were taken into consideration; because the receipts averaged almost 16 percent of the total costs, their inclusion had a considerable effect on those results.

The computer-assisted system appears to be operational and useful. As hoped, it utilizes the output from the existing systems, without modification, as the source for direct input. This system was based on existing software ("Multiplan"), which is well documented and supported. Both this and the computer program used for the user characteristics survey (see Section II.2.2) should be easily transferable to similar FP programs with little modification.

Most of the attention now needs to be devoted to improving the quality of the raw data input as well as breaking down the costs into smaller or different aggregates that more closely correlate with the results of other programs. Beyond

this, what remains is accumulating a sufficient data base to permit tracking programs over time and averaging the variation.

CHART 4

Cost-Effectiveness (CMP and CYP)  
Warehouse vs. Clinic Disbursement

PERIOD	Peso/\$	Warehouse Disbursement			Clinic Disbursement		
		CMP/Peso	CMP/\$	CYP/\$	CMP/Peso	CMP/\$	CYP/\$
Jan. - Mar.	219.06	720.30	3.29	39.46	1,075.57	4.91	58.92
Apr. - June	228.61	1,111.67	4.86	58.35	1,660.37	7.26	87.15
July - Sept.	290.53	433.50	1.49	17.91	939.50	3.23	38.81
Jan. - Sept.	246.07	714.02	2.90	34.82	1,227.28	4.99	59.85

### III. THE FUTURE

#### III.1 General Observations

MEXFAM is undergoing rapid and significant change. During the period of this consultancy, a number of nonessential positions and relatively unproductive personnel were eliminated, especially at the central headquarters in Tlalpan. Anticipated budget restrictions, however, have not developed. Indeed, the projected 1985 budget increased by more than 100 percent, much from external sources.

Increased funds are permitting MEXFAM to initiate several new programs in collaboration with existing agencies, usually governmental, as well as to develop infrastructure and such support activities as planning and evaluation. The rapidity of change is placing considerable stress on the staff. Although they are now coping, continued rapid growth, with frequent program changes and the need to defer previously established goals, could result in future problems. Considerable dependency on external funding is developing. The period of rapid growth may come to an end with changes in donor funding and priorities in 1986-87. This slackening of growth should allow MEXFAM time to consolidate and institutionalize its achievements.

Using research to justify operational changes was a major interest of FEPAC. Considerable effort is being devoted to the development of capacity in this field. In addition to the attention given to development of the information systems, there has been emphasis on computerization of the information/data records, which will facilitate information analysis, systems modeling, and theoretical research. Presuming service programs will continue to be adequately supported, applied OR/FP could become a significant part of the programs.

Historically FEPAC has emphasized the dissemination of information, training, and attention to social concerns and services. If this capacity can be maintained and expanded, it could provide the infrastructure necessary to disseminate the results of the innovations as they are developed.

Because of the present need for quick responses to changing situations and the recognized need for significant changes in policy and administration, much of the decision making continues to be undertaken in a centralized manner. Much of this is the legacy of inherited attitudes and structure and is probably still appropriate during this period of rapid program growth.

There is some decentralization, essentially by default, as a result of difficulties in communication and inadequate supervision, and much of what now passes for supervision is the dissemination of information from Tlalpan center and assessment of compliance. Little time is given to providing support through informal training or assistance with problem solving. There is little attention to eliciting feedback, and therefore valuable information on field experience does not reach the top-level management.

On the other hand, decentralization in the long run is a desirable goal and in some cases should be initiated in the near future.

### III.2 Recommendations

1. There will be continued need to monitor the implementation of the new information systems and the modifications brought about through this consultancy over the next 6-12 months, especially as new service programs are initiated. This should be carried out under the direction of the Chief of Coordination.

2. MEXFAM needs, to decide whether workplan Actions 7, 10, and 11 (see Section I.4) should be undertaken now or deferred to a lower priority status. The capability that has been developed to undertake evaluation and general operations research needs to be strengthened and expanded, most likely through the support of the INOPAL program administered by The Population Council. The activities not undertaken during this evaluation could be a part of this building process if still seen as priorities.

3. Analysis of the financial inputs should be done on a program-by-program basis as well as in general. Start-up costs may need to be amortized over the projected life of the program. Some programs are intended to move toward self-sufficiency and therefore income generation should be considered. This activity may require consultation with a local accounting firm.

Because of the great variation among the clinics in costs and services delivered, the analysis system should be fully utilized to monitor specific programs and compare the various inputs to improve efficiency.

### III.3 Development of a Long-Range OR/FP Plan

Serious consideration should be given to developing a long-range program in the OR/FP field, eventually leading to creation of a resource center within MEXFAM. Such a program would probably entail training for key personnel, either short- or long-term. Long-term training should involve family planning management, epidemiology and research methodology. If The Population Council assists in strengthening the research, planning and evaluation unit, it may be helpful in finding funding for attainment of the longer range objectives. Several North American institutions, e.g., the Center for Disease Control (CDC) or such universities as Tulane, Michigan, Columbia, have the necessary technology. If there were a capable unit within MEXFAM, it would facilitate transfer of this technology.

As further expansion of the computerization of support activities becomes warranted, consideration should be given to developing a more central, interactive system rather than to purchasing additional individual personal computers (PCs). Perhaps, extant PCs could then be used in some of the larger programs (such as the Morelos program carried out through DIF), as on-site management tools as well as input/output terminals in Tlalpan Central. Before further expansion of the present system is contemplated, consultation should be obtained on the pros and cons of a more integrated approach.

APPENDIX A

Original Request from MEXFAM  
(Spanish)

## APPENDIX A

Original Request from MEXFAM  
(Spanish)

### A - ANTECEDENTES

- 1.- La Fundación Mexicana para la Planeación Familiar (MEXFAM), antes conocida como Fundación para Estudios de la Población (FEPAC), fundada en 1965, es una de las organizaciones más antiguas en México-involucrada en actividades de planeación familiar y población. Es una asociación civil sin fines de lucro, constituida por voluntarios, y es miembro de la Federación Internacional de Planificación de la Familia.
- 2.- En 1984, MEXFAM ha precisado su papel institucional como organismo dedicado a programas de Planeación Familiar que sean innovadores, demostrativos y eficientes. En consecuencia se están evaluando todos sus programas para precisar sus objetivos y optimizar su operación..
- 3.- En el marco de esta evaluación institucional, MEXFAM invitó al Dr. William Hawley, maestro en salud pública, por un período de 3 meses (julio a octubre 1984), sobre la base de una colaboración voluntaria sin honorarios, con la finalidad de que desarrollara un estudio documental de las actividades realizadas en áreas de población en México

en los últimos 20 años enfatizando la participación de las organizaciones privadas. El desarrollo de este material servirá de base para la publicación de una breve historia de MEXFAM que se editará con motivo de sus 20 años de actividad en Planeación Familiar. Al mismo tiempo el Dr. Hawley se incorporó activamente a las actividades de evaluación de los programas de MEXFAM, colaborando en la auto evaluación continua de la Institución, en el estudio de alternativas para los programas específicos, en la búsqueda de nuevos conceptos y lineamientos para la Planeación Familiar y en el establecimiento de las bases para una evaluación completa sobre costo/efectividad de los programas.

