

PD-AAA-987  
450755**Memorandum**

**Date** January 29, 1987

**From** Richard S. S. Monteith, M.P.H., Program Analyst, Program Evaluation (PEB),  
Division of Reproductive Health (DRH), Center for Health Promotion and  
Education (CHPE)

**Subject** Foreign Trip Report (AID/RSSA): Honduras, January 4-17, 1987--Evaluation of  
the Asociacion Hondurena de Planificacion de Familia (AHPF) Community-Based  
Distribution (CBD) Program

**To** James O. Mason, M.D., Dr.P.H.  
Director, CDC  
Through: Assistant Director for Science, CHPE *JMM*

**SUMMARY**

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**SUMMARY**

This evaluation assessed program performance of the AHPF CBD program from the first quarter of JY 1984 through the third quarter of CY 1986. With one exception, the results of the evaluation were positive for every performance indicator examined: Sales of contraceptives, number of active users, and distribution posts have continued to increase since 1984, albeit, at a rate slower than during the 1981-83 period. Additionally, all of the productivity measures that were examined, e.g., cost per active user, were within acceptable ranges and compared favorably with those of AHPF's clinic and social marketing programs. The only performance indicator for which a decline was found was in the number of new acceptors recruited by the program. The observed decline may be due in part to increased competition from other family planning programs in the country, user preference for methods not available through the CBD program, inadequate promotion of the program, and program saturation in some geographical areas served by the program.

Assistance was also provided to USAID/Honduras in completing the 1989 Contraceptive Procurement Tables for AHPF and the Instituto Hondureno de Seguridad Social (IHSS). Tables for the Ministry of Health (MOH) were not completed because key MOH personnel we were to assist were conducting an inventory of contraceptives in field locations. The MOH tables will be completed with Mission assistance and forwarded to AID/Washington before April 1987.

The director of AHPF's CBD program and the director of IHSS's Medical Services expressed interest in DRH/CDC's computerized Contraceptive Commodity Management Information System (CCMIS). Implementation of the CCMIS in IHSS may not be warranted given the small size of its family planning program. However, additional discussions on this matter should take place. If the AHPF elects to implement this system, installation could possibly be scheduled for July 1987.

#### I. PLACES, DATES, AND PURPOSE OF TRAVEL

Honduras, January 4-17, 1987, at the request of USAID/Honduras and the Asociacion Hondurena de Planificacion de Familia (AHPF), to evaluate the performance of the AHPF community-based distribution program; and at the request of S&T/POP/FPSD and the Mission, to provide assistance in completing the 1989 Contraceptive Procurement Tables. This consultation was provided by Richard S. Monteith, PEB/DRH/CHPE, and Dr. Mario Jaramillo, John Snow, Inc. (JSI). The CDC travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and DRH/CHPE/CDC and was made in conjunction with a 1-week trip to Guatemala.

#### II. PRINCIPAL CONTACTS

##### A. USAID/Honduras

1. Mr. Tom Park, Chief, Human Resources Division
2. Dr. Barry Smith, Population Officer
3. Ms. Anita Siegel, Assistance Population Officer
4. Dr. Maria del Carmen Miranda, Family Planning Program Coordinator

##### B. Asociacion Hondurena de Planificacion de Familia (AHPF)

1. Sr. Alejandro Flores, Executive Director
2. Sra. Nelly Elisabeth Funez, Director, CBD Program
3. Sra. Daisy Navarro, Supervisor, Region I, CBD Program
4. Sr. German Cerrato, Administrator
5. Sr. Marcial Solis, Director, Social Marketing Program (CSM)
6. Sr. Miguel Machuca, Triton Corporation, Advisor to CSM Program
7. Sra. Margarita Suazo, Chief, Evaluation and Training Unit

##### C. Instituto Hondureno de Seguridad Social (IHSS)

1. Dr. Samuel Dickerman, Director, Medical Service
2. Sra. Gloria Mandragon, Family Planning Coordinator, Santa Fe Clinic
3. Sra. Ana de Lagos, Nurse/Administrator, Santa Fe Clinic

D. Ministry of Health (MOH)

1. Dr. Jose Ochoa Vasquez, Chief, National Family Planning and Breast-feeding Program
2. Dra. Regina Duron A., Assistant Chief, National Family Planning and Breast-feeding Program
3. Ms. Marijke Velzeboer, Management Sciences for Health (MSH), Program Advisor

III. BACKGROUND

The last evaluation by CDC consultants of the AHPF CBD program was conducted in October-November 1984 and covered the period April 1983 to September 1984 (See CDC Foreign Trip Report, Honduras, January 25, 1985). The present evaluation, which was conducted by a joint CDC/JSI team during January 4-16, 1987, assesses program performance for approximately a 3-year period, from the first quarter of CY 1984 through the third quarter of CY 1986.

This evaluation was requested by the Asociacion Hondurena de Planificacion de Familia (AHPF) and USAID/Honduras, who were concerned with recent decreases in active users and with costs to the CBD program in recruiting and maintaining users in the program. This report primarily focuses on these two issues.

IV. EVALUATION OF THE COMMUNITY-BASED DISTRIBUTION PROGRAM

1. Active Users

In order to place the current CBD program in context, an analysis of program performance from January 1981 through September 1986 is presented in Table 1. During this period, the number of active users served by the program increased from 26,942 users in the first quarter of 1981 to 44,477 users in the third quarter of 1986, or an increase of 65 percent. The CBD program enjoyed its greatest growth during 1982 and 1983, but since the second quarter of 1984 only modest increases in active users have been reported. It should be noted, however, that although there have been fluctuations in the number of active users served by the CBD program, the long-term trend has been upward.

