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**JOHN SNOW INC.**  
**FAMILY PLANNING LOGISTICS MANAGEMENT PROJECT**  
**GENERAL DIRECTORATE OF FAMILY PLANNING**  
**LOGISTICS TRAINING NEEDS ASSESSMENT**

**Camilo Salomon, David Papworth, FPLM**  
**Paul Schenkel, CPSD**  
**Marion Aldrich, CDC**  
**Anne Staunton, Population Council**

Mexico, March 1-15, 1993



Family Planning  
Logistics Management  
Project

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## **I. OBJECTIVES OF THE VISIT**

The follow-up of the preceding visit conducted by FPLM in the process of assisting the DGPF in designing and structuring a Strategy for Training in Logistics concluded that it was imperative to carry out an assessment of the current logistics system in order to gain an understanding of its operation and identify areas for improvement through training.

The DGPF submitted to FPLM a RATIONALE FOR THE TRAINING OF TRAINERS AT THE STATE LEVEL (Annex #1) that explains the process of decentralizing the administrative and operational implementation functions not only of the Family Planning Program (PPF) but of almost all health facilities at the national level.

This points to the importance of having an installed capability for providing training in logistics at the level of each state, as a result of which it was requested that a study be conducted as to the advisability of including the Family Planning Program Delegate at the state level in the Training of Trainers Workshops.

The assessment conducted took the above request into consideration, which was studied in detail in each of the States visited; the conclusion drawn is contained in the second section of this report.

The specific objective of the assessment was as follows:

To obtain information about the system at all levels

- Distribution System
- Logistics Information System
- Inventory Management
- Human Resources
- Training Needs

Toward this end, the assessment tools contained in Annex #4 were developed.

## **II. CONCLUSIONS AND RECOMMENDATIONS**

The results of the assessment have led the team of consultants to submit the following recommendations for the consideration of the DGPF:

- Do away with the Training of Trainers Workshop at the state level.
- Conduct an assessment of the training needs of the potential participants in the Training of Trainers Workshop, consisting of central level officers of the DGPF and trainers from the Directorate of Training Supervision and Support.
- Conduct an assessment of the training needs of the managers of family planning programs of other public institutions.
- Prepare a preliminary training schedule as described below:

LEVEL	PARTICIPANTS	NUMBER	TOPIC	TRAINERS	DATE
Central	Trainers	16	Logistics	FPLM	May '93
Central	Trainers	16	Training	FPLM	July '93
State	Primary Level Head of Family Planning State Warehouse	42	Logistics	DGPF FPLM	September '93
Jurisdic- tional	Coordinators	210	Logistics	DGPF	1994

### **III. ACTIVITIES AND FINDINGS**

The methodology used to conduct the assessment is summarized below:

1. the purpose of the assessment was defined,
2. the logistic structure of the PPF was described, together with its resources,
3. an assessment team was formed,
4. a representative sample of the PPF was defined for the assessment,
5. a decision was made with regard to the assessment methodology,
6. assessment tools were developed,
7. the assessment was conducted and data were recorded,
8. assessment of local training capability,
9. the data collected were analyzed,
10. the results and recommendations were presented, and
11. administrative matters were taken care of.

Implementation of activities in accordance with the above methodology proceeded as follows:

1. The purpose of the assessment was defined

The assessment gathered information about all components of the program at all levels:

- 1.1 Distribution System
- 1.2 Logistics Information System
- 1.3 Inventory Management
- 1.4 Human Resources
- 1.5 Training Needs

2. The logistics structure of the PPF was described, together with its resources

The Family Planning Program (PPF) is carried out within the General Directorate for Family Planning (DGPF) of the Ministry of Health and Welfare (SSA) in the same way that it has been carried out for more than five years, as reported on previous occasions (see reports submitted by Camilo Salomon, of FPLM, dated November 1989; June 1990; March, September and November, 1991; April and November, 1992; and January 1993).

The organization chart showing the location of the DGPF within the SSA shows that it reports to the Undersecretariat for Health Services (see Figure #1); in addition, the administrative structure defined for the DGPF is illustrated in Figure #2. Within the DGPF, the Directorate of Programming and Evaluation (DPE) is the unit responsible for programming, evaluation, information analysis and logistics management, and administrative planning and qualitative analysis.

FIGURA 1

SECRETARIA DE SALUD  
ESTRUCTURA DICTAMINADA  
ENERO 1990

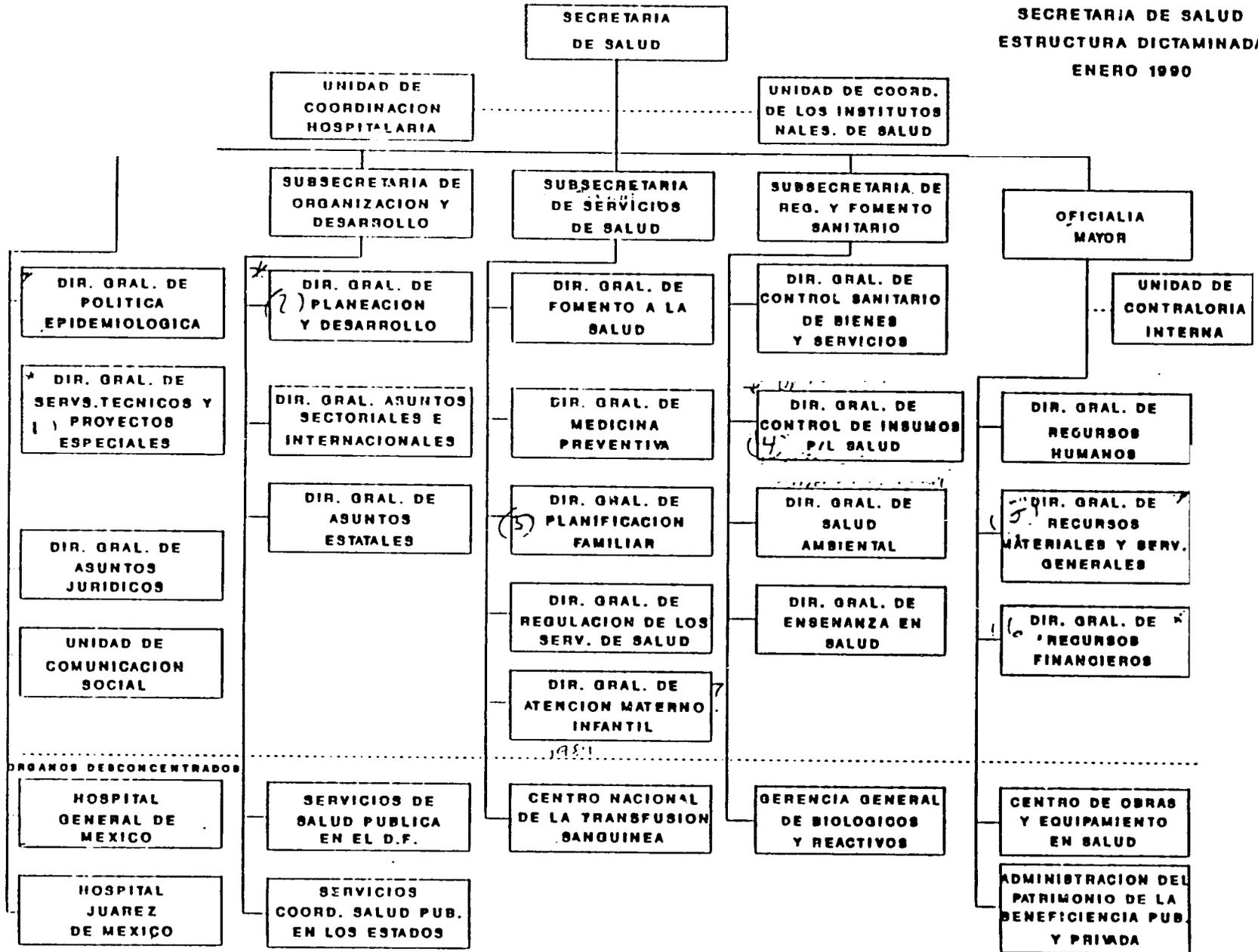
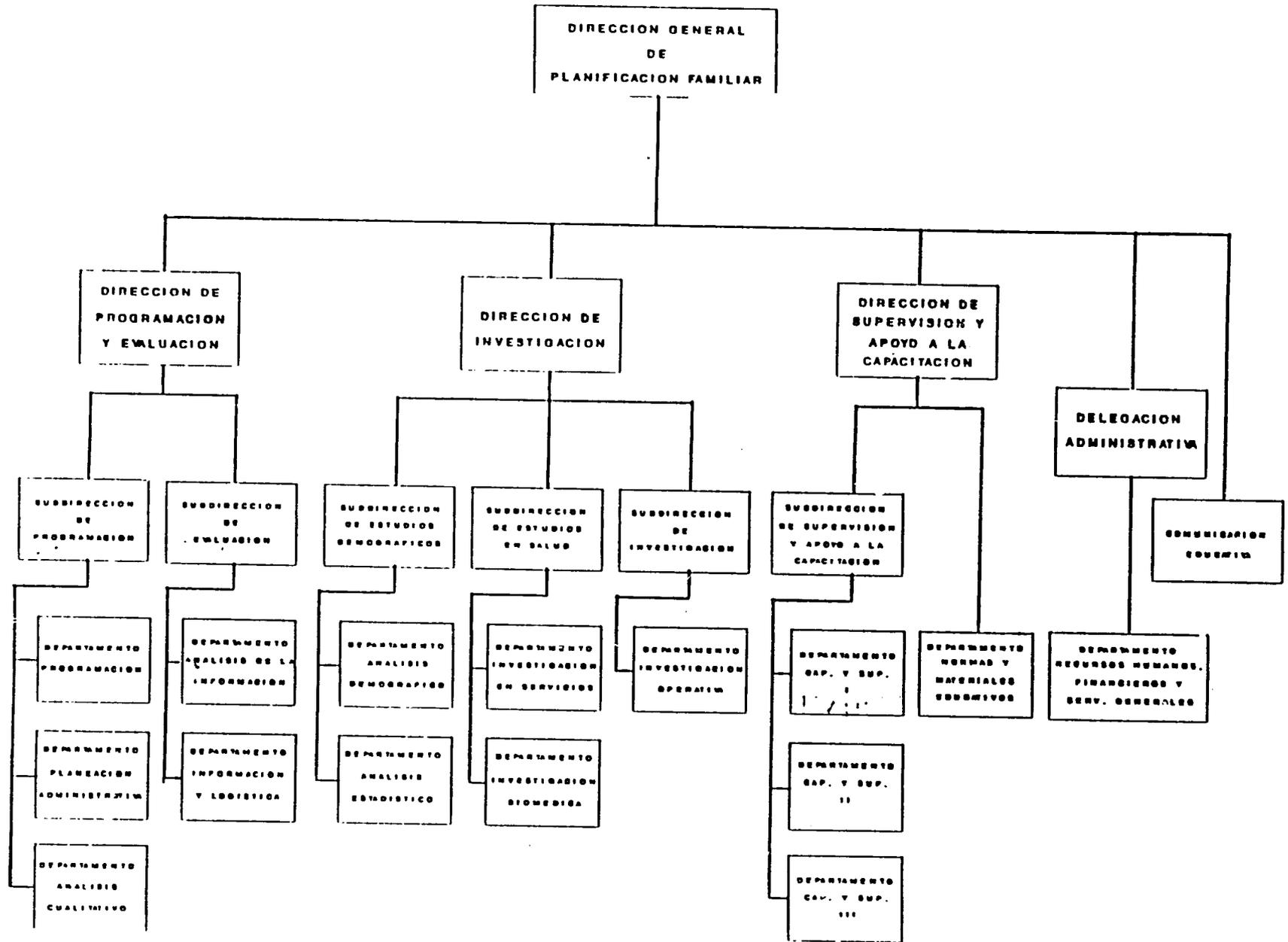


FIGURA 2



There are other directorates, such as the Directorates of Research and the Directorate of Training Supervision and Support, that were also included in the assessment, as they had available valuable resources for use in designing the proposed training strategy.

Figure #3 illustrates the programming and budgeting process and shows how the DGPF prepares an assessment and guidelines during an Annual Workshop on Programming and Budgeting and how it reviews and consolidates the programs submitted by each state during the workshop, together with the draft budget.

The states analyze their resources, evaluate the program and establish goals with regard to the preparation of a calendar for the following period, together with a draft budget.

The DGPF reviews and consolidates the draft organizational budget of the SSA and submits it to the SPP, which in turn reviews it, consolidates it with those of the other secretariats, and proceeds to authorize it. Once authorized, it is submitted to the Chamber of Deputies, which approves the national expenditure budget.

Figure #4 contains a summary of the above-described actions.

The process of logistics management, since it is the primary objective of this assessment, is described on the basis of the results obtained, which are presented further below in this report.

### 3. An assessment team was formed

For this purpose, the FPLM team formed an assessment team, taking advantage of the collaboration provided by other consultants, who, among other things, met the following requirements:

- fluent in Spanish
- experience in logistics
- experience in training

Thus, the team of consultants consisted of Paul Schenkel of the Commodities and Program Support Division of A.I.D., Office of Population, Marion Aldrich of the Centers for Disease Control and Anne Staunton of the Population Council in Mexico, together with Camilo Salomon and David Papworth of FPLM/JSI.