- 4.- La colaboración entusiasta y la asesoría prestada por el Dr. Hawley, así como su amplia experiencia en el análisis de problemas y la forma innovativa de solucionarlos, han sido de gran utilidad en el reajuste del papel institucional de MEXFAM y de su sistema operacional, por lo que la Institución tiene gran interés en contar con los servicios del Dr. Hawley durante 1985. Su aceptación está condicionada únicamente a que él pueda contar con un modesto apoyo en cuanto al pago de sus desplazamientos desde Estados Unidos (Nueva Orleans) y un per diem, según se especifica más adelante.

B.- PROYECTO GENERAL DE ESTUDIO EVALUATIVO DE LOS PROGRAMAS DE MEXFAM ( a terminar en 1985).

1.- Objetivo General

Mejorar el costo/efectividad de los servicios de Planeación Familiar que proporciona MEXFAM.

2.- Objetivos Específicos

- a) Obtener datos precisos sobre las características cuantitativas y cualitativas de la población blanco en cada programa
- b) Perfeccionar los sistemas operativos -- utilizados en cada programa desde el -- punto de vista de su consistencia con -- los objetivos institucionales y su eficiencia.
- c) Asignación de recursos a cada programa -- en estricta correspondencia con su efectividad.

3.- Plan de Acción

- a) Cada programa será revisado en detalle -- de acuerdo con sus objetivos, colectando los datos necesarios sobre su población blanco, su sistema operativo, los recursos a su disposición y los resultados -- obtenidos.

- b) La recolección de datos y encuestas serán llevadas a cabo en un corte transversal según diferentes momentos del programa.
- c) Los costos de cada uno de los programas serán analizados para definir la relación con los resultados obtenidos.
- d) Se harán los ajustes necesarios en cada programa.

D.- COLABORACION DEL DR. HAWLEY EN PROYECTO

El proyecto está a cargo de la Unidad de Planeación y Evaluación de MEXFAM.

1.- La colaboración del Dr. Hawley consistiría básicamente en:

- a) Asistencia técnica para el análisis y evaluación de los datos recogidos.
- b) Asesoría para el ajuste de los instrumentos técnicos utilizados en la evaluación
- c) Participación en los planes de reajustes para cada programa.

2.- El tiempo destinado por el Dr. Hawley será de 180 días distribuidos en 4 ó 5 períodos de 35 a 45 días durante 1985, de acuerdo con el avance en la recolección de datos.

3.- El Costo de la colaboración del Dr. Hawley se detalla en el presupuesto a continuación, y sería proporcionado por un donante, no especificado hasta el momento.

PRESUPUESTO ( CY 1985) (US\$)

<u>CONCEPTO</u>	<u>SOLICITADO</u>	<u>MEXFAM</u>	<u>DR. HAWLEY</u>
SALARIO (50% de un año)			X
*Perdiem 180 días (20 Dlls. por día)	3,600	-	-
**Viajes USA-DF (5x300 viaje)	1,500	-	-
Gastos de Viaje local	-	X	-
Apoyo administrativo	-	X	-
	<hr/>	<hr/>	<hr/>
SUB TOTAL	5,100	X	X
** +Imprevistos	510		
	<hr/>	<hr/>	<hr/>
TOTAL	5,610	X	X

\* Reembolsable sin comprobantes

\*\* Reembolsable con comprobantes

+ Incluye inflación, cambio de moneda, taxis y otros gastos adicionales.

APPENDIX B

Plan of Action, Narrative

February 14, 1985

## APPENDIX B

### Plan of Action, Narrative,

February 14, 1985

-1-

Subject: MEXFAM Evaluation Workplan

#### I. General Observations:

In the week, Feb. 11-15, William Hawley and William Bair together with MEXFAM, outlined a series of steps to be taken to complete a general evaluation of the MEXFAM program by November 1985. This will largely be a self-evaluation by MEXFAM, developing and using the output/input measurements that can be continued as part of ongoing management information requirements. MEXFAM service statistic record keeping appears adequate to provide the most useful information family planning programs require for evaluation. Minor modifications are recommended. Further review of the logistics (contraceptive supply) reporting will be made in the process of the evaluation. Some modifications of the cost accounting categories should be considered, to provide cost figures for the most relevant program functions.

In carrying out this evaluation special attention will be given to the Morelos project for purposes of the Pathfinder evaluation. The major differences suggested is to be more precise in establishing the target population for Morelos and to repeat the measures and comparisons on a quarterly basis to provide trend information for this new project. Parenthetically, it will be necessary in the Morelos project to clarify the acceptor goals of each promotora (10 cycles/month or 10 new accepters per month?), establish the goals for contraceptive distribution and take some cognizance of the influence of start up time on numbers of accepters expected.

The proposed evaluation focuses on the service delivery components of the MEXFAM program. The primary measure of output is new accepters and continuing users. Total costs per project will be estimated and disaggregated to the degree possible for input components to provide cost effectiveness comparison. Simplicity is stressed due to the number of projects, MEXFAM staff requirements, and the interest in using a system that can be continued regularly by the general staff. It is recommended that evaluation of broader questions, more in depth cost effectiveness comparisons and operations research be postponed until MEXFAM has completed this basic service evaluation.

## II. Actions to Be Taken in the Evaluation

### A. Actions to Measure Output Achievement

1. Review the timeliness, accuracy and completeness of the monthly reports to determine if they can serve as a primary tool for the evaluation. A report should be made on the findings.
2. Review a sample of the local clinic and promotora de comunidad client records to determine if they are sufficiently complete and accurate to serve as a primary tool for the evaluation. A report should be made on the findings.
3. Review the receipt/inventory/shipping documents for contraceptives and the monthly and local records to ascertain that report of contraceptive distribution and numbers of accepters/users are of the same order of magnitude. This review should also determine the timeliness, accuracy and completeness of such logistics reports. A report should be made on the findings.
4. Interview selected supervisors, social workers, etc. who are responsible for filling out reports. These interviews should solicit their views on how well reports are understood, how easy they are to fill out, changes needed, if there are misunderstandings that must be taken into account in interpreting reports, and what is the utility of the feedback they receive. A report should be made of the findings.
5. Modify forms if necessary (for purposes of future ongoing self-evaluation) taking into account the results of the review 1 thru 4 above and any requirements of computerizing the analytic system. The consultants at this time do not recommend change. The present reports (if they are being completed regularly and accurately ) should provide adequate information for this evaluation. Among things to be considered for future modification would be to add a "beginning balance" to the contraceptive section of the monthly report and a graph that compares contraceptive distribution with users. On the clinic form the question "Do you want more children" could have a "not now" possible answer in addition to the present "yes" or "no".
6. Identify the target population. MEXFAM recognizes the importance of identifying the number of couples at risk of