In the fourth quarter of 1985, the CBD program created a new region, La Ceiba, in an attempt to increase program activities in Northeast Honduras. In creating the new region, approximately 230 Region II distribution posts were transferred to La Ceiba Region. Future evaluations will be required to assess the impact of this decision on program performance in the new region.

In the meantime, from the first quarter of 1984 through the third quarter of 1985, Region II consistently outperformed Region I, although the differences in active users served in these two regions were not great (Table 2). During this period, the number of active users increased in both regions, by 1.8 percent in Region I and 9.0 percent in Region II. From the first quarter of 1984 through the third quarter of 1986, the number of active users in Region I increased by 3.9 percent.

Also, beginning with the fourth quarter of 1985, another programmatic change was made to increase efficiency and productivity: Five Area Promoters, who normally used public transport to supervise distribution posts, were assigned to work with five Mobile Promoters who have vehicles. With this change, the two promoters jointly visit the distribution posts they used to supervise individually. As with the creation of the La Ceiba Region, future evaluation will be required to assess the impact of this decision on program performance.

As Table 3 shows, the number of active users by promoter-type also increased for all categories from the first quarter of 1984 through the third quarter of 1985. The largest increase was reported by Mobile Promoters (12.1 percent) followed by Urban Promoters (2.4 percent) and Areas Promoters (0.8 percent). From the first quarter of 1984 through the third quarter of 1986, Urban Promoters recorded an increase of 22.8 percent in active users.

Tables 4-6 show number of active users by method and brand from the first quarter of 1984 through the third quarter of 1986. Overall, approximately 93 percent of active users used oral contraceptives. Also during this period, the number of active users of orals increased by approximately 7 percent. However, the largest percentage increase in users was among condom users--97 percent! Overall, the number of active users of vaginal methods decreased. This is primarily due to the failure of Conceptrol to regain the same market share that Neosampoon once enjoyed before the latter was replaced by the former. In 1986, low stock levels of Conceptrol may also have been a factor contributing to reduced sales of this method.

The decrease in the number of active users of Noriday and Norminest oral contraceptives reflects the current unavailability of these products to CBD and clinical programs worldwide. It is very likely that the CBD program depleted its stocks of these methods during the first quarter of 1986.

## 2. New Acceptors

As Table 7 shows, during the first four half-year periods examined, new acceptors increased. Subsequently, there has been a general decline in new acceptors in the program. From the first quarter of 1984 through the third quarter of 1986, an overall decrease of 28.7 percent occurred (Table 8). In Region I, a decrease of 29.9 percent was reported while Region II and La Ceiba reported a combined decrease of 27.6 percent. Standing alone, La Ceiba reported 34.8 percent fewer new acceptors for the third quarter of 1986 than it reported at the end of its first quarter of existence. Table 9 shows a decrease in new acceptors for all categories of promoters. It should be noted that the number of new acceptors that correspond to the joint Mobile/Area teams was less in 1986 than the number that corresponded to Mobile promoters when they worked alone 2 years hence.

Tables 10-12 show that users of oral contraceptives account for most of the decline in new acceptors since the first quarter of 1984. For the first quarter of 1984, the program reported 7,271 new users of oral contraceptives compared to 5,036 for the third quarter of 1986, or a decrease of 30.7 percent.

For the most part, the decrease in new acceptors is real, although some of the decline is artificial, e.g., changes in the definition of new acceptors (March 1983-June 1984) and underreporting (January 1985-September 1986). In addition, the decline in 1986 was in part budget-related; little or no promotion was done by promoters during the year for lack of funds to pay their travel costs.

### 3. Distribution Posts

Overall, the number of distribution posts increased from 1,098 in the first quarter of 1984 to 1,188 in the third quarter of 1986, or an increase of 8.2 percent (Table 13). Increases are noted in each region and for each category of promoter. The focus of the CBD program as of the third quarter of 1986 remained primarily rural (74.5 percent), although the proportion of urban posts increased slightly from 21.0 percent in the first quarter of 1984 to 25.5 percent in the third quarter of 1986.

### 4. Sales Revenue

Since 1981, there has been a general increase in sales of contraceptives and in revenues reverting to the association, which are used to defray the costs of the CBD program (Table 14). It should be noted that from October 1984-March 1985 through April-September 1986, a 24-month period, nearly half (48 percent) of all of the revenue reverting to the association since April-September 1981 occurred during this period.

### 5. Efficiency Indicators

In this section, we analyze the efficiency of the CBD program and, when appropriate, make comparisons with other service delivery programs, including AHPF's clinic and Social Marketing programs.

#### Active Users per Distributor

As Table 15 shows, the number of active users per distributor has been fairly stable since the first quarter of 1984--about 38 users per distributor. On the average, Region I distributors served about 9 to 11 more active users in 1986 (about 44) than did distributors in Region II and La Ceiba Region (about 33).

Compared with CBD programs in Guatemala and Colombia, the AHPF distributors serve more active users on the average (38) than their counterparts in Colombia (31 to 34) and Guatemala (23).

#### Proportion of Promoters to Distributors

In general, the ratio of distribution posts to promoters (field supervisors) is 44:1 and compares favorably to a ratio of 40:1 in Colombia and 28:1 in the Dominica Republic.

#### Costs per Active User

We estimated that the net operational cost (includes all costs, direct and indirect, less profit from the sale of contraceptives) per active user to be US\$8.91. This compares to a cost of US\$21.50 for AHPF's clinic program (reversible methods), US\$14.32 for its sterilization program, and US\$20.17 for the Social Marketing program.

