

PD-ABF-273
15N 20936

**FEDERACION MEXICANA DE ASOCIACIONES PRIVADAS
DE PLANIFICACION FAMILIAR, A.C.**

(MEXICAN FEDERATION OF PRIVATE FAMILY PLANNING ASSOCIATIONS)

**Final Report on Visits to
6 Affiliates**

**August 14-19, 1992
Ciudad Juárez, Mexico**

**Nora Quesada
Family Planning Logistics Management Project
John Snow, Inc.**

**Paul Schenkel
The Population Council**

**Gloria Rodriguez
Patricia Juárez
Project Coordinators, FEMAP**



**Family Planning
Logistics Management
Project**

F P L M

1616 N. Fort Myer Drive
11th Floor
Arlington, Virginia 22209 USA
Tel: (703) 528-7474
Telex: 272896 JSIW UR
Fax: (703) 528-7480



John Snow, Inc.

TABLE OF CONTENTS

I.	OBJECTIVES OF THE VISIT	1
II.	GENERAL CONCLUSIONS FROM THE VISIT	1
	Friday the 14th, Irapuato, Guanajuato	3
	Friday the 14th, Queretaro, Queretaro	5
	Saturday the 15th, San Miguel de Allende, Guanajuato	6
	Monday the 17th, Saltillo, Coahuila	8
	Tuesday the 18th, Monterrey, Nuevo Leon	10
	Wednesday the 19th, Ciudad Juárez, Chihuahua	11
	Visit to FEMAP central warehouse	13
III.	ACTIVITIES CARRIED OUT	14
IV.	GENERAL RECOMMENDATIONS	15

ANNEXES

Annex A: List of Persons Contacted

Annex B: Comments from Ciudad Juárez-Central Level and Affiliates in Saltillo and Ciudad Juárez

**FEDERACION MEXICANA DE ASOCIACIONES PRIVADAS
DE PLANIFICACION FAMILIAR, A.C.**

(MEXICAN FEDERATION OF PRIVATE FAMILY PLANNING ASSOCIATIONS)

**August 14-19, 1992
Ciudad Juárez, Mexico**

I. OBJECTIVES OF THE VISIT

- a) To become familiar with the system for distribution and data recording with regard to consumption and inventory movements at a sample of affiliates.
- b) To determine whether the data reported to the central office by the affiliates represent movements or issues from inventory or deliveries to users.
- c) To become familiar with the various mechanisms used for resupply and determine stock on hand and expiration dates for inventories.
- d) To become better acquainted with the qualifications of the staff that manage supplies and conduct the programs, in order to identify needs in the areas of training and technical assistance.

II. GENERAL CONCLUSIONS FROM THE VISIT

- We were courteously assisted by the entire staff at each affiliate, who provided all necessary information and data on their programs. This helped us to acquire a better understanding of their operations.
- In general terms, the warehouses available for storage of supplies comply with all pertinent standards for storage of contraceptives.
- The primary component in all of the affiliates visited was community-based distribution.
- The administrative structure, in hierarchical order, consists of one director, one administrator, social workers or supervisors, coordinators, and promoters.
- As a rule, distribution of contraceptives, is conducted in accordance with the above-mentioned structure.

- **Depending on which financing agency is involved (FPIA or Pathfinder), affiliates submit reports every four or three months (respectively) to the central office in Ciudad Juárez.**
- **In addition, affiliates financed by Pathfinder use forms that allow them to record data on direct deliveries to users, although this information is seldom included in the report submitted to Ciudad Juárez. Only Monterrey reports quantities distributed to users. FPIA uses forms that provide only for recording shipments from the affiliate's warehouse to the coordinators.**
- **None of the affiliates report inventories kept by promoters as this information is not recorded.**
- **Due to the fact that the supply system operates on an assignment basis and that FEMAP, at the central level, has encountered problems in processing shipments through customs and, consequently, in the timely assignment of these supplies to the affiliates, the latter maintain inventory levels that reflect the lack of a policy for proper management of maximum and minimum levels (resulting in oversupply for certain methods and a simultaneous undersupply for others).**
- **Reports include data on new and active users by method, and available stocks in the affiliate's central warehouse, with reported consumption corresponding to warehouse deliveries to the coordinators, with the exception of Monterrey. In some cases, expiration dates are included.**
- **Consumption goals are based on goals for new and active users, with consumption estimated by user and by year for each method, rather than on quantities delivered to users (reported consumption) during the period.**
- **Due to a lack of resources, supervision visits at the central level have not included the logistics component, which has hampered the provision of continuous technical support in this area.**
- **Each promoter maintains a record card for each user that contains the name, address, age, sex, number of live offspring, number of miscarriages and type of method delivered. In some cases, the quantity delivered is not recorded.**
- **All promoters record data on direct deliveries to users, although these data are not collected by the coordinators for subsequent inclusion in the reports sent to Ciudad Juárez.**