pregnancy in the project areas and estimating how many of them are reasonable targets for MEXFAM service. Clearly this is useful in programming the resources to be applied, establishing goals and measuring the impact of the effort. One would like to have this information as accurate as possible and it could be derived from a census of households and a survey of other services in the area. The consultants recognize the cost of such an effort. We also understand from the report of the Columbia University/Dept. General de Salud operations research project there was considerable resistance on the part of community workers to the request they take a neighborhood census. The consultants also recognize that despite considerable government and private family planning effort there are still many areas with a good deal of unmet demand, and people who will be attracted to different types of service. We do not see the problem of duplication being extraordinary if reasonable consideration is given to what other organizations are doing. Therefore, we do not recommend exhaustive measures to establish the target population. Rather we recommend the use of estimates of the population and numbers of MWIFA based on the 1980 census, and use of estimates of the numbers of households a promotora can serve. These estimates should be revised in the light of levels of program action expected by government agencies or private suppliers in the area. These estimates will also be revised as MEXFAM carries out household surveys in its project areas. Due to the inherent difficulty of establishing these targets, we recommend placing relatively more emphasis on numbers of accepters and couple years of protection as a measure of project output. Reaching a substantial percent of MWIFA in any area will always be an important project goal and it should be periodically measured by household surveys. However it can only be used with discretion in this particular evaluation.

Develop a survey to review the monthly reports and selected clinic patient and CBD participant records. This survey will provide the basic information on project performance (accepter level and contraceptive distribution) and "quality" of accepters (age, parity, continuation rates, urban/rural). Additional consultation may be desired (suggest from the Center for Disease Control) to develop this computerized survey tool and to determine the simplest approach to measuring continuation.

By use of the regular monthly reports and the survey of participant records, the objective is to produce a report that identifies by project the following kinds of information:

- a) Name of project and number of months of operation
- b) Geographic area (number of sq. kms.)
- c) Predominantly urban/suburban/ or rural
- d) Number of women of fertile age "in union" (MWIFA). Women at risk of pregnancy could be used also.
- e) Number of distribution points:
  - 1) clinics \_\_\_\_\_
  - 2) community based distribution \_\_\_\_\_
- f) Number of personnel:
  - 1) administrative \_\_\_\_\_
  - 2) physicians (full time equivalents) \_\_\_\_\_
  - 3) nurses \_\_\_\_\_
  - 4) social workers \_\_\_\_\_
  - 5) field work educators/supervisors \_\_\_\_\_
  - 6) promotoras de la comunidad \_\_\_\_\_
- g) New accepters in past 3 months and 12 months:
  - 1) total number \_\_\_\_\_, \_\_\_\_\_% of MWIFA in target area
  - 2) number/paid staff \_\_\_\_\_
  - 3) number/field work supervisor \_\_\_\_\_
  - 4) number/promotora \_\_\_\_\_
- h) Continuing users in past 3 months and 12 months:
  - 1) total number \_\_\_\_\_, \_\_\_\_\_% of target area MWIFA

- 2) number/paid staff \_\_\_\_\_
- 3) number/field work supervisors \_\_\_\_\_
- 4) number/promotora \_\_\_\_\_

i) Characteristics of users:

- 1) average age \_\_\_\_\_
- 2) average parity \_\_\_\_\_
- 3) continuation rate \_\_\_\_\_

The consultants share much of MEXFAM's concern for continuation rates as a measure of the quality of the program. These rates will not be difficult to derive from a periodic survey of client records after MEXFAM's present client record system has functioned well for some time. However, MEXFAM may conclude in time that even further simplification of the records and means of serving clients with non-clinical methods may increase efficiency and promote greater coverage. In this case MEXFAM may choose a less precise measure of continuation gained from household surveys.

j) Contraceptives distributed in past 3 months and 12 months:

- 1) oral cycles \_\_\_\_\_
  - 2) IUD's inserted \_\_\_\_\_
  - 3) condoms (units) \_\_\_\_\_
  - 4) foam (units) \_\_\_\_\_
  - 5) sterilization \_\_\_\_\_
  - 6) total couple years of protection \_\_\_\_\_
  - 7) couple years of protection \_\_\_\_\_
- as a % of active users \_\_\_\_\_

The couple years of protection will not equal the number of active users since 30% or more will be part year users and

since IUD and sterilization give multi-year protection. However, the figures should be of the same general order of magnitude. If you want to be more precise in developing this relation, CDC can help. MEXFAM could also use more refined measures such as standard couple years of protection and could weight users on the basis of age and parity. However, the consultants do not recommend these more complex measures at this time.

8. Select and train supervisors who will assist with the record survey.
9. Carry out the survey and place results in analytical format.
10. Select a small field observation team (including some one of MEXFAM volunteer board and possibly someone from an organization like CONAPO). This team will visit 6-8 project areas to secure the kinds of information that monthly reports and the survey won't provide, such as,
  - a) are local authorities aware of and satisfied with the project?
  - b) do interviews with participants indicate client satisfaction?
  - c) are there signs of IE&C materials and program support?
  - d) are there indications of adequate initial and follow-up training of staff and promotoras?
  - e) has supervision been carried out in a timely and supportive fashion?
  - f) are local facilities and equipment appropriate and well maintained?
  - g) have storage or transportation been a problem, if so, is the problem resolved?
  - h) are contraceptives available and have they been in constant supply?
  - i) are the required staff on site and do they have a clear concept of their roles and responsibilities?

j) are the financial records and service statistics up to date?

k) does the referral system appear to be working?

l) have community leaders been involved to the maximum possible?

m) are there indications of appropriate communication/cooperation with other institutions?

n) have project leadership and staff taken every opportunity to extend the project through all appropriate channels and to all possible locations? Do you see opportunities for further expansion, or for changes in the delivery system which will make it more efficient (for project staff and clients), more accessible or more attractive?

11. Consideration should be given to a household survey in two or three of the project areas. As preliminary review of service statistics and client records indicate the several most cost effective projects, such a household survey in these areas could confirm and complement the evaluation findings. A local firm could be contracted to carry out the survey to provide basic contraceptive prevalence information, source of supply, experience with and attitude toward the project, etc. - (we understand that Family Health International has been developing such a survey for other projects - it may serve as a model. CDC models are also useful.

#### B) Actions to Measure Input

To get appropriate ongoing information for cost accounting/evaluation purposes will probably require some modification of the present accounting categories. For purposes of this evaluation, use of the present categories may be adequate with some estimates for disaggregation and to include other costs.