Costs per active users in other CBD programs in the region are shown below. As should be noted, AHPF's cost per active user is within an acceptable range.

<u>Country</u>	<u>US\$</u>
Honduras	8.91
Colombia (Rural)	18.70
Brazil (low to high density)	9.01-5.84
El Salvador	14.65

In summary, the AHPF CBD program should be considered efficient, according to the parameters we examined.

#### 6. Logistics

Before presenting an analysis of the current supply status of the CBD program, it should be noted that the supply system of the CBD program is no longer a 4-tier system. Until 1986, inventories of contraceptives were maintained at the association's central warehouse, by the program's regional supervisors, by promoters, and in the distribution posts. In 1986, contraceptives began to be issued directly from the central warehouse to the promoters, bypassing the supervisors, thus making the system a 3-tier system. This change will increase the efficiency of the program by reducing the handling of contraceptive supplies.

Table 16 presents an analysis of the supply status of the CBD program for 1986, by method/brand and quarter. Excluded is Emko foam which is not in critical short supply based on 1985 and 1986 use patterns. The analysis assumes the following:

- All inventories held by the CBD program and by the central warehouse will be made available to the CBD program. Actually, AHPF's clinic program will draw down supplies of all methods except Lo-Femenal and Femenal, albeit, in amounts that are relatively small compared to usage in the CBD program.
- Projected sales of contraceptives for the fourth quarter of 1986 will equal sales during the third quarter or third quarter ending balances, whichever is smaller. In general, this understates what actual sales will probably be and overstates balances on hand at the end of the fourth quarter. Projected sales and resulting balances on hand appear in parentheses.
- Sales figures for the first through the third quarters reflect actual sales. Balances on hand are as of the end of the third quarter.

NORIDAY AND NORMINEST: As the top two panels of the table show, the CBD program exhausted its supplies of Noriday and Norminest oral contraceptives during the fourth quarter of 1986.

OVRAL: The supply status of Ovrал will remain favorable as approximately 18 months of supply are projected to be on hand at the end of the fourth quarter of 1986. Although Ovrал could act as an alternative to current users of Noriday and Norminest, sales trends for 1986 indicate that Ovrал will not be the method of choice as compared to Lo-Femenal. This may be due in part to the price of Ovrал to users as compared to other orals--US\$0.75 vs US\$0.25.

LO-FEMENAL: Sales of Lo-Femenal are very likely to be higher during the fourth quarter than which is indicated in the table. If this is the case, inventories of Lo-Femenal will drop to zero during the first quarter of 1987 unless new supplies are received in January. Rationing of this method, i.e., sales of one cycle only per user, may be necessary until the field is resupplied, a 2- to 3-weeks exercise following receipt of supplies in Tegucigalpa. (Note: A shipment of 216,000 cycles of Lo-Femenal arrived shortly before our departure and was in Customs awaiting clearance. Based on the 1989 CPT's, 1,054,000 additional cycles will be required in 1987 to meet demand and to "fill the pipeline.")

FEMENAL: At this time, it is difficult to predict what the demand for Femenal will be. Given the earlier introduction of Lo-Femenal in the program, it is very likely that it will not become a popular method. Given this and the fact that Femenal will no longer be procured by AID for use in CBD and clinic programs, we recommended a reassessment of the decision to introduce this method into the program in the first place. (Note: Before our departure, AHPF decided not to promote this method. AHPF will not procure additional quantities of Femenal and will dispense current stocks until they expire in August 1988.)

CONCEPTROL: Sales of Conceptrol decreased by half during 1986. This is due in part to the short supply of this method in the field. On the average, no more than 29 tablets per distribution post were potentially available at the end of the third quarter. This amount is equivalent to slightly more than one couple quarter of use! If sales of this method are expected to increase, additional supplies will need to be received immediately. (Note: A shipment of 86,400 tablets was scheduled to be shipped to AHPF in late January 1987. Based on the 1989 CPT's, 49,000 additional tablets will be required in 1987 to meet demand and to "fill the pipeline.")

CONDOMS: No more than 8 months of supply of condoms are projected to be available to the program at the end of the fourth quarter. However, sales of this method may decline rapidly if new supplies are not received soon: 176,115 is equivalent to 148 units per distribution post on the average or 6 Couple-Quarters-of-Protection. (Note: A shipment of 282,000 pieces arrived shortly before our departure and was in Customs awaiting clearance. However, based on the 1989 CPT's, 412,000 additional pieces will be required in 1987 to meet demand and to "fill the pipeline.")

In summary, with the exception of Ovral, the supply status of the CBD program is not favorable. The need for resupply is urgent, if a decline in active users because of lack of supply is to be avoided. With regard to Femenal, there is an apparent oversupply of this method now that the Association has elected to promote Lo-Femenal.

## 7. Discussion

With one exception, the results of our evaluation are positive for every performance indicator we examined: Sales of contraceptives and number of active users and distribution posts have continued to increase since 1984, albeit, at a rate slower than during the 1981-83 period. Additionally, the productivity measures we examined such as cost per active user, number of promoters per distributor, and number of active users per distributor are within acceptable ranges and compare favorably with those of AHPF's clinic and Social Marketing program. The only performance indicator for which we found a decline was in the number of new acceptors recruited by the program. Generally, declines in new acceptors are associated with inadequate promotional programs, competition from other programs, user preference for methods not available in a program, and program saturation in some geographical areas served by the program. To some extent, all of these factors have played a role in the observed decline in new acceptors.