- There is close collaboration with public sector institutions, which creates an additional source of supply for FEMAP, which in turn has resolved, on several occasions, an undersupply situation for some of the affiliates.
- Although these visits provided us with a clearer view of the operation of the program and its logistics system, we feel that, in order to continue the process of becoming better acquainted with the affiliates, it is important that feedback be maintained in both directions: from Ciudad Juárez-Central Level to affiliates, and vice versa.
- Generally speaking, the level of training of the personnel managing the supplies in each of the sites visited varies from (licensed) professionals to secretaries, and the degree of understanding of logistics management is directly related to this factor.
- Prior to planning any training in logistics for FEMAP affiliates, it is important that agreements be drawn up between the affiliates and the cooperating agencies (FPIA and Pathfinder) as regards the standardization of forms and the collection of data essential for the logistic management of the program, in order to allow the Ciudad Juárez-Central Level to standardize the forms used and consolidate all information received. FPIA has offered its unqualified support to help attain this objective.

Friday the 14th, Irapuato, Guanajuato:

In addition to being an affiliate, this center operates as a regional warehouse to supply the affiliates from the central and southern sectors of the country. It has two warehouses: one to supply the direct programs (affiliate) and the other which acts as a regional warehouse. Both provide adequate storage conditions for conservation of the supplies.

The regional warehouse is not permanent due to the existence of an agreement with a chain of commercial pharmacies that donate storage space for the program, as a result of which contraceptive supplies are periodically transferred to a number of different warehouses, depending on available space. However, this situation does not affect or hamper in any way the proper storage of the contraceptives because inventory controls and storage standards are observed in every case.

Resupply to the affiliates is carried out by means of a distribution guide prepared in Ciudad Juárez and authorized by the Program Director, based on which quantities to be delivered by the regional warehouse to each affiliate are assigned. These quantities are calculated based on the stocks held by the affiliates or on direct requests, as well as on reported distribution. To make delivery of these supplies, the affiliates will in some cases come in person to the regional center, whereas in other cases the center coordinator will distribute the supplies directly. In all cases, a stock issue voucher is prepared as evidence of delivery of the supplies.

The regional center is supplied by Ciudad Juárez twice a year by means of rented or borrowed trucks.

At the time of the visit, there were 120,000 cycles of Lo-Femenal on hand, with manufacturing dates ranging between 08/89 and 11/89. The coordinator of the center is awaiting instructions to deliver these stocks. In addition, there were 5,298 cycles of Ortho Novum which expired in February/92 and were sent by FPIA in May/92. Instructions will be issued to discontinue distribution and destroy the remaining stock.

As regards the affiliate, this program has a small warehouse at the Clínica Materno Infantil "Superación Familiar", on which both the clinical program as well as the community-based distribution and enterprise programs depend, with service modules directed by general physicians and gynecologists who visit two enterprises and provide family planning consultations and distribute contraceptives. The clinic has ten beds and assists with 25-30 births per month. Consumption of contraceptives for clinical services is low because the focus of the clinic is on provision of maternal-child health services and clinical services for family planning (female sterilization and vasectomies). Despite the lack of figures on the number of IUD insertions, the medical services director provided a low average rate for this service.

The community-based distribution program is the major distributor of contraceptives. It has 15 coordinators and 267 promoters, all volunteers.

This program follows the Pathfinder system for forms and reports. It maintains a Kardex file for the program warehouse, in which deliveries to coordinators are recorded. This is the data reported as consumption to Ciudad Juárez.

In addition, there exists an agreement with two local enterprises for the provision of family planning services to their workers. Two physicians visit the enterprises carrying a supply of contraceptives, including Copper Ts. However, has been underreported the number of Copper T users, since amounts dispatched are recorded at the clinic but the physicians do not report the number of users seen.

Friday the 14th. Queretaro. Queretaro:

A visit was made to the Centro de Orientación Familiar. The Center receives its supplies through Irapuato and Ciudad Juárez. Basically, they have a community component and a clinic, as well as a clinic module and dental and community services in San Juan del Rio, 30 minutes to the southeast of Queretaro. This module distributes contraceptives to small organized groups such as taxi drivers and labor unions.

Through an agreement with the IMSS, they provide referrals for female sterilization and vasectomy users.

They maintain coordination with an SSA hospital through a social worker who distributes contraceptive methods in Salubridad. This affiliate is a member of a state population committee that meets once a month to plan coverage strategy and provision of services and coordinate criteria regarding users, information systems and reports on supplies delivered.