We suggest comparing project by project the new accepters, continuing users and couple years of protection with the costs of service delivery. We suggest the evaluation not attempt to quantify and include in the costs the value of volunteer time or facilities and services made available to the project without cost. 1 Further experience with this process and with

this process and the cost accounting required will be necessary before more precise measurement will be worthwhile. Neither is it recommended that you include the value of contraceptives and donated equipment since many international comparisons approach cost figures without them. <sup>2</sup> However, since MEXFAM continues to use some of its donated finances to purchase contraceptives locally, it should not ignore these costs in its own review of ways to effect program savings. Maximum use of donated contraceptives, especially as new projects are started, may provide an important economy.

1 For other purposes in project justification you may want to estimate the value of these contributions to demonstrate local support.

The costs included should be "out-of-pocket" costs to MEXFAM, local authorities or cooperating institutions for the purpose of providing the family planning service. Most of these cost figures should be derived from the ongoing cost accounting system but some will have to be estimated (e.g. costs of cooperating agencies and imputed value of training, IE&C and core staff management to the project).

From the above it should be clear that there are many imponderables. The requirement to use what will often be rough estimates for important cost categories renders a search for precision futile. The results should be used with caution in evaluating projects. However, if the same methodology is used for all projects some internal comparison is reasonable valid. Order of magnitude comparisons with other Mexican and international projects will be instructive but not determinative. Further experience with this process and with this process and the cost accounting required will be necessary before more precise measurement will be worthwhile.

Following are the kinds of costs which should be accumulated by project. There should be sufficient disaggregation to allow for comparison of different amounts of various program components.

1) Salaries (including benefits). Note the number of full time and part time persons of each category and their costs.

a) Administrative (including imputed cost of central management) No. \_\_\_\_\_ \$ \_\_\_\_\_

b) Physicians	No. _____	\$ _____
c) Nurses	No. _____	\$ _____
d) Clinic social workers	No. _____	\$ _____
e) Clinic auxiliaries	No. _____	\$ _____
f) Others (drivers, watchmen, etc.)	No. _____	\$ _____
g) Outreach supervisors	No. _____	\$ _____
2) Transportation (amortized value of vehicles and operating costs):		
a) vehicles owned or leased by project		\$ _____
b) public transportation		\$ _____
c) movement of contraceptives		\$ _____
d) total		\$ _____
3) Maintenance and operation of facilities (repairs, utilities, etc)		
		\$ _____
4) Other operational costs (paper, telephone, etc.)		
		\$ _____
5) Training:		
a) actual cost to project		\$ _____
b) imputed cost of central training support (don't include salaries again)		\$ _____
c) total		\$ _____
6) I.E.&C		
a) actual cost to project		\$ _____
b) imputed cost of central IE&C (don't repeat salary)		\$ _____
c) total		\$ _____

7) Estimated cooperating agency costs (not including value of facilities except for actual cost incurred for remodeling, utilities, repairs, maintenance)

a) Salaries - (disaggregated to degree possible)	\$ _____
b) Transport	\$ _____
c) Operation and maintenance of facilities	\$ _____
d) Other	\$ _____
Total	\$ _____

8. Source of funds should be indicated - e.g.,

a) MEXFAM general budget	\$ _____
b) Special project funds from other donors such as Pathfinder and JOICEF	\$ _____
c) Cooperating Agency	\$ _____
d) Participant fees	\$ _____
e) Other	\$ _____
f) Total	\$ _____

### C) Cost Effectiveness Comparison

The above (A&B) should provide the basis for comparing costs per new acceptor, continuing user and couple year of protection (CYP) per project. This could be carried further to compare performance of individual promotoras or supervisors, different types of posts or to compare the cost of providing different kinds of contraceptives. Given the numbers involved and the complexities of getting the new reporting system started, it would appear more feasible to focus at this time at the project level.

For purposes of comparison between projects it will be useful to recognize (without necessarily quantifying or being precise in the estimate) that projects working primarily in the rural areas will probably have more difficulty in reaching acceptors (and being low cost/acceptor). It also should be recognized that projects which reach lower age, lower parity clients and have a longer continuation rate will have a greater cost benefit. However, it is probably not advisable at this time to develop a sophisticated system for quantifying these distinctions or making the comparisons very precise. The emphasis in output measure at this time should be on the numbers of new and active participants and couple years of protection provided. This becomes the primary basis for the cost effectiveness comparison between projects. Comparing the various levels of input such as amounts of core program support, kinds and numbers of personnel, amount of training and IE&C support, etc. should give insight into the reasons for different cost effectiveness levels.

D) Other Evaluation Questions.

These are other questions of considerable interest in reviewing future program emphases. Such questions as the relative importance of educational efforts compared to actual service delivery, the level of coverage needed in a community to assure family planning becomes social practice, the cost effectiveness of including other health or community development activities to the program are important issues in establishing program priorities and policies. However, to measure them requires more costly research efforts which may be beyond MEXFAM's present financial and human resource capacity. We recommend developing the basic service delivery information and MEXFAM's evaluation capacity before many to these broader questions.

It may be possible to develop more rigorous experimental designs for new approaches to allow for more operations research. (Discuss with Taylor possibilities of AID support through the Office of Population). MEXFAM may wish to review the experience of the Columbia University/Dept. General de Salud operations research project (Final report Dec. 31, 1981 available through Sam Taylor). This report provides insight into some of the difficulties in organizing CBD type programs, operations research and how the evaluation was carried out.

E) Consideration of Other Program Possibilities:

The above can help compare various ongoing projects. It may be useful to also consider additional types of delivery systems. For example the team mentioned - A. 8 above- could help MEXFAM consider possibilities such as:

- 1) Cooperation with additional government or non-governmental agencies.
- 2) Cooperation with industries to include family planning in employee health programs.
- 3) Sales of contraceptives through pharmacies and local shops.
- 4) Changes in the way clinics deliver service in their clinic, as part of a community effort, or to address special groups or provide specialized services.

The team could also help MEXFAM to review the relative emphasis on IE&C and training as part of its program as well as the efforts MEXFAM makes in assisting the government with family planning policy development.

The initial impression of the consultants is that MEXFAM has appropriately focused its attention on seeking greater cost-effectiveness and more innovation in service delivery. We concur in the effort to expand this effort especially in cooperation with other institutions with a wide sphere of social service influence and a broad base of financial support. We also concur that MEXFAM's demonstration role be given high priority. However, it is our opinion that a private agency can provide service to actual numbers of participants that can be demographically significant even in a country with a strong, well-financed government family planning program .

Probably it makes sense to focus on effectively implementing and evaluating the present projects before moving to other types. However, even though much of the present approach is in different areas with different cooperating institutions, it is similar in delivery mode. While emphasizing effective implementation of its present portfolio, MEXFAM is encouraged to continue to consider other approaches. Following the evaluation it may be found appropriate to eliminate or consolidate some of the present management units to permit further experimentation.

III. Work Plan for Carrying Out the Evaluation

Attached is a work plan identifying the actions to be carried out between now and Nov. 15 to complete the evaluation.