Of concern to us is the contraceptive supply status of the program. The program was on the verge of running out of key contraceptive methods, i.e., Lo-Femenal, Conceptrol, and condoms, and would have if it were not for the receipt of a small shipment of Lo-Femenal and condoms shortly before our departure. A small shipment of Conceptrol was still pending at the end of this consultation. Given the relatively low stock levels of contraceptives in the program, priority should be given to procuring additional contraceptive supplies, as forecasted in the 1989 CPT's, as early in 1987 as possible.

Our analysis of contraceptive use by method and brand indicates that Lo-Femenal will be the method of choice in the program once Noriday and Norminest are exhausted, which probably occurred during the fourth quarter of 1986. AHPF requested that a pending shipment of 1.5 million cycles of Femenal not be shipped, and we concurred in their decision. S&T/POP/FPSD was notified by phone of this decision on January 15, 1987.

During this evaluation, the CBD program director was asked to make cuts in the program's budget as part of an overall AHPF effort to keep within its AID budget. Of concern to us was the cut made in regional supervisors' per diems. In our opinion, field activities of program personnel are essential to the productivity and earnings of the program and, therefore, should be exempt from budget cuts. We recommend that other less efficient AHPI' operations be further examined for budget reductions.

The slow pace of growth of the program in terms of active users since 1985 indicates that the program may be reaching its upper limits in terms of recruiting and maintaining users in the program. However, two strategies may increase active users in the program. First, relatively inexpensive measures such as additional funding to produce educational/promotional materials, to purchase audiovisual materials (8 projectors and generators, loudspeakers with amplifiers), and to purchase spare parts for the program's vehicles may help in maintaining the program's current growth rate. Initially, we considered recommending that the program discount the price of contraceptives it charges to users as an attractive alternative to increasing sales, without placing additional strain on program personnel, but later dismissed this idea, since this would conflict with the program's desire to become more self-sufficient.

On the other hand, if dramatic increases in number of active users served by the program are expected, this would require more expensive measures such as additional personnel, travel funds, and vehicles. Given these measures, additional distribution posts could be opened, but they would be in areas less accessible and less densely populated than the current posts. This would certainly translate into a higher cost per user, but this would be consistent with experience elsewhere. From an overall development and public health perspective, the costs of opening new posts would probably be justified.

Finally, although we are aware that AHPF's computer and software needs are currently under study, consideration should be given to installing CDC's Contraceptive Commodity Management Information System (CCMIS) on AHPF's IBM-XT for the CBD program. This system, which is currently operational in three Ecuadoran family planning programs, would facilitate data reporting, processing, and analysis in the CBD program. Copies of the system's output (reports) were left with program officials. If AHPF decides to implement the CCMIS, we recommend that consideration be given to installing the system in July 1987.

#### V. 1989 CONTRACEPTIVE PROCUREMENT TABLES

Tables were completed for AHPF and the IHSS. Tables were not completed for the MOH because key MOH personnel, whom we were to assist in completing the tables, were conducting an inventory of contraceptives in field locations. The MOH tables will be completed with Mission assistance and forwarded to S&T/POP/FPSD before April 1987. Copies of the AHPF and IHSS tables were left with the Mission before our departure.

AHPF tables assume:

1. Only one set of tables was prepared for the CBD and clinic programs, since both draw down supplies from the central warehouse. CPTs for previous years did not include the clinic program's needs.
2. Lo-Femenal will become the method of choice in both programs: however, this will occur in 1987 for the CBD program and probably in 1988 for the clinic program. It is assumed that the vast majority of current Noriday and Norminest users will switch to this method.
3. Because of the future unavailability of Femenal to CBD and clinic programs, the use of this method will not be encouraged. The manufacture date of the current inventory is August 1983, which was a key factor in reaching the decision not to promote the use of this product.
4. Use of 175 percent and 150 percent DEOYSL were used to "fill the pipeline" for selected products because of their current low inventory levels.
5. Condoms shipped to AHPF should be 50 percent Sultan Plain condoms (it is reported that users like the packaging) and 50 percent Tahiti colored condoms.
6. Only 216,000 cycles of Lo-Femenal, 282,000 condoms, and 86,400 tablets of Conceptrol are currently programmed to be shipped to AHPF in 1987. Additional requirements for 1987 will be based on the 1989 CPTs.

IHSS's tables were based in part on an analysis of program performance and supply status since DRH/CDC's last evaluation of the IHSS family planning program (See CDC Foreign Trip Report, Honduras, May 28, 1986). Tables 17-19 summarize our findings. In general, the program continues to grow in terms of Couple-Quarters-of-Protection (CQP) dispensed to users, with IUD's providing approximately two-thirds of the CQP dispensed in the fourth quarter of 1986.

IHSS tables assume:

1. Noriday and Norminest will be used at current levels until supplies are exhausted in 1988.
2. Lo-Femenal will become the method of choice in the program. Beginning in 1989, previous users of Noriday and Norminest will change to Lo-Femenal.
3. Increases in product use in 1987-88 reflect the availability for the first time of family planning services in four "perifericos" of IHSS. Heretofore, services have only been available through the Santa Fe Clinic.
4. Projected condom use reflects quantities that will be donated to the Armed Forces: 100,000 in 1987 and 200,000 each year thereafter.
5. Condoms shipped to IHSS should be 50 percent "Made in USA" plain condoms and 50 percent Tahiti colored condoms.
6. Because of the future unavailability of Femenal to clinic programs, the use of this method will not be encouraged.

It should be noted that Dr. Dickerman was interested in DRH/CDC's CCMIS to track contraceptive supplies. Implementation of this system in the IHSS may not be warranted, given the small size of the family planning program. However, additional discussions on this subject need to occur as IHSS adds additional family planning outlets to its existing program. If requested, we would assist in designing a manual system as a precursor to installing the CCMIS.