The community program has two social workers, 17 coordinators and 99 promoters. As regards the handling of contraceptives, the Center secretary resupplies the coordinators, who come to the center, on a monthly basis. The secretary prepares stock issue vouchers for deliveries made to the coordinators) which are consolidated at the end of each month and passed on to the administrator who, in turn, will record the amount dispatched on the Kardex file. In addition, the secretary is in charge of deliveries to users at the clinic and records the corresponding amount dispatched on the Kardex once an entire box of each method is emptied. Quantities delivered to the coordinators and those handled by the secretary are in multiples of 100 units (for condoms and oral cycles) and strips of 4 units (for vaginal tablets). The administrator resupplies the San Juan module directly through biweekly supervision visits.

This program does not have a specific site for storage of contraceptives, but the administrator indicated that an adequate storage place will soon be provided.

Current inventory levels and number of the months of stock on hand are as follows:

Method	Balance to Date	Average Monthly Consumption	Number of months in stock* on hand
Condoms	20,738	8,652	2.4
Copper Ts	57	7	8.4
Lo-Femenal	14,548	1,162	12.5
Vaginal Tablet	1,524	166	9.2

* Copper Ts expire 04/93 and Lo-Femenal 08/94, 10/94 and 11/94

Saturday the 15th, San Miguel de Allende, Guanajuato:

Although this is not a direct affiliate of FEMAP, it was visited in order to learn more about its program and to explore the possibility of establishing a more formal agreement with FEMAP for the supply of contraceptives.

The Centro Asistencial para Servicios de Adolescentes (CASA), through a system of scholarships equivalent to one minimum wage, trains promoters to provide family planning services and sex education in various rural communities.

The profile applied to promoters requires that they be able to read and write, that they require economic assistance to be able to finance their studies, that they be single mothers lacking family support and in economic need, and that they be helpless. The strategy for selecting people that fit this profile consists in providing them with temporary employment for a period of two years so they can obtain experience and personal enhancement in order to improve their economic situation and, at the same time, contribute to social programs. After this period, it is anticipated that the promoters will acquire new skills that they can apply to better paying jobs.

The organizational structure is different from that of the other affiliates visited because the Center is not directly subsidized by FEMAP and is governed primarily by instructions issued by FPIA and Pathfinder. The organizational structure is as follows:

Board of Directors

President

Director

Deputy Director

Psychologist
Physician
Dentist
(1)
Biologist
Laboratory Technician

Supervisors
FPIA (1)
Pathfinder

(5)

Promoters (15)
Youth Facilitators

Users

The strategy used in outreach activities aimed at the community dictates that each promoter should form five groups (two rural and three urban) having a minimum of six persons each, with whom he or she will work continuously for a minimum period of one year. The annual program includes 24 talks on subjects dealing with sex education and family planning. The object of this strategy is to provide continuity in the use of the methods adopted and offer up-to-date information on these subjects.

Unlike other affiliates visited:

- CASA has established 35-40 community warehouses (mini-depots) located in users' homes, 12 in San Miguel de Allende and the rest in rural areas, to facilitate users' access to contraceptive methods. These users are usually community leaders.
- The community-based distribution program is based on the distribution of condoms and vaginal tablets, as the policy on orals dictates that this method is to be distributed only following a medical consultation. This limits expansion of coverage and any increase in the prevalence of more effective methods.

At the time of the visit, the following stocks were found:

<u>Method</u>	<u>Balance to date</u>	<u>Average Monthly Consumption</u>	<u>Number of Months on hand*</u>
Condoms	436,200	7,355	59.3
Copper Ts	120	11	11
Lo-Femenal	900	32	28
Vag. Tabs.	74,516	2,000	37.3

* Expiration dates for condoms: 04/93 and 05/94

Stock data was obtained from the Kardex file because supplies were stored in another house which was not visited.

Quantities received during 1992 came from MEXFAM, through a request made by the Director. Based on existing stock and the corresponding expiration dates, unless there is an increase in average consumption, there is a considerable likelihood that large quantities of stock will expire unless the possibility of redistribution to nearby affiliates is considered.

During conversations with the secretary of CASA in charge of handling supplies, it was suggested that future supplies to CASA be formalized by means of a letter addressed to the Executive Director of FEMAP, in order to improve the system for controlling stocks and the supply process.

FEMAP: August 14-19, 1992

8

Monday the 17th, Saltillo, Coahuila

Desarrollo y Promoción de la Salud Comunitaria (DECOSAL) bases its strategy for service delivery on:

- community-based distribution of contraceptives (CBD),
- medical clinics (8)
- youth programs in sex education
- programs with corporations (in the past five months) in which training services are provided in family planning and maternal and child health aimed at reducing costs generated by pregnancy-related absence.