In addition, the group benefitted from the collaboration of officers of the DGPF, who acted as counterpart personnel and facilitators for the assessment and were integral elements of the team. The requirements for these individuals were as follows:

- broad knowledge of the PPF
- possession of the required degree of authority and autonomy

# PROCESO

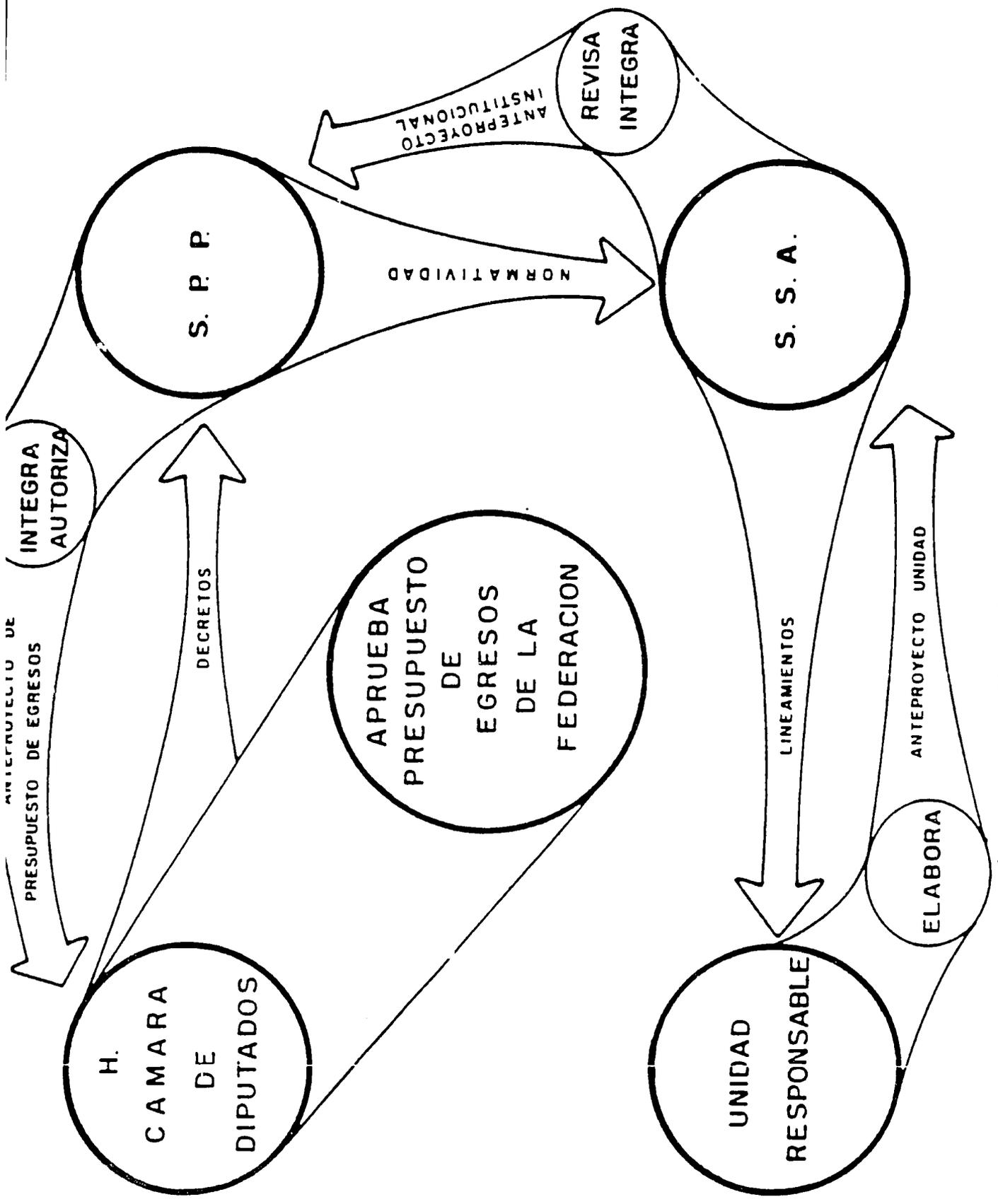


FIGURA 4

# PROGRAMA DE PLANIFICACION FAMILIAR PROCESO DE PROGRAMACION-PRESUPUESTACION

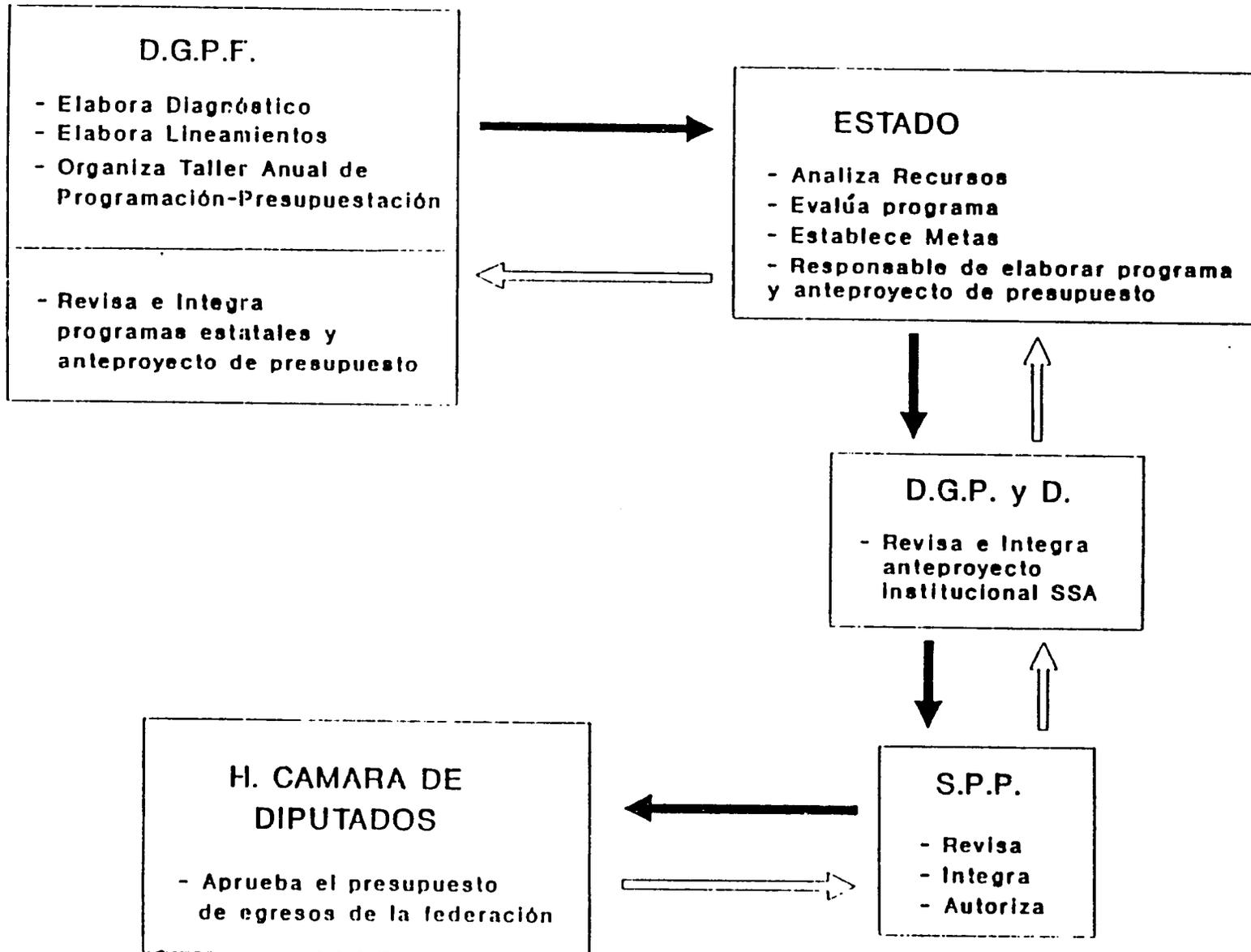


FIGURA 3

- availability to perform field work

Thus, Oscar Trocino, Juan Monrroy and Irma Peralta also joined the team, with coordination provided from the central level by Elsa Santos.

#### 4. A representative sample of the PPF was defined for the assessment

In accordance with preceding visits conducted by FPLM, the team adopted the strategy of assigning priorities to the various Mexican states with regard to population matters, and it had already been decided that the team would work with a total of 14 priority states, to be covered during the first two years of the strategy (see FPLM report, Camilo Salomon, January 1993).

From the group of 14 states (two regions with seven states each) selected for inclusion in the training strategy, the team designed a sample, the primary guiding criterion of which was to seek a balance among the following:

- rural and urban areas
- centralized and decentralized states
- Strategy for Extending Coverage and institutional program
- densely populated areas
- high volume of contraceptive movement
- geographical distance and difficulty of access for supply purposes

Based on the above-listed value criteria, the DGPF designed a trip schedule for the assessment team that is shown in Annex #3. This schedule included visits to the states of Mexico, Zacatecas, Jalisco, Hidalgo, Tabasco and Nuevo León. The team visited at least three jurisdictions in each state.

#### 5. A decision was made with regard to the assessment methodology

Due to the importance of obtaining information on the current status of logistics management at each of the various levels of the system and in the greatest possible variety of situations, it was concluded that the most appropriate methodology would be to conduct personal interviews of PPF members at the various levels of the chain of distribution, including facilities for the delivery of contraceptives and family planning care and services.

Based on the current structure of contraceptive distribution, three different categories of individuals were identified for interviews to be conducted at all levels:

- PPF technical staff: members of the DEP, Program Coordinator, Head of the Program at the state level, Jurisdictional Medical Coordinator at the jurisdictional level, and medical and paramedical personnel in Applicational Units.

- Personnel in charge of family planning supplies and warehouse keepers at the central, state and jurisdictional levels, as well as the heads of pharmacies or mini-warehouses in Applicational Units (health posts or clinics).
- Personnel from the area of training and education, if any, at all levels.

## 6. Assessment tools were developed

Keeping in mind the objectives of the assessment and with the participation of the entire team, including both consultants and DGPF personnel, data recording tools were developed for the various categories of individuals identified in the preceding section.

Four different question guides were designed for the interviews:

- Guide for PPF technical personnel at the central, state and jurisdictional levels
- Guide for warehouse personnel at the central, state and jurisdictional levels
- Guide for operating personnel in applicational units
- Guide for personnel from the areas of supervision and training.

The corresponding forms are contained in Annex #4.

## 7. The assessment was conducted and data were recorded

Annex #4 shows the total number of interviews, which are given for each assessment team, together with the results obtained. Below, each team provides a summary for the state that it visited as well as a general overview of the situation observed.

A summary was subsequently prepared of all of the general overviews of the three assessment teams, and it was concluded that it fairly represents the current status of the logistics management system for the various levels of the PPF at the national level.

### 7.1. Summary of the findings involving the technical staff:

#### **I. KNOWLEDGE OF THE SYSTEM**

##### **1.1. WHAT IS THE ADMINISTRATIVE STRUCTURE OF THE PPF?**

This is a health care program operating at the basic level of primary health care. It reports to the Head of Health Programs and to the Director of Health Services. It delivers its services through institutional care programs, the Strategy for Extending Coverage and the Community-Based Distribution Program.

- **WHAT DIRECTORATES OR DEPARTMENTS OF THE SSA PARTICIPATE IN THE PROCESS?**

All of the directorates of the DGPF participate in the process, including the Directorate of Programming and Evaluation, the Directorate of Research, the Directorate of Training Supervision and Support, and the Administrative Delegation in each state.

1.2. **WHAT ARE THE MODALITIES FOR DELIVERING FAMILY PLANNING SERVICES?**

The Institutional Program, the Strategy for Extending Coverage and the Community-Based Distribution Program. The postpartum IUD insertion program is currently in the process of being implemented. In some cases, there are Mobile Units available (Hidalgo).

- **DESCRIPTION OF THE LOGISTICS SYSTEM**

1.3. **HOW ARE CONTRACEPTIVES RECEIVED FROM THE HIGHER LEVELS?**

The DGPF prepares an assessment and guidelines during an Annual Workshop on Programming and Budgeting and revises and consolidates the programs presented by each state during the workshop, together with the corresponding draft budget. It also prepares a distribution schedule in collaboration with the DRM.

The states analyze the resources, evaluate the program and establish goals for developing a program for the following period, and draw up a draft budget during the Annual Workshop, generally held in May of each year.

The DGPD reviews and consolidates the institutional draft budget of the SSA and submits it to the SPP, which in turn reviews it, consolidates it with those of the other secretariats and authorizes it. Once authorized, it is submitted to the Chamber of Deputies, which approves the national expenditure budget.

Figure #4 contains a summary of the above-described actions.

In addition, some purchases have been made at the central level and some states have made local purchases using decentralized budget funds.

The Annual Programming Workshop sets service goals for the entire year which dictate the volume of contraceptives needed to reach the user level.

In a parallel exercise, an analysis of current levels of stock on hand is presented for purposes of determining the needs for shipments of contraceptives to each of the states.

Distribution tables are prepared for each state, which the DGPF delivers to the Central Warehouse as a guide for programming shipments over the entire year.

The states submit their resupply requests between three and four times a year to the Central Warehouse, once they have been validated against the table prepared by the DGPF.

The supply of contraceptives from the state level to the jurisdictional level takes place in the same fashion, on a quarterly or monthly basis, with variances occurring between one state and another.

Those responsible for validating requisitions and amounts assigned are the PPF Delegates at the state level and the Jurisdictional Medical Coordinator (CMJ), who works in close cooperation with the warehouse keepers at their respective levels.

In the Applicational Units, the individual charged with validating requisitions is the PPF physician in charge.

The supply of contraceptives from the jurisdictional level takes place once a month when the Applicational Units conduct an analysis of their inventories and Service Statistics to request amounts of contraceptives that are subsequently validated by the CMJ.

Certain transfers occur at the central level to and from other organizations, as well as on the state and jurisdictional levels. Loans among states as well as among jurisdictions are also common. Transfers from MEXFAM to the jurisdictions are frequent in some states.

#### 1.4. HOW ARE CONTRACEPTIVES DISTRIBUTED TO THE LOWER LEVELS?

See 1.3.

In Tabasco, the schedule for distributing contraceptive material from the state to the jurisdictions is conducted quarterly for oral contraceptives and condoms, bimonthly for injectables and monthly for IUDs.

#### 1.5. HOW ARE THE AMOUNTS RECEIVED FROM THE HIGHER LEVELS DETERMINED? WHAT SUPPLY SOURCES ARE USED?

See 1.3.

#### 1.6. HOW ARE THE AMOUNTS DISTRIBUTED TO THE LOWER LEVELS DETERMINED?

See 1.3.

**1.7. HOW DOES THE DISTRIBUTION OF CONTRACEPTIVES RELATE TO THE DISTRIBUTION OF DRUGS IN GENERAL?**

Contraceptives are supplied at all levels of the system in the same way as drugs in general. The scheduling of shipments is the same. Validation of amounts to be shipped is the responsibility of the technical area of the PPF at each of the levels; these technical areas submit distribution tables to the corresponding warehouses and validate requisitions or assignments as they occur, in order to ascertain that they are in agreement with delivery norms, with the inventory analysis that the technical area has conducted of the units under its responsibility, and with available stock on hand, in order to ensure an appropriate supply to all units.

On some occasions, especially at the lower level of the system, the individuals in charge of the Applicational Units or jurisdictions resupply their stock of contraceptives when attending regularly scheduled technical meetings due to the great distances that they must travel, their difficulties of access, or the scarcity of means of transportation.

**1.8. WITH WHAT DEPARTMENTS OR AREAS DOES COORDINATION FOR COLLABORATION EXIST, AND OF WHAT TYPE?**

With all of the areas of the DGPF as well as with the Division of Material Resources, especially for purposes of validating distributions made against those scheduled.

With the area of Statistics and Computer Services, for purposes of obtaining access to the information generated by the Basic State Information System (SEIB), which records all family planning indicators with regard to the delivery of services, as required for programming and evaluation of the PPF.

**1.9. WHAT FUTURE PLANS EXIST FOR THE PPF? CAN THESE PLANS AFFECT LOGISTICS MANAGEMENT?**

Implementation of the Post-partum IUD Insertion Program and the gradual reduction of donations of contraceptives are the two primary changes that will affect logistics management.

The process of administrative decentralization of the states has also affected the process of budgeting and allotments of funds, as well as certain local purchases made at the state level in certain states that have already been decentralized.

In some states, computer applications are already being developed for improving the control of contraceptive materials (WORKS in Zacatecas and other areas).

## **II. LOGISTICS INFORMATION SYSTEM**

The answers to all of the questions in Section II are contained in Annex #5, which presents descriptions of all of the forms used in the PPF as well as instructions for filling them out, together with the individuals responsible for filling out the forms and consolidating and processing the data.

The information cycle coincides with the cycle for drug distribution at each level.