Two points should be made regarding the tables for the Social Marketing program: (1) Estimated product use may err on the high side. This should be remembered when the 1990 tables are completed next year. (2) The table on Norminest does not reflect a possible transshipment of approximately 63,000 cycles from the Guatemalan Social Marketing Program. If, indeed, this transaction occurs, which will allow the Guatemalan program to market Norquest rather than Norminest, the Honduran Norminest table will need to be updated.

Finally, we were concerned with the methodology that the MOH was planning to use to estimate their contraceptive requirements. As we understand the methodology, contraceptive requirements will be estimated as follows:

Orals

Total Number of  
Women in Fertile  
Age (15-49) (WIFA) x 50 percent x 13 cycles/year

IUD's

Total WIFA x 31 percent x 1.5 IUD's/year

Vaginal Tablets

TOTAL WIFA x 3 percent x 216 Tablets/year

Condoms

TAL WIFA x 3 percent x 216 Condoms/year

In short, these formulas, if used, would overestimate the MOH's supply requirements, since the coverage of the MOH family planning program is considerably less than is shown in the formulas. In addition, the use of 216 vaginal tablets or condoms per year is about two times higher than what Pineda et al., estimated usage to be in Central America, including Honduras, in 1985 (See Pineda et al., Coital Frequency and the Calculation of Couple-Months-of-Protection in Eight Latin American Countries, September 16, 1985). The formulas could be corrected if: (1) they included the prevalence of use of these methods in areas served by MOH facilities, (2) the use of vaginal tablets and condoms was reduced to 100 or 144, and (3) if an adjustment was used to establish minimum stock levels in outlets.

We discussed our concerns with Anita Siegel who will, in turn, revise the MOH CPTs, if necessary, before they are submitted to S&T/POP/FPSD.



Richard S. Monteith, M.P.H.

T A B L A 1

NUMERO DE USUARIAS ACTIVAS POR PERIODOS SELECCIONADOS

1981- 1986

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA

DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

<u>P E R I O D O</u>	<u>USUARIAS *</u> <u>ACTIVAS</u>	<u>CAMBIO</u> <u>PORCENTUAL</u>
ENERO-MARZO 1981	26,942	-
ABRIL-JUNIO	23,762	- 11.8
JULIO-SEPTIEMBRE	26,847	+ 13.0
OCTUBRE-81-MARZO 82**	25,057	- 6.7
ABRIL- JUNIO	31,225	+ 24.6
JULIO-SEPTIEMBRE	31,486	+ 0.8
OCTUBRE-82-MARZO 83 **	39,098	+ 24.2
ABRIL JUNIO	35,253	- 9.8
JULIO-SEPTIEMBRE	36,459	+ 3.4
OCTUBRE-83 MARZO84**	40,271	+ 10.5
ABRIL-JUNIO	40,798	+ 1.3
JULIO-SEPTIEMBRE	41,202	+ 1.0
OCTUBRE-DICIEMBRE	42,560	+ 3.3
ENERO-MARZO 85**	42,603	+ 0.1
ABRIL-JUNIO	42,528	- 0.2
JULIO-SEPTIEMBRE	43,173	+ 1.5
OCTUBRE-DICIEMBRE	45,781	+ 6.0
ENERO-MARZO 86	43,731	- 4.5
ABRIL-JUNIO	45,136	+ 3.2
JULIO-SEPTIEMBRE	44,477	- 1.5

\* LAS CIFRAS REPRESENTAN EL NUMERO DE PROTECCION PAREJA POR TRIMESTRE O POR SEMESTRE CALCULADO DE LA CANTIDAD DE VENTA DE ANTICONCEPTIVOS DURANTE CADA PERIODO.

\*\* UN PERIODO DE SEIS MESES.

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T A B L A 2

NUMERO DE USUARIAS ACTIVAS POR TRIMESTRE,  
SEGUN REGION 1984-1986

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA  
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

TRIMESTRE/AÑO		TOTAL	I	REGION II	LA CEIBA
1er	1984	40,916	19,773	21,143	
2do		40,798	19,192	21,606	
3er		41,202	19,139	22,063	
4to		42,560	19,495	23,065	
1er	1985	42,603	19,551	23,052	
2do		42,528	19,825	22,703	
3er		43,173	20,137	23,036	
4to		45,781	21,532	16,205	8,044
1er	1986	43,731	20,542	15,943	7,246
2do		45,136	21,109	16,267	7,760
3er		44,477	20,547	16,292	7,638

T A B L A 3  
NUMERO DE USUARIAS ACTIVAS POR TRIMESTRE,  
SEGUN CATEGORIA DE PROMOTOR 1984, 1985  
ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA  
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA  
C A T E G O R I A

TRIMESTRE/AÑO	TOTAL	AREA	UNIDAD	URBANO
1er 1984	40,916	11,281	14,996	14,639
2do	40,798	11,415	15,362	14,022
3er	41,202	11,396	15,414	14,393
4to	42,560	11,821	15,845	14,894
1er 1985	42,603	11,852	16,161	14,590
2do	42,528	11,098	16,658	14,772
3er	43,173	11,372	16,806	14,995
4to	45,781	4,572	22,467	18,742
1er 1986	43,731	4,273	21,934	17,524
2do	45,136	4,258	23,082	17,796
3er	44,477	4,105	22,398	17,974