The CBD program is staffed by two social workers, 30 coordinators (10 supported through a per diem program) and 536 promoters.

The clinics are located in marginal areas of the city and are staffed by a general physician. Dental services are provided in two such clinics and plans call for similar services to be extended to the rest of the clinics.

Users of female sterilization and vasectomy are referred to the Civil Hospital, IMSS and SSA.

The program has established a system to generate income through the sale of ontraceptives, as follows:

Sale Price per Unit

<u>Method</u>	<u>Coordinator</u>	<u>Promoter</u>	<u>User</u>
Condoms	\$50.00	\$100.00	\$250.00
Lo-Femenal	\$100.00	\$200.00	\$1,000.00
Marvelon (Oral)	\$1,600.00	\$2,300.00	\$3,500.00
Vaginal Tablets	\$50.00	\$100.00	\$250.00

The program directs its efforts toward ensuring the continuity of the users it enrolls. Thus, it reports recuperation or continuity figures for approximately 80% of the new users enrolled.

Regarding contraceptive supplies, orders placed by coordinators are based on the number of users and proposed goals.

Warehouse issues are supported by receipts signed by the coordinators, although these receipts are prepared informally and, on occasions, amounts delivered are not

recorded as a reduction on the inventory card. In addition, the inventory card does not include a column for recording the source of the quantities received by the warehouse or for showing the destination of deliveries. A verbal recommendation was made to include this on the form in order to facilitate and expedite inventory control.

Stocks found on the date of the visit were as follows:

<u>Method</u>	<u>Balance to Date</u>	<u>Average Monthly Consumption</u>	<u>Number of Months Stock on hand*</u>
Condoms	117,400	59,792	2
Copper Ts	0	17	deficit
Lo-Femenal	27,459	8,045	3.4
Vag. Tabs.	0	1,650	deficit

In addition, DECOSAL has in stock a large quantity of MARVELON (an oral contraceptive produced locally by Organon). According to conversations held with the administrator, consumption of this product averages 20 cycles per month and no defined strategy is in place to promote its use, especially if consideration is given to the fact that its price is considerably higher than Lo-Femenal and that users show a preference for the latter product.

If an analysis is made of the number of months of stock on hand, it can be seen that there is a clear lack of an inventory control policy based on maximum and minimum levels, which has caused the program to be left without supplies at the central level even though it is estimated that there are still stocks of supplies on hand at the clinics. However, at the only clinic visited, the Copper Ts found there had expired in July/92.

As a result of the close collaboration and communication that exists with its affiliate in Monterrey, DECOSAL was able to borrow 60 Copper Ts that will solve its stockout problem until it can receive new supplies from Irapuato or Ciudad Juárez.

Tuesday the 18th, Monterrey, Nuevo León

Pro-Superación Familiar Neoleonesa A.C. operates the following service programs:

advisory services to companies: Community Employers (job exchanges), a program that recruits workers from the communities covered by the CBD program and provides them with medical and psychological assessment and, at the same time, with information on labor conditions and family planning programs.

provision of family planning services through PROMAC (a FEMAP project), which consist of the sale of family planning clinical consultation services aimed at

reducing costs generated by maternity leave, decreasing personnel turnover and increasing company productivity.

This is a totally vertical institution devoted exclusively to family planning. Its strategy is based entirely on the sale of all services provided, with a view toward achieving self-sufficiency for the institution as well as strengthening its programs. In addition, contraceptives are sold to users and sales revenue is retained by the promoters as an incentive to motivate them to work.

The organization has in place delivery norms by user and by method to facilitate the preparation of estimates of the contraceptives required for a particular period, based on the number of users being assisted. In addition, this is the only affiliate among those visited that distributes Copper Ts under the community-based distribution program, which they do to promote the use of this method and assure new users that they will not have any problems obtaining the method.

An agreement was reached with a private clinic (Hospital Metropolitano) in accordance with which users are referred by means of referral vouchers that are provided to the users by the coordinator. In order to verify the insertion, the coordinator retrieves the voucher after it is signed by the physician following the insertion. This service is provided free of charge.

Unlike the rest of the affiliates, this organization has been with the program for a long time (13 years) and has more financial resources available to subsidize and provide incentives to the team of coordinators so that they will continue the work so effectively performed to date. The promoters use smocks, T-shirts, caps and a card bearing the institutional logo which enable them to generate greater trust and a sense of identity within the community and to be recognized as persons affiliated with a serious organization. In addition, they are provided with a specially designed bag to carry contraceptives, pamphlets and other materials for distribution in the community. In addition to the methods received from FEMAP, they also offer an oral contraceptive, purchased locally, for breastfeeding women.