- 2.1. WHAT INSTRUMENTS ARE USED TO RECORD STOCKS OF CONTRACEPTIVES ON HAND AT EACH LEVEL?
- 2.2. WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?
- 2.3. HOW OFTEN ARE THESE RECORDS PREPARED?
- 2.4. WHAT INSTRUMENTS ARE USED TO RECORD MOVEMENTS OF CONTRACEPTIVES AT EACH LEVEL?
- 2.5. WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?
- 2.6. HOW OFTEN ARE THESE RECORDS PREPARED?
- 2.7. WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL USING THIS INFORMATION?
- 2.8. TO WHOM ARE THEY DIRECTED?
- 2.9. WHAT IS THIS INFORMATION USED FOR?
- 2.10. WHAT FEEDBACK (FROM OTHER LEVELS) IS GENERATED AS A RESULT OF THE USE OF THESE REPORTS?

## **III. LOGISTICS SUPERVISION**

The answers to all of the questions in Section III above are contained in Annex #6, which contains a sample supervisory guide used in the state of Nuevo León. However, logistics supervision programs vary from one state to another and, within a given state, they can vary from one jurisdiction to the next or not even exist, since no logistics supervision policy has as yet been established for the PPF at the national level.

- 3.1. WHO CONDUCTS LOGISTICS SUPERVISION AT EACH LEVEL?

The PPF delegate in the state, the CMJ in the jurisdictions and at the central level, and staff members from the DEP and DSAC assigned to work on zonal teams.

In some states (Tabasco), there is a zonal supervisory team consisting of a physician, a nurse and a driver.

At the community level (EEC), it is the nurse that performs logistics supervision.

### **3.2. DURING WHAT PERIODS ARE SUPERVISORY ACTIVITIES CONDUCTED?**

They vary from level to level and from state to state, as no logistics supervision program has been established for the PPF at the national level.

### **3.3. WHAT INSTRUMENTS ARE USED TO CONDUCT SUPERVISORY ACTIVITIES?**

They vary from level to level and from state to state, as no logistics supervision guide has been established by the DGPF for the various levels.

Part of the FPLM assistance in developing a strategy for the gradual reduction in donations will involve assisting the DGPF in developing such a guide.

### **3.4. WHAT ASPECTS OF LOGISTICS ARE INCLUDED IN THE REPORT PRODUCED BY THE SUPERVISORS WHEN CONDUCTING A VISIT?**

They vary for the same reasons indicated in the preceding question.

### **3.5. WHO RECEIVES THEM?**

Same as above.

### **3.6. WHAT FEEDBACK DOES THE LOGISTICS SUPERVISOR PROVIDE?**

Same as above.

### **3.7. WHAT COORDINATION EXISTS BETWEEN THE SUPERVISORS AT THE VARIOUS LEVELS OF THE PPF?**

Same as above.

## **IV. CONCLUSION**

### **4.1. WHAT LOGISTICAL DIFFICULTIES DO YOU OBSERVE IN THE SYSTEM?**

Difficulties with regard to transportation, shortage of certain methods, oversupply of others, lack of information from the lower levels and, in some cases, lack of coordination between the technical area of the PPF and the heads of the warehouses at the respective levels in validating the amounts requested or allotted.

Lack of timeliness of the information provided by the SEIB, which makes it necessary for certain states and jurisdictions to maintain parallel systems for logistics information.

Lack of coordination between upper and lower levels, as there are no forms available to record loans or transfers, which in turn distorts the recording of amounts received and dispatched.

#### **4.2. WHAT WOULD YOU DO TO IMPROVE LOGISTICS MANAGEMENT?**

Solve the problems described in item 4.1 above.

#### **4.3. WHAT TRAINING NEEDS DO YOU SEE FOR YOURSELF AND AREA STAFF IN THE AREA OF LOGISTICS? HAVE YOU EVER ATTENDED A TRAINING EVENT?**

Most have not attended training events devoted specifically to logistics, with the exception of the programs heads at the state level, who have attended the Annual Programming Workshop where they review certain methodologies developed by the DGPF for estimating needs and discuss subjects involving supply in general.

The DGPF has provided two courses on three different methodologies for programming contraceptive needs.

Especially at the jurisdictional level, there is a need for training in the methodologies for programming and recording service statistics in order to improve the supply of materials to the Applicational Units and information at the national level.

#### **7.2. Summary of the findings involving warehouse staff:**

##### **I. KNOWLEDGE OF THE DISTRIBUTION SYSTEM**

##### **1.1. HOW ARE THE AMOUNTS TO BE RECEIVED FROM THE HIGHER LEVELS DETERMINED?**

At the central level: The FPLM consultant routinely provides assistance in the process of estimating contraceptive needs for the DGPF program as well as those of other public sector institutions supplied by the SSA. Inventories and service statistics are analyzed to determine the needs for shipments of contraceptives, which are coordinated through the local A.I.D. representative in Mexico.

**At the state level: Amounts are coordinated in accordance with a distribution table produced for each state on the basis of the results of the Annual Programming Workshop, a copy of which is forwarded to the Directorate of Material Resources for use in producing the shipments to each state.**

**At the jurisdictional level: With the allotments determined by the state PPF delegate, in collaboration with the CMJ, and communicated to the head of the state warehouse for purposes of producing a distribution schedule for each jurisdiction.**

**In the Applicational Units: Requested from the jurisdictions in accordance with an analysis of service statistics and the current status of inventories. Varies in accordance with the size of the unit and its distance from the jurisdictional supply center.**

**1.2. HOW ARE THE AMOUNTS OF CONTRACEPTIVES TO BE SENT TO THE LOWER LEVELS DETERMINED?**

See preceding item.

**1.3. HOW ARE CONTRACEPTIVE REQUISITIONS OR ALLOTMENTS VALIDATED FOR THE LOWER LEVELS?**

The program head at each level is responsible for validating shipments against service statistics and the inventory analysis which he or she should maintain for all of the units under his or her responsibility. The program head should be in constant communication with the warehouse keepers in order to authorize the shipments required by the units.

**1.4. WHAT ARE THE RESUPPLY INTERVALS FROM THE HIGHEST LEVEL?**

As a rule, it can be said that the central level supplies the state two or three times a year, that the state supplies the jurisdictions on a quarterly or bimonthly basis, and that the jurisdictions supply the Applicational Units on a monthly basis.

**1.5. WHAT IS THE RESUPPLY TIME LAG FROM THE HIGHER LEVEL?**

From the central level to the state, it ranges between one and three weeks, depending on the mode of transportation used and the distance involved (in nearby states, it is only a few days); between the state and jurisdictional levels, it varies between one and three weeks, as is the case between the jurisdictions and the Applicational Units.

**1.6. WHAT ARE THE RESUPPLY INTERVALS FOR THE LOWER LEVELS?**

See preceding item.

**1.7. WHAT IS THE RESUPPLY TIME LAG TO THE LOWER LEVELS?**

Same as above.

**1.8. ARE MAXIMUM AND MINIMUM LEVELS OF CONTRACEPTIVE INVENTORIES DETERMINED IN YOUR WAREHOUSE? IF SO, HOW?**

The central level keeps on hand a minimum of six months supply and a maximum of 18 months; the state level keeps on hand a minimum of three months and a maximum of 12 months; the jurisdictional level keeps on hand a minimum of three months and a maximum of 12 months; and the Applicational Unit level keeps on hand a maximum of three months and a minimum of one month.

These levels constitute a range within which inventory levels will vary, as there are no norms in place in this regard.

The way in which maximum and minimum levels are determined is based on the average monthly consumption for the three preceding months, plus a safety margin.

There is no standardized methodology for determining maximum and minimum levels known to all concerned individuals throughout the technical area of the program.

Warehouse keepers do not conduct an analysis of their inventories as regards amounts delivered historically or the goals of the PPF, as responsibility for this task is left entirely to the technical area of the program.

**1.9. WHAT COORDINATION EXISTS BETWEEN YOUR WAREHOUSE AND THE PPF STAFF?**

They deliver the distribution tables for the units supplied by the warehouse and validate shipments based on service statistics and inventory analysis.

The degree of coordination varies among states as well as among the various jurisdictions within a given state, as this is something that is dictated more by the interpersonal relationships existing in each case rather than by a national level administrative norm established to ensure coordination between the two areas.

**1.10. WHAT MEANS ARE USED TO DISTRIBUTE CONTRACEPTIVES TO THE LOWER LEVELS?**

At the central level: Through the use of vehicles belonging to the SSA and assigned to the central warehouse or by means of commercial transportation service contracts negotiated by the central warehouse transportation division.

At the state level: By means of state-owned transportation equipment assigned to the state warehouse or own resources assigned to certain jurisdictions that go to the state warehouse periodically to resupply their inventories.

At the jurisdictional level: same as for the state level.

At the level of the Applicational Unit: same as for the jurisdictional level.

**1.11. ARE THEY DELIVERED AT THIS LEVEL, PICKED UP, OR TAKEN TO THE LOWER LEVEL?**

See preceding item.

**1.12. WHAT CONTRACEPTIVES DO YOU KEEP ON HAND IN YOUR WAREHOUSE?**

At each level, all of the contraceptives necessary are kept on hand in accordance with the family planning service delivery modality or the local purchase modality, as applicable.

**1.13. WHAT QUALITY CONTROL PROCEDURES FOR CONTRACEPTIVES DO YOU HAVE IN PLACE IN YOUR WAREHOUSE?**

Quality control is applied only at the central level, in accordance with the SSA technical norm for this type of medication.

Once contraceptives have entered the distribution system, no further quality control measures are applied.

In all cases, a simple visual inspection is made, with no set, preestablished norms or quarantine procedures and no rejection of lots as a result of the existence of specific conditions.

**1.14. WHAT STORAGE TECHNIQUES DO YOU APPLY TO CONTRACEPTIVES?**

It was observed that most of the warehouses visited use the "first-to-expire, first out" method of inventory management.

## **II. LOGISTIC INFORMATION SYSTEM**

The responses to all of the questions in Section II can be summarized by affirming that they vary significantly between the various warehouses and the various levels, as no one form has been implemented at the national level for recording stock on hand and inventory movements.

Each state has designed its own registers for recording stock received and dispatched, but as a rule these forms contain more or less the same data, thus proving to be sufficient to maintain adequate logistical controls.

### **2.1. WHAT INSTRUMENTS ARE USED TO RECORD CONTRACEPTIVES ON HAND AT EACH LEVEL?**

See Annex #4.

### **2.2. WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

The warehouse keeper and, in those cases of warehouses with large volumes of movement, the responsibility is divided between the individual in charge of drugs and the individual in charge of curative materials.

### **2.3. HOW OFTEN ARE THESE RECORDS PREPARED?**

Every time a shipment of contraceptives is received or dispatched.

### **2.4. WHAT INSTRUMENTS ARE USED TO RECORD THE MOVEMENT OF CONTRACEPTIVES AT EACH LEVEL?**

See item 2.1.

### **2.5. WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

See item 2.2.

### **2.6. HOW OFTEN ARE THESE RECORDS PREPARED?**

See item 2.3.

### **2.7. WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL USING THIS INFORMATION?**

Reports vary significantly among the various warehouses and among the various levels, as no one format for periodic reporting has been put into place at the national level.

**2.8 TO WHOM ARE THESE REPORTS DIRECTED?**

See item 2.7. As a rule, reports based on the distribution and stock on hand tables are sent to the upper levels of the Directorate of Material Resources and to the technical area of the PPF.

**2.9 WHAT IS THIS INFORMATION USED FOR?**

Programming. Validating distribution tables. Evaluation. Supervision.

Usage varies significantly in accordance with the various cases, for the reasons stated in item 2.7.

**2.10. WHAT FEEDBACK (FROM OTHER LEVELS) IS GENERATED AS A RESULT OF THE USE GIVEN TO THESE REPORTS?**

Same as item 2,9.

**7.3. Summary of the findings involving applicational personnel:**

**I. MEDICAL AND PARAMEDICAL STAFF**

**1.1. DOES THE SERVICE PROVIDED INVOLVE THE AREA OF FAMILY PLANNING EXCLUSIVELY?**

All primary health care services are provided.

**1.2. WHAT TYPE OF CONTRACEPTIVE MATERIALS DO YOU USE?**

All temporary methods and, in hospitals, voluntary surgical sterilization.

**1.3. DO YOU KNOW WHAT YOUR AVERAGE MONTHLY CONSUMPTION OF CONTRACEPTIVE MATERIALS IS?**

The operating staff of the PPF have a general knowledge of average consumption levels.

**1.4. WHO DETERMINES NEEDS FOR MATERIALS?**

The PPF delegate in each Applicational Unit.

**1.5. HOW ARE NEEDS DETERMINED?**

They are based on average monthly consumption figures, goals and inventory analysis. The degree of accuracy as well as the timeliness and reliability of the information used is variable in some units.

**1.6. WITH WHAT REGULARITY ARE CONTRACEPTIVES RECEIVED?**

Monthly in most Applicational Units. It varies in accordance with the distance and difficulty of access of each site.

**1.7. HOW IS THE DELIVERY OF CONTRACEPTIVE MATERIALS TO USERS RECORDED?**

It varies considerably from one UA to another. See the logistics forms in the Annex.

**1.8. WHAT TYPES OF CONTROLS ARE MAINTAINED FOR RECORDING AMOUNTS RECEIVED AND DISPATCHED?**

Same as for item 1.7.

**II. PHARMACY PERSONAL**

**2.1. WHAT TYPE OF CONTRACEPTIVE MATERIALS DO YOU USE?**

All of the temporary methods. This varies in accordance with the level of the UA, as some facilities provide IUD insertions.

**2.2. WITH WHAT DEGREE OF REGULARITY ARE MATERIALS RECEIVED?**

Monthly, although some UA's reflect variations due to the difficulty of access.

**2.3. WHO ESTIMATES NEEDS?**

Amounts are assigned by the CMJ or the PPF delegate in the UA.

**2.4. WHAT TYPE OF CONTROLS ARE KEPT FOR RECORDING AMOUNTS RECEIVED AND DISPATCHED?**

This varies considerably from one UA to another. See the Annex containing the logistics forms.

8. A study was made of local training capability

**I. TRAINING OF PERSONAL**

1.1. WHAT TRAINING DOES THE PPF STAFF RECEIVE AS PART OF THEIR JOB ORIENTATION?

1.2. WHAT SPECIFIC TRAINING IN LOGISTICS DO THEY RECEIVE?

1.3. ARE THERE ANY ONGOING TRAINING PROGRAMS?

At the central and state levels, the DSAC has a repertoire of eight courses, as detailed below:

- Sex education and family planning for teenagers
- Supervisory skills
- Orientation and counseling
- Family planning and maternal-child health for health auxiliaries
- Family planning and first aid for childbirth
- Basic course in family planning
- Job introduction for CMJ's
- Refresher course in family planning methods
- Course in IUD insertion

1.4. WHO DESIGNS THE TRAINING ACTIVITIES?

The DSAC with its 32 trainers.