**APPENDIX C**

**Workplan for MEXFAM  
Cost-Effectiveness Evaluation**

APPENDIX C  
Workplan for HLEXAM  
Cost-Effectiveness Evaluation

ACTION	OBJECTIVE	HOW	WHO	WHEN
11.A.				
1) Review monthly reports	a) Determine if sufficiently, timely, accurate and complete to serve as basic evaluation tool b) Produce report	a) Collect all present monthly reports b) Desk review of dates received complete info- accuracy determined by internal consistency. c) Quantify percent compliance d) Report	a) 2 Supervisors b)-c) Dr. Hawley and supervisor d) Report - Hawley and Héctor Pérez	Feb. 25
2) Review local reports	a) determine if sufficiently timely, accurate and complete to serve as basic evaluation tool b) Produce report	a) Establish process b) Train supervisors to review clinic and promotora records c) Reviewing supervisors of sample of records in field d) Analysis and quantifications e) Prepare report	a) Hawley - Pérez b) Pérez c) Supervisors d) Supervisors, Pérez e) Pérez - Hawley  Hawley	a) Feb. 15 b) Feb. 16 c) Feb 19- March 15 d) March 18-20 e) March 22
3) Review Logistics documents and monthly and local records	a) Establish consistency of user reporting and contraceptive levels b) Review accuracy and completeness of supply reporting c) Produce report	a) Collect dispatch records and clinic receipt for 3 months and review for consistency b) Review monthly reports to determine consistency of user/contraceptive levels c) Prepare Report	a) Collect records- 2 supervisors and warehouseman b) Review & analyze 2 supervisors and Hawley c) Report- Hawley and Perez	a) Feb. 18-25 b) Feb. 27-March c) March 3
4) Interview Selected supervisors social workers responsible for forms	a) Solicit views on format and understanding, etc. of reports, suggestions for change and quality of feedback b) Produce report	a) Select representative sample of at least 10 to be interviewed b) Identify questions c) Train interviewers d) Interview e) Prepare report	a,b,c- Pérez b,d - 2 supervisors e- Pérez	a)b)c) Feb. 4 b)d) March 4-8 e) March 20-22
5) Modify forms (probably sample)	Make changes consistent with findings of 1,2,3 and 4	Committee of Pérez, 2 supervisors and Dr. Hawley work at office	Committee	March 25-26

54

ACTION	OBJECTIVE	HOW	WHO	WHEN
6) Consult with Dr. Leo Morris of CDC	<ul style="list-style-type: none"> <li>a) Establish simple process of determining continuation rates from client records and surveys</li> <li>b) Discuss merits of CYP, SCYP, in output analysis</li> <li>c) Discuss household survey potential and requirements</li> <li>d) suggestions for computerizing record survey</li> </ul>	<ul style="list-style-type: none"> <li>a) MEXFAM request Morris from Sam Taylor</li> <li>b) meeting at MEXFAM</li> </ul>	Morris, Pérez, López 2 supervisors and Hawley	March 8
7) Identify target population for projects	<ul style="list-style-type: none"> <li>a) Make basic decisions regarding procedures</li> <li>b) Work with project directors to estimate target by project</li> </ul>	<ul style="list-style-type: none"> <li>a) Collect available census data</li> <li>b) Collect pertinent info from DGS, IMSS, ISSSTE, etc.</li> <li>c) Establish catchment area and estimate % pop likely MEXFAM target</li> <li>d) Estimate women at risk</li> <li>e) Report</li> </ul>	<ul style="list-style-type: none"> <li>a) ?</li> <li>b)</li> <li>c) Pérez, supervisors and Hawley</li> <li>d) Pérez</li> <li>e) Pérez and Hawley</li> </ul>	<ul style="list-style-type: none"> <li>a) &amp; b) - Feb 18</li> <li>March 13</li> <li>c) March 14</li> <li>d) March 14</li> <li>e) March 15</li> </ul>
8) Establish Morelos project Evaluation Procedures	Assure all evaluation instruments are in place as project initiates in April	<ul style="list-style-type: none"> <li>a) Train project personnel in service statistics and logistics reporting system</li> <li>b) Train project personnel in cost accounting</li> <li>c) Establish special report and evaluation requirements for training and IE&amp;C and other special interests</li> <li>d) targets</li> </ul>	Pérez and project Coordinator	April 22-26
9) Develop and Carry out records survey and monthly report analysis	<ul style="list-style-type: none"> <li>a) Provide basic numbers of accepters by project</li> <li>b) Provide "quality" indicators of age, parity, continuation and location</li> <li>c) Produce report</li> </ul>	<ul style="list-style-type: none"> <li>a) Develop survey questionnaire and procedure and select sample</li> <li>b) Select and train surveyors</li> <li>c) Collect records</li> <li>d) Put info from records in computerized format</li> <li>e) Analysis</li> <li>f) Report</li> </ul>	<ul style="list-style-type: none"> <li>a) Pérez and Hawley</li> <li>b) Pérez</li> <li>c) Surveyors (?)</li> <li>d) Surveyors</li> <li>e) Pérez - Hawley</li> <li>f) Pérez - Hawley</li> </ul>	<ul style="list-style-type: none"> <li>a) March 4-6</li> <li>b) July 3-4</li> <li>c)-d) July 8</li> <li>August 2</li> <li>e)-f) Aug 5-16</li> </ul>

ACTION	OBJECTIVES	HOW	WHO	WHEN
10) Evaluation Team Visits	a) Secure additional operational, management, policy evaluation of local service delivery practice b) Review other possibilities c) Produce Report	a) Select 6 to 8 project areas based on superior performance as identified in (9) (include Morelos) b) Prepare prototype questions c) Select team (request Taylor if outside consultant desired) d) Brief team e) Carry out visits f) Prepare report	a) Pérez - López b) Pérez - López - Hawley c) López - MEXFAM board d) López - Pérez e) Team f) Team - Hawley	a) & b) August 1 c) Aug. d) Sept. e) Sept. f) Oct. 11-16
11) Carry out household survey in selected project areas	a) Provide complementary information on characteristics of accepters and prevalence rates in areas of successful project performance	a) Select one or two ongoing project areas where more in-depth information required and identify questions b) Contract the service to be performed c) Survey d) Report	a) López - Pérez Hawley b) López - Pérez c) Contractor d) Contractor	a) March 28- b) April c) June d) Sept.
12) Develop cost elements	a) Provide basic information to make cost effectiveness comparisons of projects	a) Review with accountants present info for purposes of continuing aggregation of cost components and imputing core cost to projects b) Consider changes in MEXFAM account categories. c) Request cost estimates from cooperating agencies d) Collect data from MEXFAM and cooperating agencies	a) Hawley and Accountant & Pérez b) López - Pérez Accountant - Hawley c) López - Accountant d) Accountant	a) March 28 b) March 28 c) March 28 d) April - Oct