During the visit, the following quantities were found:

<u>Method</u>	<u>Balance to date</u>	<u>Average Monthly Consumption</u>	<u>Number of Months of Stock on Hand*</u>
Condoms	10,970	19,368	0.5
Copper Ts	860	17	50.5
Lo-Femenal	1,400	3,097	0.4
Vag. Tabs.	26,828	1,184	22.6

* Expiration dates: Copper Ts 04/93, Vag. Tabs. 11/92, Condoms 04/91, Lo-Femenal 10/94

Wednesday the 19th, Ciudad Juárez, Chihuahua:

A visit was made to the Centro Materno Infantil y de Planificación Familiar, A.C. (MIPFAC) and the central warehouse (Zaragoza).

MIPFAC consists of a clinic that provides second level medical care and serves as a base of operations for the local program operating in the metropolitan area of Ciudad Juárez. It has a warehouse devoted solely to contraceptives for the local program and for the clinic, where Copper T insertions are performed. These are delivered directly to the pharmacy, whence they are distributed to the clinics. The Copper Ts that were found in inventory (160 units) had an expiration date of July/92. Accordingly, it was recommended that they use those in stock in the FEMAP central warehouse, which have an April/95 expiration date. In addition, the clinic warehouse delivers quantities to a mini-warehouse maintained by the clinic coordinator in order to facilitate the process of resupplying the coordinators.

However, these "in transit" quantities are not included in the clinic's total inventory when the report is submitted to FEMAP.

The clinic also delivers oral contraceptives, condoms and tablets, although these are recorded under the community-based distribution program. They also have a social marketing program where they sell Lo-Femenal and Panther and Trojan condoms. A distributor is charged with selling them to motels, self-service shops, liquor stores and department stores. This strategy is aimed at developing an additional source of income as well as diversifying the availability of contraceptive methods in order to achieve self-sufficiency in the future and, at the same time, finance the community-based distribution activity.

On occasion, health authorities have confiscated Panther condoms from the establishments because this brand is not registered in the country. However, the management and administrative staff of the program should be commended for the efforts they have made to implement this strategy and to continue to implement it in spite of the difficulties encountered.

There is also a program aimed at "maquiladoras" (factory female workers) in which a nurse-coordinator visits the factories to give talks and provide guidance on family planning and sex education, as well as to distribute contraceptive methods.

The community-based distribution program is divided into a rural area (with eight coordinators and 152 promoters) and an urban area (with 21 coordinators and 567 promoters). Each area has two social workers-supervisors.

There is an agreement with the SSA (Ministry of Health) under which its health centers may refer female sterilization users to the FEMAP clinic in those cases where it is impossible for the SSA to provide the service due to high demand and poor availability of resources. The clinic provides this service free of charge.

With regard to records, since this is a program financed by FPIA, the program basically records new users and active users. In addition, quantities delivered to each coordinator are recorded monthly, using stock issue vouchers. These quantities are compared to the number of reported users (new and active) and an analysis is made of couple-years protection to determine whether the quantities ordered by the coordinators exceed the consumption capacity of the users. In other words, an effort is made to validate the warehouse issues based on CYP by method, for active and new users.

Although the program collects data on stocks, maintains a Kardex file by method and records deliveries to users, the four-month report only includes the number of new and active users and warehouse issues, which are considered to be consumption or direct deliveries to users. Due to the existence of a mini-warehouse managed by the general coordinator as well as stocks held by the promoters, it was recommended that reports submitted to FEMAP contain all data relative to initial balance, quantities received, quantities delivered, and balance on hand at the end of the period, with the understanding that quantity delivered should signify user consumption and not warehouse issues. In addition, it was recommended that the mini-warehouse keep a Kardex file to control supplies held in storage.

The reasons for reporting all these data to FEMAP is to ensure continuous feedback in both directions because, in the case of vaginal tablets, it was found that a shipment made by FEMAP was not recorded as an entry in the clinic's Kardex file, although quantities had been distributed to the promoters with no record of these transactions.

Visit to FEMAP central warehouse

During the visit of November/91, a series of recommendations were made to improve storage conditions. The status of these recommendations was verified during this visit.

During this second visit, it was observed that the majority of the recommendations had been implemented. Windows were covered with metal screens to prevent the entrance of animals, birds, etc. and avoid damage to the contraceptives. In addition, all boxes are placed on wooden pallets, with lots properly identified by product, number of boxes, and expiration or manufacturing date. Boxes are covered with plastic sheets to protect them from dust, and contraceptives are separated by brand and method.

As to records, control is kept over the number of boxes in stock, which includes stocks in Ciudad Juárez and El Paso. It was suggested that, in order to facilitate the control and verification of stocks in both places, a column be added to the form used to record amounts in El Paso because these are goods "in transit" that have yet to be entered into the Ciudad Juárez inventory but that should nonetheless be taken into account. In addition, this should facilitate counting the existing inventory at the Zaragoza warehouse and at all levels.