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T A B L A 4

NUMERO DE USUARIAS ACTIVAS POR METODO

SEGUN TRIMESTRE 1984

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA

DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

TRIMESTER DE 1984

<u>M E T O D O</u>	1er	2do	3er	4to
<u>TOTAL ORALES</u>	<u>38,847</u>	<u>38,727</u>	<u>38,930</u>	<u>39,960</u>
NORIDAY	27,111	27,228	26,998	26,662
NCRMINEST	9,770	9,992	8,974	9,580
OVRAL	1,966	1,507	2,958	3,718
LOFMENAL				
FEMENAL				
<u>TOTAL VAGINALES</u>	<u>788</u>	<u>661</u>	<u>632</u>	<u>730</u>
NEOSAMPOON	521	594	622	730
CONCEPTROL				
EMKO	267	67	10	0
<u>TOTAL CONDONES</u>	<u>1,281</u>	<u>1,410</u>	<u>1,640</u>	<u>1,870</u>
<u>GRAN TOTAL</u>	<u>40,916</u>	<u>40,798</u>	<u>41,202</u>	<u>42,560</u>

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T A B L A 5

NUMERO DE USUARIAS ACTIVAS POR METODO,

SEGUN TRIMESTRE, 1985

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA

DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

M E T O D O	TRIMESTRE DE 1985			
	1er	2do	3er	4to
<u>TOTAL ORALES</u>	<u>39,978</u>	<u>39,829</u>	<u>40,321</u>	<u>42,735</u>
NORIDAY	27,241	27,024	27,775	28,699
NORMLNEST	8,765	8,580	7,047	5,795
OVRAL	3,972	4,225	4,455	4,931
LO-FEMENAL			1,044	3,310
FEMENAL				
<u>TOTAL VAGINALES</u>	<u>424</u>	<u>610</u>	<u>697</u>	<u>777</u>
NEOSAMPON	60	0	0	0
CONCEPTROL	245	385	436	446
ENKO	119	225	261	331
<u>TOTAL CONDONES</u>	<u>2,201</u>	<u>2,089</u>	<u>2,155</u>	<u>2,269</u>
<u>GRAN TOTAL</u>	<u>42,603</u>	<u>45,528</u>	<u>43,173</u>	<u>45,781</u>

T A B L A 6

NUMERO DE USUARIAS ACTIVAS POR METODO, SE-  
GUN TRIMESTRE, 1 9 8 6

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA  
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

<u>M E T O D O</u>	TRIMESTRE DE 1986		
	1er	2do	3er
<u>TOTALES ORALES</u>	<u>40,767</u>	<u>42,072</u>	<u>41,483</u>
NORIDAY	26,770	25,096	13,983
NORMINEST	4,213	2,546	1,349
OVRAL	5,180	6,037	6,711
LO-FEMENAL	4,604	8,393	19,423
FEMENAL			17
 <u>TOTAL VAGINALES</u>	 <u>607</u>	 <u>513</u>	 <u>470</u>
NEOSAMPOON	0	0	0
CONCEPTROL	338	229	186
EMKO	269	284	284
 <u>TOTAL CONDOMES</u>	 <u>2,357</u>	 <u>2,551</u>	 <u>2,524</u>
 <u>GRAN TOTAL</u>	 <u>==43,731</u>	 <u>45,136</u>	 <u>==44,477</u>

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T A B L A 7

NUMERO DE USUARIAS NUEVAS POR SEMESTRE, 1981-1986

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA

DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

<u>SEMESTRE/AÑO</u>	<u>No. DE USUARIAS NUEVAS</u>	<u>CAMBIO PORCENTUAL</u>
ABRIL-SEPTIEMBRE 81	13,118	-
OCTUBRE 81 MARZO 82	13,856	+ 5.6
ABRIL-SEPTIEMBRE 82	19,145	+ 38.2
OCTUBRE-82 MARZO 83	21,929	+ 14.5
ABRIL-SEPTIEMBRE 83	16,424	- 25.1
OCTUBRE-83 MARZO 84	15,719	- 4.3
ABRIL-SEPTIEMBRE 84	15,383	- 2.1.
OCTUBRE 84 MARZO 85	15,409	+ 0.2
ABRIL-SEPTIEMBRE 85	15,671	+ 1.7
OCTUBRE 85 MARZO 86	12,673	- 19.1
ABRIL-SEPTIEMBRE 86	10,922	- 13.8

T A B L A 8

NUMERO DE USUARIAS NUEVAS POR TRIMESTRE, SEGUN REGION

1984- 1986

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA

DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

TRIMESTRE/AÑO	TOTAL	R E G I O N		
		I	II	LA CEIBA
1er 1984	7,660	3,691	3,969	
2do	7,761	3,615	4,146	
3er	7,622	3,424	4,198	
4to	7,622	3,212	4,410	
1er 1985	7,787	3,387	4,400	
2do	7,981	3,599	4,382	
3er	7,690	3,394	4,296	
4to	6,860	3,066	2,273	1,521
1er 1986	5,813	2,860	1,839	1,114
2do	5,460	2,862	1,706	892
3er	5,462	2,588	1,883	991

T A B L A 9

NUMERO DE USUARIAS NUEVAS POR TRIMESTRE, SEGUN CATE-  
GORIA DE PROMOTOR, 1984- 1986

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA  
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

TRIMESTRE/AÑO		C A T E G O R I A			
		TOTAL	AREA	UNIDAD	URBANO
1er	1984	7,660	1,774	2,484	3,402
2do		7,761	1,767	2,580	3,414
3er		7,622	1,532	2,563	3,527
4to		7,622	1,628	2,617	3,377
1er	1985	7,787	1,740	2,745	3,302
2do		7,981	1,417	3,172	3,392
3er		7,690	1,424	2,841	3,425
4to		6,860	502	3,067	3,291
1er	1986	5,813	342	2,827	2,644
2do		5,460	360	2,715	2,385
3er		5,462	374	2,508	2,580