1.5. WHAT FOLLOW-UP IS PROVIDED ON TRAINING ACTIVITIES?

1.6. ARE THERE ANY MANUALS OR MATERIALS THAT ARE USED IN THESE TRAINING ACTIVITIES?

**QUESTIONNAIRE FOR EDUCATION DEPARTMENT PERSONNEL  
STATE LEVEL**

**FINDINGS BY STATE**

**STATE OF MEXICO: DEPARTMENT OF TRAINING AND DEVELOPMENT**

- 1.1 PPF delegates receive the course given by the central level trainers (DGPF).
- 1.2 The DGPF gave a course in logistics in 1992 for PPF delegates.
- 1.3 The Department of Training and Development is in charge of coordinating an annual training plan. The central level detects training needs among public employees. Each physician should receive three courses (20 hours per annum), while each worker should receive 48 hours per annum. There is a system of credits in place.
- 1.4 A training committee is in place in each Applicational Unit (20 hospitals). A technical secretary is elected. Other members include the educational coordinator, a human resources representative and a union representative.

Appropriate personnel and training needs are identified by means of a survey. There is a minimum of 20 participants per course. Each unit programs and designs its own courses. The state level provides initial support in the development of programming and subsequently in the area of implementation.

The state requests the support of the DGPF for the courses provided by the trainers.

The Department of Training and Development offers four courses for staff members wishing to receive training as instructors. However, no one has attended all four courses and there are no funds available for full-time instructors. The state has no instructors. As part of the decentralization process, they wish to have a team consisting of 30 state instructors/teachers. Apparently, the states of Jalisco and Nuevo León have a similar idea.

The four courses are as follows:

- Training of instructors
  - Preparation of educational materials
  - Public speaking
  - Teaching and pedagogy
- 1.5 Supervisory visits and reports generate information on course implementation.
  - 1.6 See state program.

9. The data collected were analyzed
10. The results and recommendations were presented
11. Administrative matters were taken care of. Budget. Accounting procedures. Annex #7. Budget for the first workshop.

Assessment of the State of Mexico:

## **I. KNOWLEDGE OF THE SYSTEM**

### **1.1 WHAT IS THE ADMINISTRATIVE STRUCTURE OF THE PPF?**

#### **State Level (see attached organization chart)**

Underdirector of Health Services

Head of the Primary Level

PPF Delegate

Four Regional Delegates (19 jurisdictions)

#### **Jurisdictional Level (see attached organization chart)**

Jurisdictions visited: Toluca, Ixtlahuaca, Tenango

#### **Municipal Coordination Level**

Jiquipo

Municipal Coordinator (physician)

11 Health Centers

14 Micro-regions

Personnel: Trainees-Health Centers  
Health auxiliaries-community  
PRODIAPS-Rural Health Centers

### **1.2 WHAT ARE THE MODALITIES FOR FAMILY PLANNING SERVICE DELIVERY?**

Institutional and community component (EEC).

### **1.3 HOW ARE CONTRACEPTIVES OBTAINED FROM HIGHER LEVELS?**

#### **State Level from the Central Level**

By allotment by the DGPF, twice a year. They also make purchases using state budget funds to supplement amounts provided by the Central Level (e.g., condoms/PROFAM).

### **Jurisdictional Level from the State Level**

Request submitted to the PPF delegate who authorizes (signature of the Undersecretary for Health Services) the amounts and delivers the requisitions to the warehouse.

Ixtlahuaca: Telephone order to the PPF delegate, who authorizes it. Once the authorization has been signed, a representative from the jurisdiction picks up the transit slip and proceeds to the state warehouse.

Jiquipilco: The jurisdiction delivers to the municipality.

### **1.4 HOW ARE CONTRACEPTIVES DISTRIBUTED TO THE LOWER LEVELS?**

They are distributed in accordance with achievements, annual programming and reported consumption.

#### **Jurisdiction**

Toluca: The municipalities receive supplies every three months from the jurisdictional level.

Ixtlahuaca: In order to cover unprogrammed needs, the jurisdiction delivers supplies to the Municipal Coordinator when she visits the jurisdiction. The Municipal Coordinator in turn delivers supplies to the health centers and health auxiliaries.

Jiquipilco: The graduate medical student picks up the materials from the Municipal Coordinator.

### **1.5 HOW ARE AMOUNTS OBTAINED FROM THE HIGHER LEVELS DETERMINED? WHAT SUPPLY SOURCES DO THEY HAVE?**

#### **State Level**

National Programming Workshop.

Sources: DGPF, Directorate General of Material Resources, State-level Material Resources

#### **Jurisdiction**

Based on stock on hand, consumption and achievements.

### **1.6 HOW ARE AMOUNTS DISTRIBUTED TO THE LOWER LEVELS DETERMINED?**

#### **State -> Jurisdictions**

The jurisdiction requests supplies from the state every three months based on stock on hand and consumption indicators for each of the various methods. The request is compared to amounts programmed and projected levels of achievement.

#### **Jurisdiction -> Municipalities**

Programming is compared to levels achieved, consumption and stock on hand.

Ixtlahuaca: Amounts are increased 10 and 15 per cent over the preceding period, with the exception of IUDs, for which stricter controls exist.

Health Center: The supervisor determines amounts in accordance with reported consumption.

**1.7 HOW DOES CONTRACEPTIVE DISTRIBUTION RELATE TO THE DISTRIBUTION OF DRUGS IN GENERAL?**

DGPF to the state: separately.

DGR to the state: together with other materials.

State to the Jurisdiction: together with products from various programs.

Toluca: separate, by program.

Ixtlahuaca: separate.

Jiquipilco: all drugs together.

**1.8 WITH WHAT DEPARTMENTS OR AREAS IS THERE COORDINATION AND LINKAGES, AND OF WHAT TYPES?**

Administration (Material Resources), Planning, Teaching, Operational Supervision

**1.9 WHAT FUTURE PLANS EXIST FOR THE PPF? CAN THESE PLANS AFFECT LOGISTICS MANAGEMENT?**

**State Level**

They are beginning to implement the post-partum family planning program.

They support COESIDA and ISSSTE. Occasionally they receive from MEXFAM.

**Jurisdiction**

Toluca: Post-partum IUD insertion.

Ixtlahuaca: None

**II. LOGISTICS INFORMATION SYSTEM**

**2.1 WHAT INSTRUMENTS ARE USED TO RECORD CONTRACEPTIVES ON HAND AT EACH LEVEL?**

Inventory forms (the same ones sent by the central level).

Toluca: inventory form for reporting stock on hand, expenses, needs by municipality, unit/micro-region.

Ixtlahuaca: inventories every three months to the central level.

Jiquipilco: kardex.

Health center: has no inventory.

**2.2 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

Warehouse keeper and Jurisdictional Medical Coordinator.

The Municipal Coordinator receives inventories. In the units, the warehouse keeper manages information.

Jiquipilco: supervisor or health auxiliary.

Health center: medical assistant.

### 2.3 HOW OFTEN ARE THESE RECORDS PREPARED?

State inventory: annually.

Jurisdictional inventories: monthly.

Jiquipilco: every day amounts delivered are added up and deducted from the kardex (one or two times per month)

### 2.4 WHAT INSTRUMENTS ARE USED TO RECORD CONTRACEPTIVE MOVEMENTS AT EACH LEVEL?

Central level to the state: letter/transit slip

State level to the jurisdiction: requisition/transit slip

Ixtlahuaca: booklet to record amounts received, signed by the requisitioner

Jiquipilco: booklet to record movements

Health center: physician's daily activity sheet and booklet

### 2.5 WHO IS RESPONSIBLE FOR THESE REGISTERS AT EACH LEVEL?

State level: PPF delegate (authorizes) and warehouse keeper (signs)

Jurisdictional level: medical coordinator and warehouse keeper

Ixtlahuaca: medical coordinator

Jiquipilco: supervisor/Municipal Coordinator

### 2.6 HOW OFTEN ARE THESE REGISTERS PREPARED?

Every time there is a request/movement (receipt or dispatch)

Monthly inventories

Ixtlahuaca: every time there is an amount dispatched

### 2.7 WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL USING THIS INFORMATION?

SEIB (new users, active users and consumption)

Monthly inventories: jurisdiction to the state

Health center: monthly reports on amounts delivered (SEIB) [delivered to] Coordinating Office

## **2.8 TO WHOM ARE THEY DIRECTED?**

### **SEIB**

Jurisdiction -> Regional Delegate -> State Area Statistics -> PPF Delegate

### **INVENTORY**

Jurisdiction -> Regional Delegate -> PPF Delegate

## **2.9 WHAT IS THIS INFORMATION USED FOR?**

SEIB: validation, evaluation of achievements, identification of problems.

## **2.10 WHAT FEEDBACK IS GENERATED BASED ON THE USE OF THESE REPORTS?**

The delegates notify the jurisdictions if there are any differences or problems. They provide follow-up by means of visits or through a review of subsequent reports. Bimonthly meetings (which in the future will become quarterly meetings) are held with the Jurisdictional Medical Coordinators.

## **III. LOGISTICS SUPERVISION**

### **3.1 WHO PERFORMS LOGISTICS SUPERVISION AT EACH LEVEL?**

State level: PPF Delegate  
Regional level: PPF Regional Delegate  
Jurisdictional level: Medical Coordinator  
Municipal level: Municipal Coordinator/Supervisor

Jurisdiction: Zonal teams (medical and paramedical personnel and drivers)  
Ixtlahuaca: four supervisors, each assigned to several municipalities [...] supervises the Municipal Coordinator and health centers  
Tenango: four integrated zonal teams (areas: primary level, operational supervision, family planning and health promotion)

### **3.2 HOW OFTEN IS SUPERVISION CONDUCTED?**

Each jurisdiction and Applicational Unit is visited twice a year in accordance with the annual schedule of visits.

**Jurisdiction**

**Toluca:** Visits are conducted from Monday through Friday

**Ixtlahuaca:** Supervisors visit each unit (health center) three times a year and Municipal Coordinators every two months. The Municipal Coordinator supervises units only when there is a problem. In the future, the Municipal Coordinator will make field visits once a month as a member of integrated teams.

**Jiquipilco:** On pay day, the auxiliaries come to the Municipal Coordination Office, where they are able to discuss problems or needs

**Tenango:** the teams travel to the field three times a week

**3.3 WHAT INSTRUMENTS ARE USED TO CONDUCT THE SUPERVISION?**

Supervision guides (specific, integrated)

Logbooks in the units, where deviations and recommendations are recorded

**3.4 WHAT LOGISTICAL ASPECTS ARE INCLUDED IN THE REPORTS GENERATED BY THE SUPERVISORS WHEN THEY CONDUCT A VISIT?**

(See reports/guide)

Inventory, warehouse conditions, kardex inventory balances, expired material

**3.5 WHO RECEIVES THE REPORTS?**

It depends on the report/guide:

- Head of Primary Level, PPF Delegate, Regional Delegate, Operational Supervisor.
- The head of the jurisdiction receives reports of supervisory visits.
- Municipal Coordinator

**3.6 WHAT FEEDBACK IS PROVIDED BY THE SUPERVISOR?**

Identifies difficulties and inconsistencies and provides recommendations.

**Tenango:** after 10 days, they return to observe the extent to which solutions have been implemented.

**3.7 WHAT COORDINATION EXISTS AMONG THE SUPERVISORS OF THE VARIOUS LEVELS OF THE PPF?**

The supervisory team reports in the integrated report for all programs. Meetings of Jurisdictional Medical Coordinators generate recommendations.

**Toluca:** zonal teams coordinate with the Medical Coordinator.

Meetings of Medical Coordinators are held every two weeks.

**Ixtlahuaca:** Municipal Coordinators attend weekly meetings with the head of the jurisdiction, other municipal coordinators and the Medical Coordinator.

#### **IV. CONCLUSION**

##### **4.1 WHAT LOGISTICAL DIFFICULTIES DO YOU OBSERVE IN THE SYSTEM?**

**Lack of training and knowledge at the jurisdictional level (program and warehouse) regarding norms for materials management. In addition, management of space and warehouse conditions could be improved. There is a lack of knowledge regarding manufacturing and expiration dates.**

**Toluca:** Problem 1) management of information sources by the graduate medical students; 2) PROFAM condoms, some quality problems.

**Ixtlahuaca:** Lack of knowledge of the logistics system functioning at the higher level.

**Jiquipilco:** The assistants need training.

**Tenango:** Lack of space.

##### **4.2 WHAT WOULD YOU DO TO IMPROVE LOGISTICS MANAGEMENT?**

**Train the staff. Design a supervisory guide for family planning logistics.**

**Toluca:** Improve the management of physical space; decentralize materials to the units; training.

**Ixtlahuaca:** Provide information regarding the logistics cycle (procurement, programming, storage, etc.)

**Jiquipilco:** Provide training to graduate medical students, PRODIAPS, municipal coordinators.

##### **4.3 WHAT LOGISTICS TRAINING NEEDS DO YOU SEE FOR YOURSELF AND AREA PERSONAL? HAVE YOU EVER ATTENDED A TRAINING EVENT?**

**See item 4.1 Has not attended any course in logistics.**

**Toluca:** Improve knowledge. Has not attended.

**Ixtlahuaca:** Has not attended any course.

**Jiquipilco:** No course.

##### **4.4 WHAT INDIVIDUALS FROM OTHER AREAS OR LEVELS ARE THE MOST APPROPRIATE PEOPLE TO CONTACT TO OBTAIN AN UNDERSTANDING OF CONTRACEPTIVE LOGISTICS MANAGEMENT?**

State: operations supervision

Toluca: Administrative Directorate, which is developing a system of maximum-minimum inventory levels (Dr. Barrera).

Ixtlahuaca: supervisors, Municipal Coordinators, warehouse keepers and drivers.

## **I. KNOWLEDGE OF THE DISTRIBUTION SYSTEM**

### **1.1 HOW ARE AMOUNTS TO BE RECEIVED FROM THE HIGHER LEVELS DETERMINED?**

Assigned by the DGPF or by the General Directorate of Material Resources.

### **1.2 HOW ARE AMOUNTS OF CONTRACEPTIVES TO BE SENT TO THE LOWER LEVELS DETERMINED?**

Assigned by the PPF Delegate.

### **1.3 HOW ARE REQUISITIONS OR ALLOTMENTS OF CONTRACEPTIVES FOR LOWER LEVELS VALIDATED?**

Validated by PPF Delegate/PPF regional delegate.

### **1.4 WHAT ARE THE RESUPPLY INTERVALS FROM THE HIGHER LEVEL?**

Twice a year from the central level to the state level

Toluca, Ixtlahuaca: quarterly

### **1.5 WHAT IS THE RESUPPLY PERIOD FROM THE HIGHER LEVEL?**

One day

Toluca: one day

Ixtlahuaca: one to two weeks

### **1.6 WHAT ARE THE RESUPPLY INTERVALS FOR THE LOWER LEVELS?**

State -> Jurisdiction: quarterly

Toluca, Ixtlahuaca: quarterly

### **1.7 WHAT IS THE RESUPPLY PERIOD TOWARD THE LOWER LEVELS?**

State -> Jurisdictions: several days following authorization (the requisition)

Ixtlahuaca: one to three weeks

**1.8 ARE MAXIMUM AND MINIMUM LEVELS OF CONTRACEPTIVE INVENTORIES DETERMINED IN YOUR WAREHOUSE? IF SO, HOW?**

No. Six months of stock are kept on hand in the state warehouse. Amounts are determined by the PPF delegate.

Toluca: Three months of stock in jurisdictional warehouse

Three months of stock in the units; a minimum of one month is maintained

Based on average monthly consumption.