The inventories found at Zaragoza are as follows:

<u>Method</u>	<u>Quantity</u>	<u>Expiration/Manufacturing Date</u>
Lo-Femenal	375,600	11/89
Condoms	822,000	04/91
Copper Ts	1,020	04/95
Conceptrol	115,200	06/91

Taking these balances into account and following an analysis of the status of the affiliates visited, an observation was issued on the importance of analyzing existing inventories at each affiliate, the number of months of stock on hand based on average consumption, and expiration or manufacturing dates, in order to avoid an undersupply of some methods and an oversupply of others, because if the central warehouse has sufficient supplies, there is no reason for either situation to occur. In addition, emphasis should be placed on the strategy of distributing surpluses among geographically nearby affiliates.

However, it is important to clarify that it has been a policy of FEMAP to analyze consumption and stock on hand at the affiliates in order to determine the quantities to be dispatched, although this policy has been disrupted by legal problems involving customs clearing that the organization has faced recently.

The El Paso warehouse contains contraceptives that are in the process of being released by customs and it is anticipated that they can soon be transferred to the Zaragoza warehouse.

III. ACTIVITIES CARRIED OUT

In each of the visits, the following protocol was used:

- Introduction of local and visiting personnel.
- Interview with the director and/or administrator of the affiliate.
- Briefing of local staff on the objectives of the visit as spelled out in Section I of this report.
- Visit to the affiliate's warehouse.
- Review of forms used to record consumption, stock on hand, inventory movements and monthly, quarterly and four-monthly reports.
- Analysis of data recorded by the affiliate concerning the family planning program.

- Interviews with at least one social worker, one coordinator, and one promoter. Field visits to observe the work performed by these individuals.
- At the end of the visit, presentation of remarks, conclusions and suggestions with regard to what was observed.

As a rule, a full day was spent with each affiliate, with the exception of Irapuato, Queretaro and San Miguel de Allende which, due to their geographic proximity, were all covered in a period of two days.

IV. GENERAL RECOMMENDATIONS

1. It is recommended that the Ciudad Juárez central warehouse distribute to affiliates contraceptive lots having the same manufacturing date so that the affiliate can use the expiration date as the basis for recording and storing materials.
2. Design a standardized system for FEMAP affiliates that will allow them to record actual consumption, stock on hand at all levels, and number of months of stock on hand by level.
3. Conduct an analysis of the inventories of each affiliate so as to distribute surplus supplies among affiliates located geographically close by. This will require that affiliates report, as soon as possible, their stock on hand and average monthly consumption.
4. At the central level, it is recommended that a column be added to the inventory control or Kardex to differentiate between units stored at the central warehouse and supplies in transit and stored at El Paso, Texas.
5. Adapt the positive strategies found in some of the projects so that they may be applied to those affiliates that do not have them.
6. Enter into a formal agreement with San Miguel de Allende to ensure a continuous supply as well as a possible redistribution of part of its condom inventories among affiliates located geographically close by.
7. The central level at Ciudad Juárez must provide feedback to the affiliates regarding average monthly consumption and levels of stock on hand in order to ensure that inventory levels will be standardized at a particular number of months to be defined (6-8 maximum), depending on the frequency of the periodic reports submitted to FEMAP. In order to implement this recommendation, the central level must assure their affiliates as to the existence of a system for continuous supply. It is hoped that the problems faced by the central level regarding the timely release of shipments from

customs can be solved as soon as possible, as implementation of this recommendation and strategy depends on it.

- 8. In the quarterly and four-monthly reports submitted to FEMAP by affiliates, add a column for recording the manufacturing or expiration date so as to be able to estimate the number of months of stock on hand.**
- 9. For all affiliates, establish a mechanism for obtaining data on consumption or direct deliveries to users, so that needs can be programmed on the basis of consumption and not on warehouse distribution or issues.**

Annex B of this report contains additional comments as submitted by Ciudad Juárez-Central Level and affiliates from Saltillo and Ciudad Juárez that serve to enhance and clarify certain points that were omitted during the visits and that were corrected/clarified subsequent to the preparation of this report.

ANNEXES:

ANNEX A: List of Persons Contacted

ANNEX B: Comments from Ciudad Juárez-Central Level and Affiliates in Saltillo and Ciudad Juárez

ANNEX A
LIST OF PERSONS CONTACTED

SITE VISITED

SUPERACION FAMILIAR DE IRAPUATO, A.C.