T A B L A 10

NUMERO DE USUARIAS NUEVAS POR METODO

SEGUN TRIMESTRE, 1984

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA

DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

<u>M E T O D O</u>	<u>T R I M E S T R E DE 1984</u>			
	<u>1er</u>	<u>2do</u>	<u>3er</u>	<u>4to</u>
<u>TOTAL ORALES</u>	<u>7,271</u>	<u>7,261</u>	<u>7,079</u>	<u>6,928</u>
NORIDAY	5,006	4,973	4,675	4,140
NORMINEST	1,831	1,867	1,589	1,666
OVRAL	434	421	815	1,122
LO-FEMENAL				
FEMENAL				
<u>TOTAL VAGINALES</u>	<u>196</u>	<u>206</u>	<u>226</u>	<u>244</u>
NECSAMPOON	141	199	226	244
CONCEPTROL				
EMKO	55	7	0	0
<u>TOTAL CONDONES</u>	<u>193</u>	<u>294</u>	<u>317</u>	<u>450</u>
<u>GRAN TOTAL</u>	<u>====7,660</u>	<u>====7,761</u>	<u>====7,622</u>	<u>====7,622</u>

T A B L A 11  
NUMERO DE USUARIAS NUEVAS POR METODO,  
SEGUN TRIMESTRE, 1985  
ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA  
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

M E T O D O	T R I M E S T R E D E 1985			
	1er	2do	3er	4to
<u>TOTAL ORALES</u>	<u>7,048</u>	<u>7,115</u>	<u>6,922</u>	<u>6,197</u>
NORIDAY	4,325	4,338	4,299	3,631
NORMINEST	1,643	1,703	1,103	662
OVRAL	1,080	1,074	1,090	1,071
LO-FEMENAL			430	833
FEMENAL				
<u>TOTAL VAGINALES</u>	<u>257</u>	<u>371</u>	<u>267</u>	<u>298</u>
NEOSAMPOON	10	0	0	0
CONCEPTROL	192	284	192	162
EMKO	55	87	75	136
<u>TOTAL CONDONES</u>	<u>482</u>	<u>495</u>	<u>501</u>	<u>365</u>
<u>GRAN TOTAL</u>	<u>7,787</u>	<u>7,981</u>	<u>7,690</u>	<u>6,860</u>

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T A B L A 12  
NUMERO DE USUARIAS NUEVAS POR METODO,  
SEGUN TRIMESTRE, 1986  
ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA  
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

<u>M E T O D O</u>	<u>TRIMESTRE DE 1986</u>		
	<u>1er</u>	<u>2do</u>	<u>3er</u>
<u>TOTAL ORALES</u>	<u>5,235</u>	<u>5,056</u>	<u>5,036</u>
NORIDAY	3,078	2,637	1,322
NORMINEST	382	208	119
OVRAL	922	1,079	1,252
LO-FEMENAL	853	1,132	2,340
FEMENAL			
<u>TOTAL VAGINALES</u>	<u>180</u>	<u>98</u>	<u>128</u>
NEOSAMPOON	0	0	0
CONCEPTROL	91	53	49
EMKO	89	45	79
<u>TOTAL CONDONES</u>	<u>398</u>	<u>306</u>	<u>298</u>
<u>GRAN TOTAL</u>	<u>5,813</u>	<u>5,460</u>	<u>5,462</u>

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T A B L A 13  
NUMERO DE PUESTOS AL FIN DEL TRIMESTRE,  
POR REGION Y CATEGORIA DE PROMOTOR DE 1984 - 1986  
ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA  
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

TRIMESTRE/AÑO	TOTAL	REGION		LA CEIBA	AREA	CATEGORIA UNIDAD	URBANO
		I	II				
1er 1984	1,098	427	671		271	596	231
2do	1,093	427	666		268	593	232
3er	1,092	427	665		268	590	234
4to	1,092	427	665		264	594	234
1er 1985	1,107	436	671		264	608	235
2do	1,121	442	579		231	615	275
3er	1,139	446	693		270	622	241
4to	1,148	451	468	229	109	755	284
1er 1986	1,165	467	469	229	110	758	297
2do	1,170	467	474	229	112	758	300
3er	1,188	474	480	234	116	769	303

T A B L A 14

DINERO RECAUDADO DE LA VENTA DE ANTICONCEPTIVOS

POR SEMESTRE 1981-1986

ASOCIACION HONDUREÑA DE PLANIFICACION DE FAMILIA

DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

SEMESTRE/AÑO	TOTAL	LEMPIRAS	
		DISTRIBUIDOR	PROGRAMA
ABRIL-SEPTIEMBRE 81	93,343.50	50,558.80	42,784.70
OCTUBRE-81 MARZO 82	91,188.40	50,033.95	41,154.45
ABRIL-SEPTIEMBRE 82	111,348.66	62,405.08	48,943.58
OCTUBRE-82 MARZO 83	137,218.40	78,360.65	58,857.75
ABRIL-SEPTIEMBRE 83	134,462.00	72,088.60	62,373.40
OCTUBRE-83 MARZO 84	148,007.70	80,634.30	67,373.40
ABRIL-SEPTIEMBRE 84	150,932.50	82,295.95	68,636.55
OCTUBRE-84 MARZO 85	167,376.60	86,699.70	80,676.90
ABRIL-SEPTIEMBRE 85	171,636.75	87,632.67	84,004.08
OCTUBRE-85 MARZO 86	182,782.80	91,905.25	90,877.55
ABRIL-SEPTIEMBRE 86	191,692.35	92,933.17	98,759.18
<b>T O T A L E S</b>	<b>1,579,989.66</b>	<b>835,548.12</b>	<b>744,441.54</b>