60

B  
 4  
 5

ACTION	OBJECTIVES	HOW	WHO	WHEN
13) Make cost effectiveness analysis	a) Provide comparison of cost/accepters by project and comparison of costs of various program components in achieving acceptor levels. b) Produce report	a) Compare information provided 9 and 12 to produce cost effectiveness analysis b) Prepare report	a) Pérez - Hawley b) Pérez - Hawley	Oct 21-28
14) Repeat (9) for Morelos	Update information	Same as 9	Same as 9	Oct 15-21
15) Produce Evaluation Report	a) Provide overall evaluation of MEXFAM service delivery emphasizing cost effectiveness of various projects in reaching target population with family planning and suggesting possible changes in approach b) Special emphasis report on 6 months of Morelos operation	a) Combine and analyze information of (1), (2), (3), (9), (10), (11), (13) and (14) b) Produce report	a) Pérez, Hawley b) Pérez, Hawley	Oct 29 - Nov. 1

51

ACTION	OBJECTIVES	HOW	WHO	WHEN
16) Make decisions on MEXFAM program based on evaluation	Make appropriate changes in MEXFAM emphasis and service delivery approach based on evaluation findings	a) Review evaluation with staff and determine possible changes b) Review with board and determine changes	López, Pérez Hawley López Pérez Board	Aug. 11 Nov. 11 Aug. 11 Nov. 15
17) Plan Additional Evaluations	Identify questions of a broader nature or more precise service delivery associated issues that could be evaluated by sociologic or operations research	a) include in discussions of (16) b) discuss with Taylor possibilities of AID assistance	a) Same as (16) b) López - Pérez Hawley - Taylor	Nov. 4-8 Nov. 15
18) Continue the self evaluation procedures established	a) Provide continuing service statistics (accepters and contraceptives). b) Provide potential for periodic analysis of accepter characteristics c) Provide potential for cost analysis	a) monthly service statistics b) Annual client record survey c) Annual cost analysis	Pérez supervisors & local staff	

APPENDIX D

Revised Monthly Report Form



**APPENDIX E**

**Instructions for Users Survey  
(Spanish)**

APPENDIX E

Instructions for Users Survey  
(Spanish)

Agosto 7, de 1985.

A :  
DE: DR. HECTOR G. PEREZ RUIZ

Anexo encontrara el instructivo y los formularios del "Programa de Trabajo y Presupuesto" que anualmente es sometido a consideracion de la IPFF.

Este año tendremos que iniciar la formulacion del mismo a la brevedad posible, puesto que se pondra a consideracion de la Asamblea de Asociados el proximo 18 de septiembre.

Esperando que el instructivo sea util como apoyo en la formulacion del programa de actividades que su unidad piense desarrollar en el año de 1986, quedo a sus ordenes para aclarar cualquier duda que se presente.

La fecha de nuestra primera reunion de trabajo que sugiero se realice el lunes 12 de agosto a las 9 horas, si no existe inconveniente por su parte.

A t e n t a m e n t e

Dr. Hector G. Perez Ruiz  
Jefe de la Unidad de  
Planacion y Evaluacion.

En la ultima reunion de coordinadores se acordo el realizar un estudio en cada uno de los programas de MEXFAM. El objetivo primordial de dicho estudio, es determinar el perfil de los participantes de los diversos programas.

Para realizarlo se selecciono como fuentes basicas de informacion, la tarjeta de visita y la libreta del promotor, puesto que estos instrumentos contienen los datos indispensables de los participantes, ademas de ser totalmente iguales.

Los datos que seran recolectados para delinear este perfil son los siguientes:

- Edad: Se debera poner con numeros arabigos y sera la edad que se encuentre registrada en la tarjeta de visita o libreta del promotor.
- Sexo: Se pondra la letra "M" para masculino y "F" para femenino.
- No. de Embarazos: Con numeros arabigos se pondra el numero total de embarazos, no importando la forma de terminacion de los mismos.
- No. de hijos vivos: Se escribira el numero de hijos vivos que el participante manifesto al momento de

llenar la tarjeta de visita o la libreta del promotor.

- Estado Civil: Se escribira el estado civil que manifesto el participante al momento de llenar la tarjeta de visita o la pagina de la libreta del promotor.

- Desea tener mas hijos?: Se escribira "SI" o "NO" segun sea el caso.

- Escolaridad: Se pondra el numero correspondiente.

1.- no sabe leer

2.- primaria incompleta

3.- primaria completa.

4.- secundaria o estudios tecnicos.

5.- media superior.

6.- universidad, superior o carrera.

- Ocupacion: Se escribira aquella que manifesto el participante.

- Motivo de la visita: Se anotara la razon que el participante dio para acudir al centro clinico o con el promotor.

- Habia utilizado algun procedimiento para evitar embarazarse? : Se escribira "SI" o "NO", segun corresponda.

Cual ? : Escribir el ultimo metodo que utilizo, si es que ha utilizado mas de uno.

- Que institucion se lo proporciono ? : Escribir el nombre de la institucion (IMSS, SSA, ISSSTE, Particular, etc.), que lo proporciono por ultima vez, si es el caso.

Estos datos se deberan de obtener por cada tarjeta de visita o pagina de la libreta del promotor que sea seleccionada para incluirse en el estudio.

A continuacion describiremos el procedimiento de seleccion de los participantes en el estudio.

Al ser este un estudio retrospectivo de casos, es decir, que obtendremos informacion que ya existe registrada y en poder del centro o del promotor, es necesario establecer el mecanismo que nos permita tener el minimo de seguridad de que los participantes que se incluyan sean representativos de los participantes que comunmente solicitan servicios de MEXFAM. Para esto, es indispensable que la seleccion de los participantes (tarjetas de visita o pagina de la libreta del promotor) sea al azar.

El numero de participantes que cada programa, centro o promotor incluya en el estudio, dependera directamente del numero total de participantes ACTIVOS que tenga cada uno de

ellos. En principio se determino que el 10% del numero total de ACTIVOS por cada programa, centro o promotor sera una muestra apropiada.

Ejemplo:

El centro Monclova informo en el mes de junio tener un total de 1,294 participantes ACTIVOS. De este total unos pertenecen al centro clinico y otros son participantes que acuden con algun promotor.

Monclova tendra que recopilar informacion del 10% del total de ACTIVOS es decir de 129 participantes.

Ahora bien, si del total de ACTIVOS de Monclova, 700 son participantes que acuden al centro, se seleccionara el 10%, es decir 70. Los otros 594 activos son participantes que acuden con promotores, de estos se selecciona el mismo 10% o sea 59. lo que nos suma  $(70+59)$  el total de 129 participantes ACTIVOS a ser incorporados en el estudio.