Ixtlahuaca: A minimum of 10 per cent of the total in the jurisdictional warehouse is maintained. Depending on availability in the state warehouse, there can be between three and six months stock on hand. Average monthly consumption is calculated by adding together all municipalities.

**1.9 WHAT COORDINATION EXISTS BETWEEN THE WAREHOUSE AND THE PPF STAFF?**

Letters and requisitions

Toluca: PPF delegate authorizes the order and sends the transit slip to the warehouse.

Ixtlahuaca: verbal communication between the Medical Coordinator and the warehouse delegate.

**1.10 WHAT MEANS ARE USED TO DISTRIBUTE CONTRACEPTIVES TO THE LOWER LEVELS?**

State to jurisdiction: 1) jurisdiction picks up with own vehicle; 2) occasionally, the warehouse sends one of its trucks.

Toluca: every three months a distribution trip is made between the jurisdiction and the units. In case of an emergency, someone from the unit goes to the jurisdiction.

Ixtlahuaca: vehicle belonging to the jurisdiction delivers to the municipalities an amount sufficient to cover a period of between three and 12 months in accordance with the distribution schedule.

Tenango: meetings every two weeks with the Municipal Coordinators in the jurisdiction. The Municipal Coordinators take material if needed.

**1.11 ARE CONTRACEPTIVES DELIVERED AT THIS LEVEL, PICKED UP OR TAKEN TO THE LOWER LEVEL?**

As a rule, they are picked up and sometimes they are taken.

Toluca: delivered to the unit

Ixtlahuaca: as a rule, they are picked up and sometimes they are taken.

**1.12 WHAT CONTRACEPTIVES DO YOU KEEP IN STOCK IN YOUR WAREHOUSE?**

CT 380 (Finishing, Protect)  
Condoms (NX, PROFAM)  
Oral contraceptives (Wyeth, Schering)  
Injectables (Schering)

**1.13 WHAT QUALITY CONTROL PROCEDURES DO YOU FOLLOW IN YOUR WAREHOUSE WITH REGARD TO CONTRACEPTIVES?**

Visual inspection to identify critical defects  
Toluca: no materials with a useful life of less than six months are accepted

**1.14 WHAT STORAGE TECHNIQUES DO YOU APPLY TO YOUR CONTRACEPTIVES?**

(See photographs)  
PEPS, pallets, shelves, appropriate light, ventilation, receiving and shipping area, refrigeration area  
Toluca: shelves, PEPS, Kardex  
Ixtlahuaca: record the lot or box that is closest to expiring.

**II. LOGISTICS INFORMATION SYSTEM**

**2.1 WHAT INSTRUMENTS ARE USED TO RECORD INVENTORIES OF CONTRACEPTIVES AT EACH LEVEL?**

**State Level**

Request for materials/requisition/transit slip, invoice, Kardex, computerized control system (see sample — condoms). Inventory.  
Computerized system for inventory management (see report).

**Jurisdiction**

Kardex, monthly inventory

**2.2 WHO IS RESPONSIBLE FOR THESE RECORDS?**

Requisition: PPF delegate -> warehouse keeper  
Other records: warehouse or area delegate  
Warehouse keeper

**2.3 HOW OFTEN ARE THESE RECORDS PREPARED?**

Every time there is any movement.

**2.4 WHAT INSTRUMENTS ARE USED TO RECORD CONTRACEPTIVE MOVEMENT AT EACH LEVEL?**

Transit slip, requisition, invoice/dispatch slip  
Acknowledgement of receipt from the jurisdictional warehouse

**2.5 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

Warehouse keeper

**2.6 HOW OFTEN ARE THESE RECORDS PREPARED?**

Inventory: annually  
Other records: every time there is any movement

**2.7 WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL WITH THIS INFORMATION?**

Physical inventory.

**2.8 TO WHOM ARE THEY DIRECTED?**

Warehouse keeper, Directorate of Material Resources, PPF delegate

**2.9 WHAT IS THIS INFORMATION USED FOR?**

To evaluate inventories.

**2.10 WHAT FEEDBACK IS GENERATED FOLLOWING USE OF THIS REPORT?**

To determine whether there exists a situation of shortage or oversupply.

Assessment of the State of Hidalgo:

**I. KNOWLEDGE OF THE SYSTEM**

**1.1 WHAT IS THE ADMINISTRATIVE STRUCTURE OF THE PPF?**

State Level (see attached organization chart)

Office of the Assistant Head of Health Services

Head of Maternal-Child Health and Family Planning  
PPF Delegate (physician)  
EEC Delegate (physician)  
Supervisor (nurse)  
7 Jurisdictional Medical Coordinators

**Jurisdictional Level (see attached organization chart)**

Jurisdictions visited: Pachuca, Tulancingo, Ixmiquilpan

**1.2 WHAT MODES ARE USED FOR DELIVERING FAMILY PLANNING SERVICES?**

Institutional and community components (EEC) and mobile unit.

**1.3 HOW ARE CONTRACEPTIVES OBTAINED FROM THE HIGHER LEVELS?**

**State Level from the Central Level**

By allotment from the DGPF (and from the General Directorate of Material Resources). Twice a year if required. State is centralized and accordingly there is no state budget for making local purchases.

**Jurisdictional Level from the State Level**

Request sent to the PPF delegate, who authorizes the amounts and delivers the requisition to the warehouse.

**1.4 HOW ARE CONTRACEPTIVES DISTRIBUTED TO THE LOWER LEVELS?**

They are distributed in accordance with annual programming, achievements and consumption.

Jurisdictions pick up contraceptives from the state warehouse.

Tulancingo: health centers receive contraceptives from the zonal teams. If the unit (health center) requires contraceptives and the zonal team has not yet made its visit, the physician goes to the jurisdiction to pick up material.

Ixmiquilpan: Medical Coordinator carries a stock of methods and supplies units as required during supervisory visits.

**1.5 HOW ARE THE AMOUNTS REQUIRED FROM HIGHER LEVELS DETERMINED? WHAT SOURCES OF SUPPLY ARE AVAILABLE?**

Annual programming — national workshop. Central level allots amounts. Receive only from the DGPF and DGRM.

**1.6 HOW ARE THE AMOUNTS TO BE DISTRIBUTED TO LOWER LEVELS DETERMINED?**

State seminar/workshop

For first quarter, in accordance with programming.

For second quarter, an increase of 10 per cent is calculated over the first quarter.

For third quarter, the first two quarters are validated against stock on hand and consumption to determine amounts.

For fourth quarter, same as for third quarter.

**Jurisdiction**

Pachuca: Medical Coordinator prepares a distribution plan (amounts per unit)

Tulancingo: determined by Medical Coordinators.

Ixmiquilpan: determined by Medical Coordinators. Zonal teams also detect needs.

**1.7 HOW DOES THE DISTRIBUTION OF CONTRACEPTIVES RELATE TO THE DISTRIBUTION OF DRUGS IN GENERAL?**

Central level -> State: separately (DGPF), combined (DGRM)

State -> to Jurisdiction: together with other material

**1.8 WITH WHAT DEPARTMENT OR AREAS DO LINKAGES OR COORDINATION EXIST, AND OF WHAT TYPE?**

Material Resources and Operations Supervision.

**1.9 WHAT FUTURE PLANS EXIST FOR THE PPF? COULD THESE AFFECT LOGISTICS MANAGEMENT?**

Post-partum program

**II. LOGISTICS INFORMATION SYSTEM**

**2.1 WHAT INSTRUMENTS ARE USED TO RECORD INVENTORIES OF CONTRACEPTIVES AT EACH LEVEL?**

Kardex (labels), physical inventory (annual or semiannual)

Pachuca: inventory (current and expired stock)

Tulancingo: inventory

**2.2 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

State: PPF delegate and warehouse keeper  
Jurisdiction: Medical Coordinator and warehouse keeper  
Unit: physician or supervisor

**2.3 HOW OFTEN ARE THESE RECORDS PREPARED?**

State inventory: semiannually  
Applicational Units: monthly

**2.4 WHAT INSTRUMENTS ARE USED TO RECORD MOVEMENTS OF CONTRACEPTIVES AT EACH LEVEL?**

Vouchers, transit/shipping slip

Pachuca: internal inventory form in the unit is used to record movement. A booklet is used to record goals by component, per unit reporting achievements, percentage progress, etc.

Tulancingo: units and health centers send monthly reports from the SEIB and movement of contraceptives (inventory on hand at the beginning of the month, amounts received, amounts used and shipments).

**2.5 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

PPF delegate, warehouse keeper, Medical Coordinator, Head of Material Resources

**2.6 HOW OFTEN ARE THESE RECORDS PREPARED?**

Every time there is a request or movement.

**2.7 WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL WITH THIS INFORMATION?**

SEIB: State Level: quarterly  
Jurisdictional level: monthly  
Unit level: daily and monthly (consolidated)

**2.8 TO WHOM ARE THEY DIRECTED?**

Jurisdictional Medical Coordinator, PPF delegate, Head of Maternal-Child Care and Family Planning

**2.9 WHAT IS THIS INFORMATION USED FOR?**

To evaluate inventories and consumption and, in the case of SEIB, progress achieved in the family planning program (new users, active users, etc.).

## 2.10 WHAT FEEDBACK IS GENERATED WHEN THESE REPORTS ARE USED?

To compare programmed goals with actual achievements.

### III. LOGISTICS SUPERVISION

#### 3.1 WHO CONDUCTS LOGISTICS SUPERVISION AT EACH LEVEL?

Zonal teams: state (physician, nurse, social promoter)

Jurisdiction (ditto)

Supervision of the PPF: state (PPF delegate, EEC delegate, supervisor)

The supervisor of health auxiliaries supervises four programs: 1) health care for children under age five; 2) pregnancy, childbirth, post-partum; 3) family planning; and 4) miscellaneous activities.

Tulancingo: the Jurisdictional Medical Coordinators supervise only the community component (EEC), while the zonal teams supervise the institutional component.

Ixmiquilpan: will eliminate supervision of the community component by the Jurisdictional Medical Coordinator, who supervises the institutional component.

#### 3.2 AT WHAT INTERVALS IS SUPERVISION CONDUCTED?

Varies: begins in the second quarter when they receive the federal budget allotment. Zonal teams visit each unit twice a month. The Medical Coordinator makes no regularly scheduled visits. Supervisors of the health auxiliaries travel to the communities twice a month??

Supervision of communities (EEC) is done by sampling.

Pachuca: due to a lack of resources, no trips are conducted between January and March.

4 times a month to the units

7 times a month to the communities

Supervision is provided 2 times a month to health auxiliaries

Tunancingo: zonal teams make trips twice a month (physician, PPF nurse, social worker).

Health center receives one visit per month from the zonal team.

Ixmiquilpan: 8 to 10 visits per month are made to module.

#### 3.3 WHAT INSTRUMENTS ARE USED TO CONDUCT THE SUPERVISION?

Five supervisory guides are available (see guides):

1. Specific guide for the Jurisdictional Medical Coordinator
2. Specific guide for the Supervisor of Health Auxiliaries
3. Specific guide for health auxiliaries
4. Specific guide for unit physicians
5. Guide for zonal teams.

**3.4 WHAT ASPECTS OF LOGISTICS ARE INCLUDED IN THE REPORTS PRODUCED BY THE SUPERVISORS WHEN CONDUCTING A VISIT?**

See guides.

**3.5 WHO RECEIVES THEM?**

PPF delegate, Head of the Jurisdiction, Department of Supervision

**3.6 WHAT FEEDBACK IS PROVIDED BY THE SUPERVISOR?**

As a rule, they record deviations and recommendations in a booklet belonging to the physician or to the unit.

**3.7 WHAT COORDINATION EXISTS BETWEEN THE SUPERVISORS OF THE VARIOUS LEVELS OF THE PPF?**

Good coordination between the state and the jurisdiction. Meetings of Jurisdictional Medical Coordinators are held between two and four times a year.

Pachuca: a meeting is held every two weeks with the units. Monthly meeting of medical coordinators with the state delegate (internal planning and evaluation council)

Primary Health Care Technician (TAPS) forms a part of the unit (health center) team together with the physician assistant and the health auxiliary.

Tunancingo: communication between zonal teams and Jurisdictional Medical Coordinators does not function systematically. Only two of the four teams report on the PPF.

**IV. CONCLUSIONS**

**4.1 WHAT LOGISTICAL DIFFICULTIES DO YOU SEE IN THE SYSTEM?**

Pachuca: communication with zonal teams. Very little increase in the material allotted to the state by the central level (DGPF).

Ixmiquilpan: zonal teams stress the institutional component or delegate it to the Medical Coordinator.

**4.2 WHAT WOULD YOU DO TO IMPROVE LOGISTICS MANAGEMENT?**

Pachuca: establish a norm within the jurisdiction to conduct physical inventories with greater regularity.

**4.3 WHAT LOGISTICS TRAINING NEEDS DO YOU SEE FOR YOURSELF AND AREA PERSONNEL? HAVE YOU EVER ATTENDED A TRAINING EVENT?**

Personnel from the unit need training in logistics. In addition, representatives from the zonal teams and TAPS.

Ixmiquilpan: Medical Coordinator attended a course organized by the DGPF in methodologies for estimating needs/logistics in 1992.

**4.4 WHAT INDIVIDUALS FROM OTHER AREAS OR LEVELS ARE THE MOST APPROPRIATE PERSONS TO CONTACT IN ORDER TO ACQUIRE AN UNDERSTANDING OF THE LOGISTICS MANAGEMENT OF CONTRACEPTIVES?**

Members of the zonal teams and supervisors of the health auxiliaries.

**I. KNOWLEDGE OF THE DISTRIBUTION SYSTEM**

**1.1 HOW ARE AMOUNTS TO BE RECEIVED BY THE HIGHER LEVELS DETERMINED?**

Assigned by the central level (DGPF and DGRM).

**1.2 HOW ARE AMOUNTS TO BE SENT TO THE LOWER LEVELS DETERMINED?**

The state level assigns quantities by component (institutional or community).

**1.3 HOW ARE REQUISITIONS OR ALLOTMENTS OF CONTRACEPTIVES FOR LOWER LEVELS VALIDATED?**

The PPF delegate validates requests.

**1.4 WHAT ARE THE RESUPPLY INTERVALS FROM THE HIGHER LEVEL?**

Twice a year.

Tulancingo: in 1992, a requisition was filled every 4-5 months.

**1.5 WHAT IS THE RESUPPLY PERIOD FROM THE HIGHER LEVEL?**

The DGPF advises them by telephone that their shipment is available. The state driver picks up the material from the DGPF or DGRM warehouse. He can go and return in the same day.

**1.6 WHAT ARE THE RESUPPLY INTERVALS FOR THE LOWER LEVELS?**

Two or three times a year.

**1.7 WHAT IS THE RESUPPLY PERIOD TO THE LOWER LEVELS?**

The jurisdiction sends its vehicle to the state warehouse.

**1.8 ARE MAXIMUM AND MINIMUM LEVELS OF CONTRACEPTIVE INVENTORIES DETERMINED IN YOUR WAREHOUSE? IF SO, HOW?**

Pachuca: No. The Medical Coordinator establishes levels and number of months of stock on hand, i.e. between three and nine months at the jurisdictional level and between one and two months at the unit level. Three months of stock are maintained on hand in the state warehouse.