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TABLA 15

USUARIAS ACTIVAS POR DISTRIBUIDOR Y TRIMESTRE,  
SEGUN REGION, 1984 A 1986

ASOCIACION HONDURENA DE PLANIFICACION DE FAMILIA  
DEPARTAMENTO DE DISTRIBUCION COMUNITARIA

ANO	TRIMESTRE	PROMEDIO DE USUARIAS			
		TOTAL	REGION I	REGION II	REGION III
1984	1	37	46	32	
	2	37	45	32	
	3	38	45	33	
	4	40	46	36	
1985	1	38	45	34	
	2	38	45	33	
	3	38	45	34	
	4	40	48	35	35
1986	1	38	44	34	32
	2	39	45	34	34
	3	37	43	34	33

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T A B L A 16

EL ESTADO DE SUMINISTROS DE ANTICONCEPTIVOS VENDIDOS POR EL PROGRAMA DE DISTRIBUCION COMUNITARIA PARA EL AÑO 1986, POR TRIMESTRE

USO Y SALDO POR ANTICONCEPTIVO	TRIMESTRE DE 1986			
	1er	2do	3er	4to
<u>NORIDAY</u>				
VENTA	87,002	81,563	45,411	( 41,082 )
SALDOS *	130,529	50,932	41,082	( 0 )
 <u>NORMINEST</u>				
VENTAS	13,691	8,275	4,384	( 2,447 )
SALDOS *	15,106	6,831	2,447	( 0 )
 <u>OVRAL</u>				
VENTAS	16,836	19,619	21,810	( 21,810 )
SALDOS *	44,226	73,108	158,858	(137,048 )
 <u>LO-FEMENAL</u>				
VENTAS	14,962	27,276	63,125	( 63,125 )
SALDOS *	222,876	204,430	120,371	( 57,246 )
 <u>FEMENAL</u>				
VENTAS	0	0	56	( ? )
SALDOS *	0	0	212,343	( ? )
 <u>CONCEPTROL</u>				
VENTAS	10,156	6,880	5,574	( 5,574 )
SALDOS *	18,926	12,046	34,728	( 29,154 )
 <u>CONDONES</u>				
VENTAS	58,930	63,784	63,089	( 63,089 )
SALDOS *	433,048	366,364	239,204	(176,115 )

\* EN EL PROGRAMA DE DISTRIBUCION COMUNITARIA Y EL ALMACEN CENTRAL. AL FIN DEL TRIMESTRE

TABLA 17

TRIMESTRE DE PROTECCION PAREJA ENTREGADOS A USUARIAS,  
POR METODO Y TRIMESTRE, 1986, EN CLINICA SANTA FE, IHSS

METODO	ABRIL A JUNIO 1986	JULIO A SEPT. 1986	OCTU A DIC. 1986
<u>ORALES</u>	<u>742</u>	<u>879</u>	<u>934</u>
NORIDAY	278	227	226
NORMINEST	136	152	163
LO FEMENAL	279	499	546
<u>T DE CORNE</u>	<u>2.870</u>	<u>2.850</u>	<u>3.000</u>
<u>PRESERVATIVOS</u>	<u>437</u>	<u>549</u>	<u>513</u>
BLANCOS	437	328	258
CDIOR	0	221	255
<u>ESPUMA EMKO</u>	<u>67</u>	<u>115</u>	<u>1</u>
<u>T O T A L</u>	<u>4,116</u>	<u>4.393</u>	<u>4 448</u>

TABLA 18

ANTICONCEPTIVOS ENTREGADOS A USUARIAS POR METODO Y TRIMESTRE  
1986, EN CLINICA SANTA FE, IHSS

METODO	ABRIL A JUNIO 1986	JULIO A SEPT 1986	OCT. A DIC. 1986
<u>ORALES</u>	<u>2.413</u>	<u>2.856</u>	<u>3.036</u>
NORIDAY	902	739	733
NORMINEST	604	494	530
LO FEMINAL	907	1.623	1.773
<u>T DE COBRE</u>	<u>287</u>	<u>285</u>	<u>300</u>
<u>PRESERVATIVOS</u>	<u>10.930</u>	<u>13.732</u>	<u>12.837</u>
BLANCOS	10.930	8.212	6,453
COLOR	0	5.520	6.384
<u>ESPUMA EMKO</u>	<u>100</u>	<u>172</u>	<u>1</u>

TABLA 19

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SALDOS Y MESES EN EXISTENCIA, POR METODO, 31 DE DICIEMBRE  
1986, CLINICA SANTA FE, IHSS

METODO	SALDO	USO PROMEDIO 2do. TRIMESTRE/86	MESES EN EXISTENCIA	FECHA DE FABRICACION
<u>ORALES</u>	<u>21.411</u>	<u>982</u>	<u>218</u>	
NORIDAY	4.930	245	<u>20.1</u>	7/82
NORMINEST	6.128	171	35.8	3/82
LO FEMENAL	10.353	566	18.3	3/83
<u>T DE COBRE</u>	<u>161</u>	<u>98</u>	<u>1.6</u>	<u>1984</u>
<u>PRESERVATIVOS</u>	<u>33.972</u>	<u>4.428</u>	<u>7.6</u>	
BLANCO	4.128	2.414	1.6	8/82
COLOR	29.844	1.984	15.04	2/84-3/84
<u>ESPUMA ENKO</u>	<u>0</u>	<u>29</u>	<u>0.0</u>	

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