

**Memorandum**

Date January 30, 1987

From Richard 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): Guatemala, January 17-23, 1987--1989  
Contraceptive Procurement Tables

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

## SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. 1989 CONTRACEPTIVE PROCUREMENT TABLES
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## SUMMARY

Assistance was provided to the Asociacion Pro-Bienestar de la Familia de Guatemala (APROFAM), Ministry of Health (MOH), and Importadora de Productos Farmaceuticos, S.A., (IPROFASA), in completing AID's 1989 Contraceptive Procurement Tables. Completed tables were submitted to USAID/Guatemala, which will in turn forward them to AID/Washington as part of the Mission's Annual Budget Submission (ABS).

Both APROFAM and the MOH expressed interest in DRH/CDC's computerized Contraceptive Commodity Management Information System (CCMIS), which is currently operational in three Ecuadoran family planning programs. Additional materials on the system were sent to these organizations and to USAID/Guatemala after our return to the States. At this time, APROFAM is the most likely candidate to have the system installed. If APROFAM decides to use the system, implementation could possibly be scheduled as early as July/August 1987.

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

Guatemala City, Guatemala, January 17-23, 1987, at the request of S&T/POP/FPSD and USAID/Guatemala, to assist APROFAM, MOH, and IPROFASA in completing AID's 1989 Contraceptive Procurement Tables. This consultation was provided by Richard S. Monteith, DRH/CHPE/CDC, and Mario Jaramillo, John Snow, Inc. (JSI), and was made in conjunction with a trip to Honduras. The CDC travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and DRH/CHPE/CDC.

## II. PRINCIPAL CONTACTS

### A. USAID/Guatemala

1. Mr. John Massey, Population Officer
2. Ms. Jane Lyons, Assistant Population Officer

### B. Asociacion Pro-Bienestar de la Familia (APROFAM)

1. Dr. Roberto Santiso, Executive Director
2. Sr. Victor Hugo Fernandez, Program Coordinator

### C. Ministry of Health (MOH)

1. Dr. Paul Rosenberg, Chief, Family Planning Unit
2. Sr. Haraldo Vargas, Administrator, Family Planning Unit

### D. Importadora de Producto Farmaceuticos, S.A. (I PROFASA)

1. Sr. Jorge Mario Ortega, General Manager

## III. 1989 CONTRACEPTIVE PROCUREMENT TABLES

Assistance was provided to APROFAM, MOH, and I PROFASA in completing AID's 1989 Contraceptive Procurement Tables. Before our departure, completed tables were submitted to USAID/Guatemala, which will in turn forward them to AID/Washington as part of the Mission's Annual Budget Submission (ABS).

In general, completing the tables was rather routine, since APROFAM and I PROFASA and, to a lesser extent the MOH, had the necessary data available to complete the tables. However, the following should be noted for each program:

#### APROFAM

1. APROFAM's tables reflect contraceptive use by the organization and quantities distributed to other providers of service, i.e., AGES, national police, MOH, etc.
2. Lo-Femenal will become the oral contraceptive of choice replacing Noriday and Norminest. Because of this, only 200,000 cycles of Norminest are requested to be shipped from Brownsville, Texas. In addition, because of the future unavailability of Femenal, this method will not be introduced into APROFAM's inventory.
3. If USAID/Guatemala approves, APROFAM will not repay 75,000 cycles of Noriday that will be loaned to APROFAM by the MOH.

#### I PROFASA

1. Approximately 63,000 cycles of Norminest may be transshipped to the Social Marketing program in Honduras, allowing I PROFASA the opportunity of introducing only one low dose oral rather than two into the Guatemalan market place. If this transshipment does not occur, I PROFASA's oral contraceptive tables will need to be updated.

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2. USAID/Guatemala should consult with IPROFASA regarding when the latter would like its 1987 shipments scheduled.

MOH

1. In 1988, Lo-Femenal will become the oral contraceptive of choice replacing Noriday. The MOH has agreed that APROFAM need not repay a loan of 75,000 cycles of Noriday.
2. If use of Conceptrol in the MOH program does not exceed projected levels, it may be necessary to transfer next year some of the MOH's stock to APROFAM.

IV. OTHER

Both APROFAM and the MOH expressed interest in DRH/CDC's computerized Contraceptive Commodity Management Information System (CCMIS), which is currently operational in three Ecuadoran family planning programs. Additional materials on the system were sent to these organizations and to USAID/Guatemala after our return to the States.

The system would satisfy USAID/Guatemala's desire to standardize reporting of active users by Guatemala's major contraceptive providers. The system routinely calculates Couple-Quarters-of-Protection from data on quantities dispensed to users, which is a surrogate measure of active users.

At this time, APROFAM is the most likely candidate to have the system installed. APROFAM should review the materials that we sent on the system and, if after their review, they decide to adopt the system, a site visit could possibly be scheduled for July/August to install the system.

The feasibility of installing the system in the MOH should be further studied later this year, including an evaluation of the MOH Family Planning Unit's current management information system (MIS). Another factor that should be considered in implementing the CCMIS in the MOH is the timetable for transferring the Direct Distribution Program (DDP) from APROFAM to the MOH. Under the DDP, APROFAM supplies contraceptive commodities to MOH facilities in 11 health areas, or to approximately 300 outlets. The transfer of the DDP to the MOH would justify improving the Unit's current MIS, since the MOH would be responsible for maintaining adequate stock levels of contraceptives in about 750 outlets after the DDP is transferred.

An alternative to transferring the DDP to the MOH is contracting the MOH contraceptive resupply function for the entire country to a private-sector organization, as proposed by USAID/Guatemala. In our opinion, such a strategy would result in an embarrassment to the MOH and would ignore AID's mission in Guatemala in the first place--development and technology transfer. Finally, use of a private-sector organization to resupply MOH facilities is not going to improve the MOH's family planning program. Improvement will occur when the MOH wants it to occur, and we feel that this will be linked to ongoing support from AID and AID cooperating agencies.

  
Richard S. Monteith, M.P.H.