Tulancingo: between six and nine months of stock are kept on hand. Currently, a total of six months stock is on hand at the jurisdictional level and a total of three months in the units. The health center keeps three months stock on hand.

**1.9 WHAT COORDINATION EXISTS BETWEEN YOUR WAREHOUSE AND PPF STAFF?**

The PPF delegate authorizes requests and the warehouse keeper signs the order.

**1.10 WHAT MEANS ARE USED TO DISTRIBUTE CONTRACEPTIVES TO LOWER LEVELS?**

Trucks from the jurisdictions.

Tulancingo: once the vouchers are authorized by the Medical Coordinator and signed by the warehouse keeper, contraceptives are delivered to the zonal team, which delivers them directly to the unit. The teams go out twice a month.

**1.11 ARE CONTRACEPTIVES DELIVERED AT THIS LEVEL, PICKED UP OR TAKEN TO THE LOWER LEVEL?**

Pachuca: jurisdiction -> unit/modules -> director of the unit (base-level physician). The physician picks up the contraceptives in the jurisdictional warehouse.

Tulancingo: they have a driver who travels almost daily to Pachuca and picks up the material when given a voucher/requisition slip.

Ixmiquilpan: once authorized by the PPF delegate, the truck picks up the contraceptives from the state warehouse.

**1.12 WHAT CONTRACEPTIVES ARE KEPT IN INVENTORY IN YOUR WAREHOUSE?**

IUDs (copper T 380A, Protec T), oral contraceptives (Wyeth/Lo-Femenal, Schering/Microgynon), condoms and injectables (Noristerat).

**1.13 WHAT QUALITY CONTROL PROCEDURES DO YOU APPLY IN YOUR WAREHOUSE WITH REGARD TO CONTRACEPTIVES?**

Visual inspection to detect critical defects.

**1.14 WHAT STORAGE TECHNIQUES DO YOU APPLY TO CONTRACEPTIVES?**

Shelves, pallets, PEPS, control of light, ventilation and temperature.

**State Warehouse**

Currently, due to the lack of space, three or four different warehouses are operating in different areas of the city. A new warehouse is being built and will be inaugurated in approximately one month.

**II. LOGISTICS INFORMATION SYSTEM**

**2.1 WHAT INSTRUMENTS ARE USED TO RECORD INVENTORIES OF CONTRACEPTIVES AT EACH LEVEL?**

Pachuca: inventory (amounts of current and expired stock)

Tulancingo: inventory

**2.2 WHO IS RESPONSIBLE FOR THESE RECORDS?**

Warehouse keeper

**2.3 HOW OFTEN ARE THESE RECORDS PREPARED?**

Monthly

Tulancingo: physical inventory at the beginning and mid-point of the year.

**2.4 WHAT INSTRUMENTS ARE USED TO RECORD MOVEMENTS OF CONTRACEPTIVES AT EACH LEVEL?**

Pachuca: internal stock form in the units is used to record movements. A booklet is used to record goals by component for each unit, by reporting achievements, percentage progress, etc.

Tulancingo: units and health centers send monthly reports on the SEIB and on the movement of contraceptives (stock on hand at the beginning of the month, amounts received, amounts used and amounts shipped).

**2.5 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

Warehouse keeper, Medical Coordinator, supervisors

**2.6 HOW OFTEN ARE THESE RECORDS PREPARED?**

Every time there is any movement (receipt or shipment).

**2.7 WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL WITH THIS INFORMATION?**

SEIB, state level: quarterly

Jurisdictional level: monthly

Unit level: daily (consolidated)

**2.8 TO WHOM ARE THEY DIRECTED?**

Jurisdictional Medical Coordinator, PPF Delegate, Head of Maternal-Child Health and Family Planning.

**2.9 WHAT IS THIS INFORMATION USED FOR?**

To evaluate stock on hand and consumption.

**2.10 WHAT FEEDBACK IS GENERATED FROM THE USE OF THIS REPORT?**

Pachuca: the Jurisdictional Medical Coordinator picks up material that is about to expire, and accordingly will not be used, and redistributes it to other units.

**STATE OF ZACATECAS: QUESTIONNAIRE FOR PPF TECHNICAL PERSONNEL  
CENTRAL, STATE AND JURISDICTIONAL LEVELS**

**I. KNOWLEDGE OF THE SYSTEM**

**1.1 WHAT IS THE ADMINISTRATIVE STRUCTURE OF THE PPF?**

**WHAT DIRECTORATES OR DEPARTMENTS OF THE SSA  
INTERVENE IN THE PROCESS?**

The head of family planning is in charge of both the family planning and maternal-child health section. Within the area of family planning, there is an institutional component and a strategy for extending coverage (EEC). The state of Zacatecas has a population of some 1,300,000 inhabitants in six jurisdictions.

**1.2 WHAT MODALITIES ARE USED FOR DELIVERING FAMILY PLANNING SERVICES?**

**DESCRIPTION OF THE LOGISTICS SYSTEM**

There are two modalities: through the health units (institutional) or by means of voluntary community personnel (EEC).

**1.3 HOW ARE CONTRACEPTIVES OBTAINED FROM THE HIGHER LEVELS?**

There are two ways in which they are obtained: one is through the Directorate General of Family Planning and the other is through the Directorate of Material Resources. The amounts required are determined by means of a physical inventory taken every year.

**1.4 HOW ARE CONTRACEPTIVES DISTRIBUTED TO THE LOWER LEVELS?**

They are distributed to the lower levels on a monthly basis. The Medical Coordinators at the jurisdictional level forward requisitions to the department. The latter conducts a prior analysis of consumption, achievements and inventory reported (State Basic Information System—SEIB). The Medical Coordinators pick up the contraceptives in vehicles belonging to the jurisdiction.

**1.5 HOW ARE AMOUNTS OBTAINED FROM THE HIGHER LEVELS DETERMINED? WHAT SOURCES OF SUPPLY ARE USED?**

They are determined by the central level based on a letter outlining achievements, consumption and inventory. Sources at the national level are the DGPF and the Directorate of Material Resources (for example: federal budgets for purchasing long-filament IUDs). Another source at the state level is interinstitutional, in the case of contraceptives on loan.

**1.6 HOW ARE AMOUNTS DISTRIBUTED TO THE LOWER LEVELS DETERMINED?**

They are determined on the basis of the State System for Basic Information (SEIB).

**1.7 HOW DOES THE DISTRIBUTION OF CONTRACEPTIVES RELATE TO THE DISTRIBUTION OF DRUGS IN GENERAL?**

The distribution of contraceptives is handled differently from the distribution of drugs.

**1.8 WITH WHAT DEPARTMENTS OR AREAS IS THERE COORDINATION OR LINKAGES, AND OF WHAT TYPE?**

- DEPARTMENT OF MATERIAL RESOURCES

- PLANNING UNIT (DATA PROCESSING)
- OTHER INSTITUTIONS (IF APPLICABLE)

Activities are coordinated between the areas of preventive medicine, planning and material resources at the Ministry.

**1.9 WHAT FUTURE PLANS EXIST FOR THE PPF? COULD THESE PLANS AFFECT LOGISTICS MANAGEMENT?**

Future plans include developing a computer program (WORKS) to improve control over contraceptive materials.

**II. LOGISTICS INFORMATION SYSTEM  
(REQUEST COPIES)**

**2.1 WHAT INSTRUMENTS ARE USED TO RECORD STOCKS OF CONTRACEPTIVES ON HAND AT EACH LEVEL?**

There are register forms, the SEIB and the order for delivery of contraceptive materials at the warehouse.

**2.2 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

State level: department head, program delegate, and unloading and shipping clerk.

Jurisdictional level: Medical Coordinator.

**2.3 HOW OFTEN ARE THESE RECORDS PREPARED?**

These records are prepared once a month.

**2.4 WHAT INSTRUMENTS ARE USED TO RECORD MOVEMENTS OF CONTRACEPTIVES AT EACH LEVEL?**

See question 2.1

**2.5 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

See question 2.2

**2.6 HOW OFTEN ARE THESE RECORDS PREPARED?**

See question 2.3

**2.7 WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL WITH THIS INFORMATION?**

The SEIB.

**2.8 TO WHOM ARE THEY DIRECTED?**

To state headquarters. Subsequently, the information is consolidated in second report that is sent to the DGPF.

**2.9 WHAT IS THIS INFORMATION USED FOR?**

To determine the needs of the family planning program.

**2.10 WHAT FEEDBACK (FROM OTHER LEVELS) IS GENERATED BY THE USE OF THIS REPORT?**

The information travels in one direction, from the higher level (national) to the lower level (state).

**III. LOGISTICS SUPERVISION**

**3.1 WHO PROVIDES LOGISTICS SUPERVISION AT EACH LEVEL?**

At the state level, supervision is provided by the department head and the program delegate. At the jurisdictional level, supervision is provided by the Medical Coordinator. In the communities, the nurse performs this task.

**3.2 HOW OFTEN ARE SUPERVISORY ACTIVITIES CONDUCTED?**

At the state level, full supervision is conducted twice a week. Another type of supervision is performed during the meetings of coordinators held every month at headquarters.

**3.3 WHAT INSTRUMENTS ARE USED TO CONDUCT THE SUPERVISORY ACTIVITIES?**

(REQUEST A SUPERVISION GUIDE IF ONE EXISTS)

There is a supervision guide.

**3.4 WHAT LOGISTICAL ASPECTS ARE INCLUDED IN THE REPORTS PRODUCED BY THE SUPERVISORS WHEN CONDUCTING A VISIT?**

**(REQUEST COPIES OF THE REPORTS)**

Information is reported with regard to consumption, expired materials, stock on hand and active and new users, by method.

**3.5 WHO RECEIVES THE REPORTS?**

They are filed at department headquarters and in the jurisdiction.

**3.6 WHAT FEEDBACK DOES THE LOGISTICS SUPERVISOR PROVIDE?**

The reports are used as the basis for feedback with regard to the continuous supervision conducted each month at headquarters. Immediate feedback is generated when supervisory visits are conducted.

**3.7 WHAT COORDINATION EXISTS BETWEEN THE SUPERVISORS OF THE VARIOUS LEVELS OF THE PPF?**

Monthly meetings of coordinators are held at headquarters.

**IV. CONCLUSION**

**4.1 WHAT LOGISTICS DIFFICULTIES DO YOU SEE IN THE SYSTEM?**

There are discrepancies between the figures obtained by using the three different methodologies for calculating needs: inventory, achievement, consumption. A tool/methodology that would make it possible to join all three together is needed. There is a lack of training in quality control.

**4.2 WHAT WOULD YOU DO TO IMPROVE LOGISTICS MANAGEMENT?**

Solve the information problem. Subsequently, become informed with regard to ways in which to implement quality control procedures as applied to contraceptives.

**4.3 WHAT TRAINING NEEDS IN LOGISTICS DO YOU SEE FOR YOURSELF AND AREA PERSONNEL? HAVE YOU EVER ATTENDED A TRAINING EVENT?**

There is a need for training in quality control, control of expiration dates/contraceptive management/warehouse control.

**4.4 WHAT INDIVIDUALS FROM OTHER AREAS OR LEVELS ARE THE MOST APPROPRIATE PERSONS TO CONTACT TO OBTAIN AN UNDERSTANDING OF CONTRACEPTIVE LOGISTICS MANAGEMENT?**

There are no training activities exclusively in logistics; rather, such training is provided as part of the family planning training provided by headquarters (see the questionnaire for the head of training).

**QUESTIONNAIRE FOR EDUCATION DEPARTMENT PERSONNEL: CENTRAL, STATE AND JURISDICTIONAL LEVEL**

**I. TRAINING OF PERSONNEL**

**1.1 WHAT TRAINING DOES PPF STAFF RECEIVE AS PART OF THEIR JOB ORIENTATION?**

The graduate medical students receive integrated training for one week each year, which includes one day in family planning.

**1.2 WHAT CONCRETE TRAINING IN LOGISTICS DO THEY RECEIVE?**

Logistics matters including expiration date, materials management, and methods.

**1.3 ARE THERE CONTINUOUS TRAINING PROGRAMS IN PLACE?**

Yes, there is a continuous training program directed to all staff members in accordance with the needs of the unit. A request is sent monthly and headquarters maintains control and conducts evaluations of training activities, but the latter are developed and implemented at the jurisdiction.

**1.4 WHO DESIGNS TRAINING EVENTS?**

They are designed by the jurisdiction. There are materials available at headquarters.

**1.5 WHAT FOLLOW-UP IS PROVIDED WITH REGARD TO TRAINING ACTIVITIES?**

Evaluation and control are conducted at the headquarters level.

**1.6 ARE ANY MANUALS OR MATERIALS USED IN THESE TRAINING ACTIVITIES?**

Yes, there are materials at the jurisdictional and state levels: flipcharts, norm/method manuals, videos, etc.

## **QUESTIONNAIRE FOR WAREHOUSE PERSONNEL: CENTRAL, STATE AND JURISDICTIONAL LEVEL**

### **I. KNOWLEDGE OF THE DISTRIBUTION SYSTEM**

#### **1.1 HOW ARE AMOUNTS TO BE RECEIVED FROM THE HIGHER LEVELS DETERMINED?**

They are not determined. They are received directly from the central level.

#### **1.2 HOW ARE AMOUNTS OF CONTRACEPTIVES TO BE SENT TO THE LOWER LEVELS DETERMINED?**

Headquarters sends the order for the request that it receives and the warehouse simply delivers the contraceptives (authorization from headquarters is necessary).

#### **1.3 HOW ARE REQUISITIONS OR ALLOTMENTS OF CONTRACEPTIVES FOR THE LOWER LEVELS VALIDATED?**

Headquarters validates the requests submitted by the jurisdiction.

#### **1.4 WHAT ARE THE RESUPPLY INTERVALS FROM THE HIGHER LEVEL?**

Every 4-6 months.

#### **1.5 WHAT IS THE RESUPPLY PERIOD FROM THE HIGHER LEVEL?**

The resupply period is 3 weeks.

#### **1.6 WHAT ARE THE RESUPPLY INTERVALS FOR THE LOWER LEVELS?**

Every month they come to pick them up — or under order, it depends on transportation.

#### **1.7 WHAT IS THE RESUPPLY PERIOD TO THE LOWER LEVELS?**

There is no resupply period. The supplies are picked up.

#### **1.8 ARE MAXIMUM AND MINIMUM LEVELS OF CONTRACEPTIVE INVENTORY DETERMINED IN YOUR WAREHOUSE? IF SO, HOW?**

Maximum/minimum levels are not used in the warehouse. Personnel are aware of the number of units of stock on hand. Headquarters uses a maximum/minimum system (amount of stock on hand in months).

**1.9 WHAT COORDINATION EXISTS BETWEEN YOUR WAREHOUSE AND PPF PERSONNEL?**

Between the PPF and the warehouse — authorization/order, and control of delivery orders.

**1.10 WHAT MEANS ARE USED TO DISTRIBUTE CONTRACEPTIVES TO THE LOWER LEVELS?**

Vehicles belonging to the jurisdiction.