**Príncipe Carlos #2530
Irapuato, Gto.**

PERSON INTERVIEWED

**Lic. Alfonso Vallejo, Director
T.S. Armandina Pérez, Coordinator of the
Distribution Center
T.S. Rosario Vela, Supervisor, CBD
T.S. Ana Guadalupe Zarazua, Social Worker
T.S. Ma. Imelda Torres, Social Worker
T.S. Angélica Labiada, Social Worker**

**CENTRO DE ORIENTACION
FAMILIAR DE QUERETARO, A.C.**

**Gutiérrez Nájera No. 53 Nte.
Conjunto Comercial COMEVI
Querétaro, Qro.**

**Lic. Laura Zarazua, Administrator
T.S. Patricia Echeverría, Social Worker
Patricia Sánchez, Secretary
Dr. Angélica García, Physician**

CASA

**Umaran No. 62, Zona Centro
San Miguel de Allende, Gto.**

**Lic. Irma Salas, Deputy Director
Carolina Gutiérrez, Secretary**

**DESARROLLO Y PROMOCION DE LA
SALUD COMUNITARIA, A.C.**

**Xicotencatl Nte. 501
Saltillo, Coah.**

**Dr. Lourdes Quintanilla, Director
C.P. Miguel Angel Flores, Administrator
T.S. Arminda Padilla, CBD Supervisor**

**PRO-SUPERACION FAMILIAR
NEOLONESA, A.C.**

**Baudelaire 910
Monterrey, N.L.**

**Lic. Miguel Jesus Díaz, Director
C.P. Armando Pasillas, Administrator
Lic. Carolina Cárdenas**

**CENTRO MATERNO INFANTIL
Y DE PL. FAMILIAR, A.C.**

**Ave. Malecón y Damián C.
Cd. Juárez, Chih.**

**Lic. Ricardo Nevárez, Administrator
Lic. Lourdes Carrera, Assistant
T.S. Graciela Arellano, CBD Supervisor**

ANNEX B

**COMMENTS BY CIUDAD JUAREZ-CENTRAL LEVEL AND
AFFILIATES IN SALTILLO AND CIUDAD JUAREZ**

**FEDERACION MEXICANA DE ASOCIACIONES PRIVADAS DE SALUD Y DESARROLLO
COMUNITARIO A.C.**

Ciudad Juárez, Chihuahua, September 21, 1992

Paul Schenkel
The Population Council
Calle Alejandro Dumas, No. 50
Mexico, D.F. 11560

Dear Paul:

By this means I wish to make the following comments on the supervisory visit to FEMAP'S central warehouses located in Zaragoza:

- When the physical inventory of contraceptives was taken, the following quantities were found:

	<u>In Inventory</u>	<u>On Books</u>
Lo-Femenal pills	375,600	441,600
Condoms	822,000	798,000
Vaginal tablets	115,200	192,000
Copper T IUD's	1,020	1,040

- Following a review of these differences, we became aware that some of the shipments to affiliate programs had not been recorded on our books. The omitted quantities were as follows:

	<u>Shipment</u>	<u>Affiliate</u>
Lo-Femenal pills	80,000	Ciudad Juarez
	6,000	Com. medical units
IUDs	20	Com. medical units
Vaginal tablets	9,600	Matamoros
	4,800	Nogales
	14,400	Mexicali
	14,400	Chihuahua
	14,400	Cuauhtemoc
	14,400	Guerrero
	4,800	Com. medical units

of authorizations to ship contraceptives to the interior of the country and with a view toward allowing one affiliate program to transfer needed contraceptives to another program located geographically close by, on certain occasions when there have been delays in authorizations from the Ministry of Finance, shipments have been made that may be considered as being in oversupply or undersupply. As you were able to verify, during your interviews with the affiliates, transfers have occurred between affiliates, and for now FEMAP does not have a policy for importation into the country.

- Legal proceedings toward this end are well advanced, and in the near future we will be able to apply FEMAP shipment policies.
- All recommendations that can be adopted are carried out with the purpose of improving the logistic supply system and serving our community in accordance with our objective, but as happens with everything, these must be adapted to the actual legal conditions existing in our country.

Attached hereto are comments sent to this office by the affiliate programs in Saltillo and Ciudad Juárez. The affiliate programs in Queretaro, Irapuato, and Monterrey indicated that they have no comments. We were unable to establish communications with the Director of the program at San Miguel de Allende.