Para seleccionar la libreta del promotor que sera incorporada al estudio, se realizara un sorteo, se sugiere se elabore un papalito con el nombre o numero del promotor; cuando se tengan todos, doblarlos y depositarlos juntos para posteriormente sacar un papalito a la vez y asi seleccionar al promotor. Solo se seleccionara al 10% de los promotores, si en Monclova existen 18 promotores el 10% es 1.8, es decir, se seleccionaran 2 promotores, de los cuales se

obtendra la informacion de 59 participantes activos entre los dos.

Ahora bien, en el caso de los participantes que se incluyan en el estudio, estos seran seleccionados de la siguiente manera:

a) Se seleccionaran del tarjetero de activos.

b) Se eligira un numero del uno al diez, despues de haberlo elegido se contara de la primera tarjeta hasta encontrar la que corresponda al numero seleccionado, es decir, si se eligio el numero seis se contara la tarjeta numero uno hasta la numero seis que sera la primera de la cual se obtendran los datos. Posteriormente se contarán cinco, diez o veinte tarjetas segun sea el volumen de su programa, para seleccionar la proxima a incluirse en el estudio y asi sucesivamente hasta obtener el numero necesario, en el ejemplo de Monclova se seleccionaran 70 tarjetas del tarjetero de ACTIVOS.

c) El mismo procedimiento sera utilizado para la libreta del promotor. En el ejemplo de Monclova, se revisara la libreta de dos promotores, se sugiere dividir el numero de participantes entre el numero de promotores, de esta forma los 59 participantes activos de comunidad entre los dos promotores nos da 29.5 por cada promotor, en este caso se puede revisar en uno 29 y en otro 30. Si

la cantidad de participantes por promotor es aun muy pequeña se sugiere aumentar el numero de libretas de promotor a ser revisadas, por ejemplo: en lugar de 2 promotores se puedan seleccionar 5 promotores, de tal forma que se tenga que revisar en tres de ellos 11 participantes y en dos de ellos 13 participantes, lo que nos da un total de 59.

La informacion que se obtenga tendra que irse registrando en las hojas de vaciado que se anexan. Una hoja o las necesarias, concentrara la informacion de los participantes del centro, y una hoja o las necesarias por cada libreta del promotor que sea estudiada.

El estudio debera de concluirse antes de que finalice el mes de agosto y las hojas de vaciado de la informacion deberan de ser enviadas a las oficinas de Tlalpan antes del dia 6 de Septiembre.



**APPENDIX F**

**Multiplan Spreadsheets**

## APPENDIX F

### Multiplan Spreadsheets

- F-1 This data is transferred directly from the warehouse inventory control and accumulated into "orals" and "IUDs" for conversion to CMP. This is done on a monthly basis.
- F-2a This spreadsheet permits the transfer of monthly accumulated totals from F-1 which are accumulated here on a quarterly basis.
- F-2b This is an extension of F-2a which converts the quarterly accumulated totals to CMP by introducing conversion factors which can be adjusted to the experience of a specific program.
- F-3 This is financial data transferred from the monthly accounting records and accumulated on a quarterly basis.
- F-4 The data from F-2 and F-3 are automatically transferred to this spreadsheet and the cost per CMP calculated.

Appendix F-1

MEDFAM, A. C.

SISTEMA DE CONTROL DE ARTICULOS DISTRIBUIDOS POR CENTROS DE PLANEACION FAMILIAR

ARTICULOS		ORALES				BARRERA			INYECTABLE		
CENTROS	+	Microginon	Norminest	Neoginon	Noriday	+	Condon	Espermicida	DIU Inerte	DIU Activo	+ Inyectable
0001	La Villa	206		52			176	24	77	35	12
1402	Naucalpan	683		182			65	13	22	18	191
1403	Nezahualcoyotl	47		45			65	12	27	20	31
0004	Huixtlan	31	8	20			37	5	10	15	
0005	Atlix	394	232	227			31	9			
0006	Los Tuxtlas	277		141	63		8				3
0007	Guadalupe	553	65	200	132		251	23	20	42	47
0008	Monterrey	150	3	150			94	3	2		15
0009	Ensenada	153		70			20				
0010	Chihuahua	216	60	200	20		115	0	37	20	32
0515	Saltillo	76		37			47	16	5		13
0512	Monclova	182	917	91			81	1	1		41
0513	Veracruz Pto.	221		116	39		35	8	2	17	7
0514	L. de Lejades										
0515	Veracruz	34	63	70			61				
1416	Ixtuca	170		33			94	20	32	32	5
1617	Guerravaca										
1018	San Mateo	3		1				1			
1019	San Mateo	91	3	16	26		13				
1020	Jiquila	150	10	52			31	1	2		47
1221	F. I. V. M. N. H.										0
0822	C. U. M. I.	97	38	40			59				
2923	Xalapa										
2924	Minatitlan										
0025	Polanco Aux.	20		42				33		11	
0026	Parral	37	13	25	2		60				
0627	Jimenez	65		67			6		2		
0828	Beltoles	102		39			30				
0829	Quanteaco	55		53			5	2	1		
	TOTAL	4,411	1,415	2,257	254		1,404	177	262	255	440



DEPARTAMENTO DE SALUD  
MEXICO

PROGRAMA DE CONTROL DE ENFERMEDADES DE TRANSMISIÓN SEXUAL  
DE LOS ALMACENES DE ALMACENAMIENTO PARA CENTROS DE FAMILIA  
LOS CENTROS DE FAMILIA CON FAMILIAS  
FAMILIAR

PROGRAMA DE CONTROL DE ENFERMEDADES DE TRANSMISIÓN SEXUAL  
FAMILIAR

ARTICULOS

TENERO

ARTICULOS	TENERO	TENERO	TENERO	TENERO
"CENTROS"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"0001" "La Villa"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"1402" "Naucalpan"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"1403" "Nezahualcoyotl"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"0004" "Ixtapalapa"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"2905" "Poza Rica"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"2966" "Los Tuxtlas"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"1307" "Guadalajara"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"1808" "Monterrey"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"0207" "Ensenada"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"0810" "Chihuahua"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"0515" "Saltillo"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"0612" "Morelia"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"2913" "Veracruz Pto."	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"2914" "L. de Tejada"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"0815" "Ferrovial"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"1416" "Toluca"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"1617" "Cuernavaca"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"1618" "Yutepec"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"1619" "Temiaco"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]
"1620" "Jostite"	[ALMACEN.ENE.,D2 ORALES]	[ALMACEN.ENE.,D2 CONDOM.]	[ALMACEN.ENE.,D2 ESPERMICIDA [ALMACEN.ENE.,D2 DIU]	[ALMACEN.ENE.,D2 INYECTABLE] [ALMACEN.FEB.,D2 ORALES]







[ALMACEN.MAR, D2 DIU] [ALMACEN.MAR, D2 INYECTABLE]

11

U

14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77

78



NEAPAN,  
A. C.