**1.11 ARE CONTRACEPTIVE DELIVERED AT THIS LEVEL, PICKED UP OR TAKEN TO THE LOWER LEVEL?**

They are picked up.

**1.12 WHAT CONTRACEPTIVES ARE KEPT IN STOCK IN YOUR WAREHOUSE?**

Condoms, IUDs, oral contraceptives, injectables.

**1.13 WHAT QUALITY CONTROL PROCEDURES DO YOU APPLY IN YOUR WAREHOUSE FOR CONTRACEPTIVES?**

The most rudimentary type of quality control — only whether the box is broken or not. In addition, control of expiration date is kept. There is a need for training in this area.

**1.14 WHAT STORAGE TECHNIQUES DO YOU APPLY TO CONTRACEPTIVES?**

Basic techniques, which are conducted well: FIFO/racks/proper conditions, good temperature — cool, clean, separation between contraceptives, lighting, etc.

**II. LOGISTICS INFORMATION SYSTEM  
(REQUEST COPIES)**

**2.1 WHAT INSTRUMENTS ARE USED TO RECORD LEVELS OF CONTRACEPTIVES ON HAND AT EACH LEVEL?**

Shipment orders. We do not know how loans are recorded, although we are told that there is no space on the form.

**2.2 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

Warehouse level: shipping clerk.

**2.3 HOW OFTEN ARE THESE RECORDS PREPARED?**

Continuously/when a shipment or request arrives.

**2.4 WHAT INSTRUMENTS ARE USED TO RECORD MOVEMENTS OF CONTRACEPTIVES AT EACH LEVEL?**

Same as above.

**2.5 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

Same as above: the shipping clerk.

**2.6 HOW OFTEN ARE THESE RECORDS PREPARED?**

Same as above.

**2.7 WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL WITH THIS INFORMATION?**

There are no reports, but rather only the shipping order distributed at headquarters and at the jurisdictional level.

**2.8 TO WHOM ARE THEY DIRECTED?**

Central and state level PPF

**2.9 WHAT IS THIS INFORMATION USED FOR?**

To validate shipments of contraceptives and to determine stock on hand (information that is sent to headquarters).

**2.10 WHAT FEEDBACK (FROM OTHER LEVELS) IS GENERATED FROM THE USE OF THESE REPORTS?**

There are no reports and there is no feedback. Control is maintained at headquarters for planning purposes.

**SUGGESTIONS**

More condoms are requested but this is the result of problems involving under-recording of condoms. Perhaps there is leakage as a result of loans. An attempt must be made to address the problem of discrepancies in the records.

**QUESTIONNAIRE FOR PERSONNEL FROM THE APPLICATIONAL UNITS:  
CENTRAL, STATE AND JURISDICTIONAL LEVELS**

**I. MEDICAL AND PARAMEDICAL PERSONNEL**

**1.1 DOES THE SERVICE PROVIDED DEAL EXCLUSIVELY WITH FAMILY PLANNING?**

No, integrated service is provided, including primary health care.

**1.2 WHAT TYPE OF CONTRACEPTIVE MATERIALS ARE USED?**

IUDs, condoms, injectables and hormone-based contraceptives are used.

**1.3 DO YOU KNOW WHAT YOUR AVERAGE MONTHLY CONSUMPTION OF CONTRACEPTIVE MATERIALS IS?**

Does know — records it in accordance with amount distributed, based on monthly expenditure.

**1.4 WHO DETERMINES THE NEEDS FOR MATERIALS?**

The physician and the nurse.

**1.5 HOW ARE NEEDS DETERMINED?**

Based on use, amounts distributed.

**1.6 WITH WHAT REGULARITY ARE CONTRACEPTIVES RECEIVED?**

They are picked up every two weeks from the jurisdiction (Morelos is located near the jurisdiction).

**1.7 HOW IS THE DELIVERY OF CONTRACEPTIVE MATERIALS TO USERS RECORDED?**

Register forms are used to summarize amounts delivered to users, by method.

**1.8 WHAT TYPES OF CONTROLS ARE KEPT TO RECORD AMOUNTS RECEIVED AND DISPATCHED?**

The physician's daily sheet.

**II. PHARMACY PERSONNEL**

**2.1 WHAT TYPE OF CONTRACEPTIVE MATERIALS DO YOU USE?**

See question 1.2.

**2.2 WITH WHAT DEGREE OF REGULARITY DO YOU RECEIVE THE MATERIALS?**

On a monthly basis, as determined by need.

**2.3 WHO ESTIMATES NEEDS?**

The director of the center; the head of the infirmary is responsible for consolidating the records on which needs planning is based.

**2.4 WHAT TYPES OF CONTROLS ARE KEPT TO RECORD AMOUNTS RECEIVED AND DISPATCHED?**

Kardex, physician's prescriptions (copy to the pharmacy).

**STATE OF TABASCO: QUESTIONNAIRE FOR PPF TECHNICAL PERSONNEL  
CENTRAL, STATE AND JURISDICTIONAL LEVELS**

**I. KNOWLEDGE OF THE SYSTEM**

**1.1. WHAT IS THE ADMINISTRATIVE STRUCTURE OF THE PPF?**

**WHAT DIRECTORATES OR DEPARTMENTS OF THE SSA  
INTERVENE IN THE PROCESS?**

The state of Tabasco has been decentralized since 1986. Family planning forms a part of integrated services at all levels of health care. Family planning falls within the office of preventive medicine at the state level.

**1.2 WHAT MODALITIES ARE USED FOR DELIVERING FAMILY PLANNING SERVICES?**

## - DESCRIPTION OF THE LOGISTICS SYSTEM

There are three modalities for delivering family planning services: primary and secondary levels and the program for the strategy for extending coverage (EEC). Emphasis is placed on the post-partum program and on operational regionalization. There is coordination among all family planning systems. Services are open to the general public. Family planning has been centralized since 1986. The service was integrated with the creation of modules and the EEC.

**Operational Regionalization:** how the system has been remodeled. At the primary level, there are 108 modules of 15 units each. At the second level there are nine hospitals. There are 800 communities. A nurse visits the communities. There is a driver and a dentist (in some communities) whose practice involves dental restoration.

### 1.3 HOW ARE CONTRACEPTIVES OBTAINED FROM THE HIGHER LEVELS?

In principle, contraceptives are obtained each quarter but this depends on the stock of each method on hand. Sources include purchases made with federal budget funds (injectables) and purchases made at the state level (injectables). The other methods provided are IUDs, condoms and orals.

### 1.4 HOW ARE CONTRACEPTIVES DISTRIBUTED TO THE LOWER LEVELS?

The distribution schedule from the states to the jurisdictions is quarterly for orals and condoms, bimonthly for injectables and monthly for IUDs. The reason for monthly distribution of IUDs is that there is an increase in the demand for IUDs in the post-partum program. Most of the IUDs are distributed in hospitals.

### 1.5 HOW ARE AMOUNTS OBTAINED FROM THE HIGHER LEVEL DETERMINED? WHAT SOURCES OF SUPPLY ARE USED?

At the end of the year, Mexico requests that a physical inventory be taken of contraceptive materials in each of the health units (general warehouse and jurisdictional warehouses), which includes the modules. Three methodologies are listed below, but the one used by the state is achievements. Loans and support are also provided.

1. Inventory
2. Based on material consumed. (The SEIB arrives late.)
3. Based on achievements. We are told how much we need at this time based on what happened last year. How we perform the calculation now.

### 1.6 HOW ARE AMOUNTS DISTRIBUTED TO THE LOWER LEVELS DETERMINED?

Amounts are determined based on achievements.

**1.7 HOW DOES THE DISTRIBUTION OF CONTRACEPTIVES RELATE TO THE DISTRIBUTION OF DRUGS IN GENERAL?**

Generally speaking, the distribution of contraceptives bears no relationship to the distribution of drugs.

**1.8 WITH WHAT DEPARTMENTS OR AREAS IS THERE COORDINATION OR LINKAGES, AND OF WHAT TYPE?**

- DEPARTMENT OF MATERIAL RESOURCES
- PLANNING UNIT (DATA PROCESSING)
- OTHER INSTITUTIONS (IF APPLICABLE)

There are linkages with the Administrative Department, the Statistics Department, the Purchasing and Procurement Department and the General Services Department.

**1.9 WHAT FUTURE PLANS EXIST FOR THE PPF? COULD THESE PLANS AFFECT LOGISTICS MANAGEMENT?**

Because there have been reductions in donations, contraceptive materials are being decreased. They need to justify their requests with facts in order to receive contraceptive materials. Jurisdictional personnel has to become more involved in logistics. There has to be coordination with regard to information and methods in order to plan needs. The decrease in donations implies a need for greater control over the supply of all methods.

**II. LOGISTICS INFORMATION SYSTEM  
(REQUEST COPIES)**

**2.1 WHAT INSTRUMENTS ARE USED TO RECORD LEVELS OF CONTRACEPTIVES ON HAND AT EACH LEVEL?**

The instruments used consist of inventories, the SEIB, the shipment order and the dispatch voucher.

**2.2 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

The PPF delegate at the state level and the Medical Coordinators at the jurisdictional level.

**2.3 HOW OFTEN ARE THESE RECORDS PREPARED?**

The SEIB is prepared monthly. Consumption of IUDs is reported monthly.

**2.4 WHAT INSTRUMENTS ARE USED TO RECORD MOVEMENTS OF CONTRACEPTIVES AT EACH LEVEL?**

SEIB: monthly.

**2.5 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

The individual responsible is the PPF delegate.

**2.6 HOW OFTEN ARE THESE RECORDS PREPARED?**

See question 2.3.

**2.7 WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL WITH THIS INFORMATION?**

The SEIB is reported monthly.

**2.8 TO WHOM ARE THEY DIRECTED?**

To the national level, following review by the state.

**2.9 WHAT IS THIS INFORMATION USED FOR?**

For planning, analysis and evaluation.

**2.10 WHAT FEEDBACK (FROM OTHER LEVELS) IS GENERATED AS A RESULT OF THE USE OF THIS REPORT?**

**III. LOGISTICS SUPERVISION**

**3.1 WHO CONDUCTS LOGISTIC SUPERVISION AT EACH LEVEL?**

The program delegate, the Medical Coordinators and the zonal supervisory team.

**3.2 HOW OFTEN IS SUPERVISION CONDUCTED?**

At the state level, the delegate travels to the field 10 days a month. At the jurisdictional level, this depends on the needs for advisory services.

**3.3 WHAT INSTRUMENTS ARE USED TO CONDUCT THE SUPERVISION?**

**(REQUEST A SUPERVISION GUIDE IF ONE EXISTS)**

There is a supervision guide. There are supervision reports that include problems encountered, action plan, responsible individual and date of compliance. The monitoring sheet is used to follow up on problems encountered.

**3.4 WHAT ASPECTS OF LOGISTICS ARE INCLUDED IN THE REPORT PRODUCED BY THE SUPERVISORS WHEN CONDUCTING A VISIT?**

**(ASK FOR COPIES OF THE REPORTS)**

The guide does not include aspects of logistics. However, during supervision, the supervisor detects and reports them.

**3.5 WHO RECEIVES THE REPORTS?**

The immediate supervisor at each level.

**3.6 WHAT FEEDBACK IS PROVIDED BY THE LOGISTICS SUPERVISOR?**

There is feedback in the sense of control of planning and corrective measures.

**3.7 WHAT COORDINATION EXISTS BETWEEN THE SUPERVISORS OF THE VARIOUS LEVELS OF THE PPF?**

Monthly meetings are held with the heads of jurisdictions at the state level. At the jurisdictional level, meetings are held with the heads of the health units.

**IV. CONCLUSION**

**4.1 WHAT LOGISTIC DIFFICULTIES DO YOU SEE IN THE SYSTEM?**

At the jurisdictional level, needs are not being planned using the same methodology. There are problems involving validation of information.

**4.2 WHAT WOULD YOU DO TO IMPROVE LOGISTICS MANAGEMENT?**

Everyone should be on the same wave length with regard to planning and recording. It is for this reason that training is necessary.

**4.3 WHAT NEEDS FOR TRAINING IN LOGISTICS DO YOU SEE FOR YOURSELF AND AREA PERSONNEL? HAVE YOU EVER ATTENDED A TRAINING EVENT?**

They require training in everything, at all levels.

- 4.4 WHAT INDIVIDUALS FROM OTHER AREAS OR LEVELS ARE THE MOST APPROPRIATE PERSONS TO CONTACT TO OBTAIN AN UNDERSTANDING OF CONTRACEPTIVE LOGISTICS MANAGEMENT?

**THERE IS NO EDUCATION DEPARTMENT.**

## **QUESTIONNAIRE FOR WAREHOUSE PERSONNEL: CENTRAL, STATE AND JURISDICTIONAL LEVELS**

### **I. KNOWLEDGE OF THE DISTRIBUTION SYSTEM**

- 1.1 HOW ARE AMOUNTS TO BE RECEIVED FROM THE HIGHER LEVELS DETERMINED?

They are not determined — they are received directly from the central or state level.

- 1.2 HOW ARE AMOUNTS OF CONTRACEPTIVES TO BE SENT TO THE LOWER LEVEL DETERMINED?

Headquarters sends the order for the request that it receives and the warehouse merely delivers the contraceptives (authorization from headquarters is required).

- 1.3 HOW ARE REQUISITIONS OR ALLOTMENTS OF CONTRACEPTIVES FOR LOWER LEVELS VALIDATED?

Headquarters validates the request from the jurisdiction. In one jurisdiction, the assistant to the Medical Coordinator authorizes vouchers for the register of amounts dispatched.

- 1.4 WHAT ARE THE RESUPPLY INTERVALS FROM THE HIGHER LEVEL?

Central: every 4-5 months; there is no fixed date. They arrive separately, by method.  
Jurisdiction: the first day of every month.

- 1.5 WHAT IS THE RESUPPLY PERIOD FOR THE HIGHER LEVEL?

The period is one week from the central level. Jurisdiction: see question 1.7.

- 1.6 WHAT ARE THE RESUPPLY PERIODS FOR THE LOWER LEVELS?

In 1992, quarterly. In 1993, vouchers based on needs. In the jurisdiction, the warehouse supplies contraceptives every Monday upon the arrival of the physicians from the units.

**1.7 WHAT IS THE RESUPPLY INTERVAL TOWARD THE LOWER LEVELS?**

There is no interval — contraceptives are picked up on the same day.

**1.8 ARE MAXIMUM AND MINIMUM LEVELS OF CONTRACEPTIVE INVENTORIES KEPT IN YOUR WAREHOUSE? IF SO, HOW?**

Stock on hand is recorded by unit, not by month, in accordance with a maximum/minimum system. The individual maintaining the maximum/minimum system per unit is the program delegate.

**1.9 WHAT COORDINATION EXISTS BETWEEN YOUR WAREHOUSE AND THE PPF STAFF?**

There is coordination between the PPF, the warehouse and the national level.

**1.10 WHAT MEANS ARE USED TO DISTRIBUTE CONTRACEPTIVES TO THE LOWER LEVELS?**

Vehicles belonging to the jurisdiction are used.

**1.11 ARE CONTRACEPTIVES DELIVERED AT THIS LEVEL, PICKED UP OR TAKEN TO THE LOWER LEVEL?**

They are picked up.