We trust that the visits carried out have achieved the proposed objective. With nothing further for the moment, we remain

Sincerely yours,

Patricia Juárez
Program Development

**FEDERACION MEXICANA DE ASOCIACIONES PRIVADAS
DE SALUD Y DESARROLLO COMUNITARIO A.C.**

August 31, 1992

**Lic. Jesus Servin
Program Director, FEMAP
P.E. Calles 744 North
Cd. Juárez, Chihuahua**

With reference to your letter of August 20 of this year and to the visit made by FEMAP, John Snow, Inc. and The Population Council, I would like to make the following comments on the report as a complement to the information provided therein:

- 1. The CBD program consists of one general supervisor, two social workers, 30 coordinators, and 536 promoters.**
- 2. The 8 clinics are each staffed by a general physician. In four of the clinics, (Centro, 26 de Marzo, Oceanía and Pancho Villa), dental services are provided. Within the next few days, one more will be installed at the Isabel Amalia clinic. In addition, the central module also provides services in the areas of clinical laboratory, gynecology (specialty), pediatrics and weight control.**
- 3. AQV users are referred to the University Hospital, IMSS or SSA and vasectomy users are referred to Dr. Porfirio Palafox S.**
- 4. With regard to control of supplies in storage, and in order to comply with the recommendation presented to us, a new form was designed, a copy of which is attached hereto, and a short instruction sheet was prepared so that personnel requesting or dispensing contraceptives can learn how to fill out the form and become familiar with delivery requirements.**
- 5. As to our offering Marvelon as a support medication, we have attempted to use this product to treat those very special cases involving users who are sensitive to Lo-Femenal. This does not mean that this product is to be supplied to all users, as 90% of the latter have indicated that they prefer to continue using Lo-Femenal.**
- 6. With respect to current inventory control policy, it is difficult to obtain minimum stock standards because the customs problem prevents the contraceptives from arriving with the optimum degree of regularity. However, this has not created a serious undersupply problem for temporary methods, as this are easily obtained from nearby programs. With regard to the IUD, there is a circular letter indicating that this method can still be used, even if the expiration date has passed, by visually inspecting the color of the copper and making sure that the package is properly sealed.**

This visit was extremely productive as it allowed us to plan new strategies for controlling supplies and to implement other supervisory techniques.

We appreciate all your attentions and remain

Sincerely yours,

Dr. Lourdes Quintanilla Rdz.

Instructions for Using the Warehouse Control Form

1. Record the date of the activity.
2. Record the activity reference. In the case of receipt of contraceptives, the origin and number of the memorandum accompanying the shipment will be recorded. For contraceptives dispatched, indicate the name of the coordinator, promoter or organization to whom delivery is made.
3. Record the quantity of contraceptives received (in units).
4. Record the quantity of contraceptives delivered (in units).
5. In this column, record initially the amount of contraceptives in stock and then proceed to perform the arithmetic operation corresponding to the type of activity (for inputs, the quantity must be added to the balance on hand and for amounts dispatched, it must be subtracted).
- 6-7 In this column, record the source of the contraceptive (FEMAP, MTY, MATAMOROS, IRAPUATO, SSA, etc.) and also, in the case of amounts dispatched, the module to which the materials are delivered.
8. The column for Remarks will be used to record the expiration dates for the contraceptives being received, as well as the amount of the recuperation quota applicable to the deliveries made.
9. The signature of the person performing the activities and checking and verifying the materials entering the warehouse shall be recorded, as well as the signature of the person receiving the contraceptives for distribution to the communities.
10. At the end of each month, all cards will be totalled by adding inputs received and shipments made and affecting the initial balance in order to reconcile the final balance on the cards with the physical inventory.

Individual forms should be used for each type of contraceptive.

This form will become effective on September 1, 1992.

23

FEMAP/SALTILLO

Warehouse Control

Date	Reference	Amounts Received	Amounts Dispatched	Balances	Source of Supplies/ Destination of Shipments	Observations
-------------	------------------	-----------------------------	-------------------------------	-----------------	---------------------------------------------------------	---------------------

Signtr.

Centros Materno Infantil y de Planificación Familiar

Ciudad Juárez, September 21, 1992

FEMAP

Lic. Jesús Servin

Program Director

Av. Plutarco Elías, Calles #744 Nte.

Cd. Juárez, Chih.

Dear Jesus:

Regarding the visit made to our program on August 19 of this year and concerning the distribution and handling of contraceptives, I have the following comments:

Our system of information or contraceptive control allows us to conduct an analysis of couple- years protection to verify whether the quantities requested by the coordinators exceed the consumption capacity of the users. However, the recommendations made by our visitors contemplate control from the moment the supplies leave the warehouse, social work, coordinator, promoter and user, such that it represents a greater effort on the part of the volunteers for whom, in some cases, such a procedure would be complicated as a result of their educational level. I believe that if we control shipments dispatched from the warehouse through social work and coordinators, we will comply with the objective of distributing contraceptive methods free of charge.

Our program will be more than willing to support FEMAP in the event of a change in the way in which reports on methods distributed are to be prepared.

Please let me know if you have any questions.

Sincerely,

C.P. Ricardo Nevárez Ibane
Administrator

75