SISTEMA DE CONTROL DE BIEN TIPO DE ARTICULOS DISTRIBU  
OS DEL ALMACEN DE Tlalpan a IDOS POR LOS CENTROS DE PLA  
LOS CENTROS DE PLANEACION NEACION FAMILIAR  
FAMILIAR

\* TOTALES DEL PR \* "EL PRIMER TRIMESTRE" \* "ESTRE" \* "FACTORES"

CENTRO	CONDOM	CONDOM	CONDOM	CONDOM	CONDOM	CONDOM	CONDOM
"0001" "La Villa"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"1402" "Nezahualcoyotl"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0004" "Tlalpan"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"2906" "Pasa Roca"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"2906" "Las Tuxtlas"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"1307" "Guadalajara"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"1808" "Monterrey"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0209" "Ensenada"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0810" "Chihuahua"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0615" "Saitito"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0512" "Moclova"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"2913" "Veracruz Pto."	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"2914" "L. de Tejada"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0815" "Ferromovil"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"1414" "Toluca"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"1617" "Cuernavaca"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"1618" "Yaupepec"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"1619" "Tehuacan"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"1620" "Jojutla"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"1221" "P. I. V. M. H. H."	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0822" "C. O. M. I."	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"2923" "Tlalapa"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"2924" "Minatitlan"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0825" "Poiteza Avx."	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0826" "Parral"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0829" "Jimenez"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0829" "Beiterras"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"0829" "Cuahuepac"	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	(RCI-17)+RCI-12)+RCI-7)	14.3/12 10
"TOTALES"	SUM(RC-31)C:RE-1)C)	SUM(RC-31)C:RE-1)C)	SUM(RC-31)C:RE-1)C)	SUM(RC-31)C:RE-1)C)	SUM(RC-31)C:RE-1)C)	SUM(RC-31)C:RE-1)C)	

Best Available Document



"MEXFA F.A.M., A.C."  
M. A. C.

"AVANCE PRESUPUESTAL POR TRIMESTRES"

CENTROS		"ACUMULADO A" JUNIO	"GASTO ENE-MAR"
"0001"	"La Villa"	7324647	2889725
"1402"	"Naucalpan"	5111687	2135022
"1403"	"Nezahualcoyotl"	11270612	5645453
"0004"	"Tlalpan"	5145831	1903247
"2905"	"Poza Rica"	2178380	772555
"2906"	"Los Tuxtlas"	3298661	1112665
"1307"	"Guadalajara"	8606367	2940016
"1608"	"Monterrey"	5461562	2550769
"0209"	"Ensenada"	4648142	2057691
"0810"	"Chihuahua"	5356525-1200000	2336582-600000
"0515"	"Saltillo"	2497181	1003653
"0512"	"Monclova"	2668440	843079
"2913"	"Veracruz Pto."	2892080	1214955
"2914"	"L. de Lejasa"	2739764	1059699
"0815"	"Ferromovil"	1485295	551008
"1416"	"Toluca"	7233510	3548872
"1617"	"Cuernavaca"	2024505	499740
"1618"	"Yautepec"	1325738	173625
"1619"	"Texico"	1006317	503952
"1620"	"Jojutla"	2600716	611505
"1221"	"P. I. V. M. H. H."	890886	107220
"0822"	"C. O. M. I."	1200000	600000
"2923"	"Xalapa"	3815728	1083259
"2924"	"Minatitlan"	1135966	338791
"0025"	"Folclore Aux."	0	0
"0826"	"Parral"	850413/4	28920/4
"0827"	"Jimenez"	850413/4	28920/4
"0828"	"Belicinas"	850413/4	28920/4
"0829"	"Cuauhtemoc"	850413/4	28920/4
"TOTALES"		SUM(R1-31)C:(R1-1)C)	SUM(R1-31)C:(R1-1)C)



MEMORIA  
ANUAL

RESUMEN DEL

ALMACEN DEL COMPA

MANEJO INTEGRAL DE LOS

TEMPERATURA (C)

ANÁLISIS DEL

ALMACEN

	ALMACEN. 1.02 ORALES	ALMACEN. 1.02 CONDOR	ALMACEN. 1.02 ESPERMICIDA	ALMACEN. 1.02 DIU	ALMACEN. 1.02 INYECTABLE
"0001" "La Villa"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"1402" "Naucalpan"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"1403" "Nezahualcoyotl"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"1404" "Tlalpan"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"2905" "Poza Rica"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"2906" "Los Tuxtlas"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"1307" "Guadalajara"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"1918" "Monterrey"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"0209" "Ensenada"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"0810" "Chihuahua"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"0515" "Saltillo"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"0512" "Monclova"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"2913" "Veracruz Pto."	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]
"2914" "L. de Tejada"	[ALMACEN. 1.02 ORALES]	[ALMACEN. 1.02 CONDOR]	[ALMACEN. 1.02 ESPERMICIDA]	[ALMACEN. 1.02 DIU]	[ALMACEN. 1.02 INYECTABLE]

*Handwritten signature or initials*







IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

IF (RCL-2) > 0, IF (RCL-3) > 0, (
RCL-2) / (RCL-3), 999999.99)
, 0)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

"WDP"

IF(RC[-2]>0, IF(RC[-3]>0, (

RC[-2]/RC[-3], 999999.99)

, 0)

**APPENDIX G**

**Old Monthly Report Form**

Old Monthly Report Form

INFORME MENSUAL

A MES AÑO ELO. N. O D. CENTRO No. DE II

	ORAL		LOCAL		DIU		QUIRURGICO		SUB-TOTAL	PAPA-NIC.	GINE-COL.	INFERT.	OTRO	SUB-TOTAL	TOTAL
	M	N	CONDON	ESPU.	I	A	INYECC.	SALPIN & CLAS.							
NUEVAS															
SUBSECUENTE															
REINGRESOS															
TOTAL															
DONATIVO															
TOTAL DE UNIDAS RECIBIDAS															
TOTAL DE UNIDAS VENDIDAS															
TOTAL DE UNIDAS SOBANTES															

PERDIDAS DE SEGUIMIENTO	
BAJAS	
ACTIVAS	

	PLATICAS	No.	PERSONAS
A	ESCUELAS		
B	INDUSTRIAS		
C	ASOCIACIONES		
D	C. DE PROMOCION		
E	C. CLINICO		
F	OTROS		
TOTAL:			

VISITAS AL CENTRO DE PROMOCION	
A	CAPACITACION EN SERVICIO
B	CORTE Y ENTREGA MENSUAL
C	SUPERVISION
TOTAL:	

VISITAS A DOMICILIO	
A	PROMOCION E INVESTIGACION
B	RECAPTURA-EVALUACION
C	ORIENTACION FAMILIAR
D	OTROS
TOTAL:	

EXPLICACION DE CADA GRAFICA

GRAFICA 1	
GRAFICA 2	
GRAFICA 3	
GRAFICA 4	
GRAFICA 5	
GRAFICA 6	