**1.12 WHAT CONTRACEPTIVES DO YOU KEEP ON HAND IN YOUR WAREHOUSE?**

Condoms, IUDs, orals and injectables.

**1.13 WHAT QUALITY CONTROL PROCEDURES DO YOU APPLY IN YOUR WAREHOUSE WITH REGARD TO CONTRACEPTIVES?**

The most rudimentary quality control measures; only whether or not the box is broken. Control is kept over expiration dates; security measures are taken.

**1.14 WHAT STORAGE TECHNIQUES DO YOU APPLY WITH REGARD TO CONTRACEPTIVES?**

Basic techniques. They apply minimal storage norms. They do it well — FIFO, racks, maintain good conditions: good temperature — fresh, clean, contraceptives are separated, no direct light.

## **II. SYSTEM OF LOGISTICS INFORMATION**

**(REQUEST COPIES)**

**2.1 WHAT INSTRUMENTS ARE USED TO RECORD INVENTORIES OF CONTRACEPTIVES AT EACH LEVEL?**

Shipment orders, kardex. Loans are recorded.

**2.2 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?**

At the central level, the warehouse keeper. We do not know the exact positions of each individual.

**2.3 HOW OFTEN ARE THESE RECORDS PREPARED?**

Continuously: when shipments or requests arrive.

**2.4 WHAT INSTRUMENTS ARE USED TO RECORD MOVEMENTS OF CONTRACEPTIVES AT EACH LEVEL?**

See question 2.1

**2.5 WHO IS RESPONSIBLE FOR THESE REGISTERS AT EACH LEVEL?**

See question 2.2 — the warehouse keeper.

**2.6 HOW OFTEN ARE THESE RECORDS PREPARED?**

See question 2.3

**2.7 WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL WITH THIS INFORMATION?**

At the central level, there are no reports — there is only the shipping order that is distributed to the state level. There are several instruments that are distributed to the other levels. There are future plans to install a computer system in the warehouse. At the jurisdictional level, the medical coordinator takes care of the reports from the warehouse.

**2.8 TO WHOM ARE THEY DIRECTED?**

To the state level.

**2.9 WHAT IS THIS INFORMATION USED FOR?**

To validate contraceptives dispatched and to determine inventory (information that is submitted to headquarters)

**2.10 WHAT FEEDBACK (FROM OTHER LEVELS) IS GENERATED WHEN THESE REPORTS ARE USED?**

At the central level, there are no reports but there is feedback: when distribution of the material has concluded, the head of the warehouse informs the program head as to which jurisdiction supplied the contraceptives.

**SUGGESTIONS:**

Training in expiration dates, life of contraceptive products, etc.

**QUESTIONNAIRE FOR PERSONNEL FROM THE APPLICATIONAL UNITS:  
CENTRAL, STATE AND JURISDICTIONAL LEVELS**

**I. MEDICAL AND PARAMEDICAL PERSONNEL**

**1.1 DOES THE SERVICE PROVIDED INVOLVE FAMILY PLANNING EXCLUSIVELY?**

Service is integrated and includes primary health care.

**1.2 WHAT TYPE OF CONTRACEPTIVE MATERIALS DO YOU USE?**

IUDs, condoms, injectables and hormones are used.

**1.3 DO YOU KNOW WHAT YOUR AVERAGE MONTHLY CONSUMPTION OF CONTRACEPTIVE MATERIALS IS?**

Does know — records are based on amounts distributed, in accordance with monthly expenditures.

**1.4 WHO DETERMINES MATERIALS NEEDS?**

The director of the center, the Medical Coordinator and the chief of nursing.

**1.5 HOW ARE NEEDS DETERMINED?**

Based on use (achievements), amounts distributed (physician's daily sheet). (One case: based on active users, consultations and new users because there was a shortage in 1992).

**1.6 WITH WHAT DEGREE OF REGULARITY ARE SHIPMENTS RECEIVED?**

Based on need, every month.

**1.7 HOW IS DELIVERY OF CONTRACEPTIVE MATERIALS TO USERS RECORDED?**

There are register forms, based on the physician's daily sheet.

**1.8 WHAT TYPES OF CONTROLS ARE KEPT FOR RECORDING AMOUNTS RECEIVED AND DISPATCHED?**

The physician's daily sheet.

**II. PHARMACY PERSONNEL (JURISDICTIONAL LEVEL)**

**2.1 WHAT TYPE OF CONTRACEPTIVE MATERIALS DO YOU USE?**

See question 1.2.

**2.2 WITH WHAT DEGREE OF REGULARITY DO YOU RECEIVE THE MATERIALS?**

Monthly, based on needs.

**2.3 WHO ESTIMATES THE NEEDS?**

The director of the center/chief of nursing is the individual responsible for consolidating the records on which needs planning is based.

**2.4 WHAT TYPE OF CONTROL IS KEPT FOR RECORDING AMOUNTS RECEIVED AND DISPATCHED?**

Kardex, physician prescriptions (copy to the pharmacy), card cases.

STATE OF HIDALGO: QUESTIONNAIRE FOR WAREHOUSE PERSONNEL  
STATE AND JURISDICTIONAL LEVELS

ANNEX # 4

ASSESSMENT TOOLS

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JOHN SNOW INC.

DIRECTORATE GENERAL OF FAMILY PLANNING  
ASSESSMENT OF NEEDS FOR TRAINING IN LOGISTICS

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QUESTIONNAIRE FOR PPF TECHNICAL PERSONNEL  
CENTRAL, STATE AND JURISDICTIONAL LEVELS

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NAME :

POSITION :

LENGTH OF SERVICE :

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**I. KNOWLEDGE OF THE SYSTEM**

1.1. WHAT IS THE ADMINISTRATIVE STRUCTURE OF THE PPF?

- WHAT DIRECTORATES OR DEPARTMENTS OF THE SSA PARTICIPATE IN THE PROCESS?

1.2. WHAT ARE THE MODALITIES FOR DELIVERING FAMILY PLANNING SERVICES?

- DESCRIPTION OF THE LOGISTICS SYSTEM

1.3. HOW ARE CONTRACEPTIVES RECEIVED FROM THE HIGHER LEVELS?

1.4. HOW ARE CONTRACEPTIVES DISTRIBUTED TO THE LOWER LEVELS?

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**STATE OF HIDALGO: QUESTIONNAIRE FOR WAREHOUSE PERSONNEL  
STATE AND JURISDICTIONAL LEVELS**

- 1.5. HOW ARE THE AMOUNTS RECEIVED FROM THE HIGHER LEVELS DETERMINED? WHAT SUPPLY SOURCES ARE USED?
- 1.6. HOW ARE THE AMOUNTS DISTRIBUTED TO THE LOWER LEVELS DETERMINED?
- 1.7. HOW DOES THE DISTRIBUTION OF CONTRACEPTIVES RELATE TO THE DISTRIBUTION OF DRUGS IN GENERAL?
- 1.8. WITH WHAT DEPARTMENTS OR AREAS DOES COORDINATION FOR COLLABORATION EXIST, AND OF WHAT TYPE?
  - DEPARTMENT OF MATERIAL RESOURCES
  - PLANNING UNIT (DATA PROCESSING)
  - OTHER INSTITUTIONS (IF APPLICABLE)
- 1.9. WHAT FUTURE PLANS EXIST FOR THE PPF? COULD THESE PLANS AFFECT LOGISTICS MANAGEMENT?

**II. LOGISTICS INFORMATION SYSTEM**

(REQUEST COPIES)

- 2.1. WHAT INSTRUMENTS ARE USED TO RECORD STOCKS OF CONTRACEPTIVES ON HAND AT EACH LEVEL?
- 2.2. WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?
- 2.3. HOW OFTEN ARE THESE RECORDS PREPARED?
- 2.4. WHAT INSTRUMENTS ARE USED TO RECORD MOVEMENTS OF CONTRACEPTIVES AT EACH LEVEL?
- 2.5. WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?
- 2.6. HOW OFTEN ARE THESE RECORDS PREPARED?
- 2.7. WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL WITH THIS INFORMATION?

**STATE OF HIDALGO: QUESTIONNAIRE FOR WAREHOUSE PERSONNEL  
STATE AND JURISDICTIONAL LEVELS**

**2.8 TO WHOM ARE THEY DIRECTED?**

**2.9 WHAT IS THIS INFORMATION USED FOR?**

**2.10 WHAT FEEDBACK (FROM OTHER LEVELS) IS GENERATED BY THE USE OF THIS REPORT?**

**III. LOGISTICS SUPERVISION**

**3.1 WHO PROVIDES LOGISTICS SUPERVISION AT EACH LEVEL?**

**3.2 HOW OFTEN ARE SUPERVISORY ACTIVITIES CONDUCTED?**

**3.3 WHAT INSTRUMENTS ARE USED TO CONDUCT THE SUPERVISORY ACTIVITIES?**

**(REQUEST A SUPERVISION GUIDE IF ONE EXISTS)**

**3.4 WHAT LOGISTICAL ASPECTS ARE INCLUDED IN THE REPORTS PRODUCED BY THE SUPERVISORS WHEN CONDUCTING A VISIT?**

**(REQUEST COPIES OF THE REPORTS)**

**3.5 WHO RECEIVES THE REPORTS?**

**3.6 WHAT FEEDBACK DOES THE LOGISTICS SUPERVISOR PROVIDE?**

**3.7 WHAT COORDINATION EXISTS BETWEEN THE SUPERVISORS OF THE VARIOUS LEVELS OF THE PPF?**

**IV. CONCLUSION**

**4.1 WHAT LOGISTICS DIFFICULTIES DO YOU SEE IN THE SYSTEM?**

**4.2 WHAT WOULD YOU DO TO IMPROVE LOGISTICS MANAGEMENT?**

**4.3 WHAT TRAINING NEEDS IN LOGISTICS DO YOU SEE FOR YOURSELF AND AREA PERSONNEL? HAVE YOU EVER ATTENDED A TRAINING EVENT?**

STATE OF HIDALGO: QUESTIONNAIRE FOR WAREHOUSE PERSONNEL  
STATE AND JURISDICTIONAL LEVELS

4.4 WHAT INDIVIDUALS FROM OTHER AREAS OR LEVELS ARE THE MOST APPROPRIATE PERSONS TO CONTACT TO OBTAIN AN UNDERSTANDING OF CONTRACEPTIVE LOGISTICS MANAGEMENT?

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JOHN SNOW INC.

DIRECTORATE GENERAL OF FAMILY PLANNING

ASSESSMENT OF NEEDS FOR TRAINING IN LOGISTICS

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QUESTIONNAIRE FOR TECHNICAL DEPARTMENT PERSONNEL

CENTRAL, STATE AND JURISDICTIONAL LEVELS

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NAME :

POSITION :

LENGTH OF SERVICE :

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I. TRAINING OF PERSONNEL

- 1.1 WHAT TRAINING DOES PPF STAFF RECEIVE AS PART OF THEIR JOB ORIENTATION?
- 1.2. WHAT CONCRETE TRAINING IN LOGISTICS DO THEY RECEIVE?
- 1.3 ARE THERE CONTINUOUS TRAINING PROGRAMS IN PLACE?
- 1.4 WHO DESIGNS TRAINING EVENTS?
- 1.5 WHAT FOLLOW-UP IS PROVIDED WITH REGARD TO TRAINING ACTIVITIES?

**STATE OF HIDALGO: QUESTIONNAIRE FOR WAREHOUSE PERSONNEL  
STATE AND JURISDICTIONAL LEVELS**

**1.6 ARE ANY MANUALS OR MATERIALS USED IN THESE TRAINING  
ACTIVITIES?**

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**JOHN SNOW INC.**

**DIRECTORATE GENERAL OF FAMILY PLANNING**

**ASSESSMENT OF NEEDS FOR TRAINING IN LOGISTICS**

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**QUESTIONNAIRE FOR WAREHOUSE PERSONNEL**

**CENTRAL, STATE AND JURISDICTIONAL LEVELS**

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**NAME :**

**POSITION :**

**LENGTH OF SERVICE :**

---

**I. KNOWLEDGE OF THE DISTRIBUTION SYSTEM**

**1.1 HOW ARE AMOUNTS TO BE RECEIVED FROM THE HIGHER LEVELS  
DETERMINED?**

**1.2 HOW ARE AMOUNTS OF CONTRACEPTIVES TO BE SENT TO THE LOWER  
LEVELS DETERMINED?**

**1.3 HOW ARE REQUISITIONS OR ALLOTMENTS OF CONTRACEPTIVES FOR  
THE LOWER LEVELS VALIDATED?**

**1.4 WHAT ARE THE RESUPPLY INTERVALS FROM THE HIGHER LEVEL?**

**1.5 WHAT IS THE RESUPPLY PERIOD FROM THE HIGHER LEVEL?**

**1.6 WHAT ARE THE RESUPPLY INTERVALS FOR THE LOWER LEVELS?**

**STATE OF HIDALGO: QUESTIONNAIRE FOR WAREHOUSE PERSONNEL  
STATE AND JURISDICTIONAL LEVELS**

- 1.7 WHAT IS THE RESUPPLY PERIOD TO THE LOWER LEVELS?
- 1.8 ARE MAXIMUM AND MINIMUM LEVELS OF CONTRACEPTIVE INVENTORY DETERMINED IN YOUR WAREHOUSE? IF SO, HOW?
- 1.9 WHAT COORDINATION EXISTS BETWEEN YOUR WAREHOUSE AND PPF PERSONNEL?
- 1.10 WHAT MEANS ARE USED TO DISTRIBUTE CONTRACEPTIVES TO THE LOWER LEVELS?
- 1.11 ARE CONTRACEPTIVE DELIVERED AT THIS LEVEL, PICKED UP OR TAKEN TO THE LOWER LEVEL?
- 1.12 WHAT CONTRACEPTIVES ARE KEPT IN STOCK IN YOUR WAREHOUSE?
- 1.13 WHAT QUALITY CONTROL PROCEDURES DO YOU APPLY IN YOUR WAREHOUSE FOR CONTRACEPTIVES?
- 1.14 WHAT STORAGE TECHNIQUES DO YOU APPLY TO CONTRACEPTIVES?

**II. LOGISTICS INFORMATION SYSTEM  
(REQUEST COPIES)**

- 2.1 WHAT INSTRUMENTS ARE USED TO RECORD LEVELS OF CONTRACEPTIVES ON HAND AT EACH LEVEL?
- 2.2 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?
- 2.3 HOW OFTEN ARE THESE RECORDS PREPARED?
- 2.4 WHAT INSTRUMENTS ARE USED TO RECORD MOVEMENTS OF CONTRACEPTIVES AT EACH LEVEL?
- 2.5 WHO IS RESPONSIBLE FOR THESE RECORDS AT EACH LEVEL?
- 2.6 HOW OFTEN ARE THESE RECORDS PREPARED?
- 2.7 WHAT PERIODIC REPORTS ARE PRODUCED AT EACH LEVEL WITH THIS INFORMATION?

STATE OF HIDALGO: QUESTIONNAIRE FOR WAREHOUSE PERSONNEL  
STATE AND JURISDICTIONAL LEVELS

2.8 TO WHOM ARE THEY DIRECTED?

2.9 WHAT IS THIS INFORMATION USED FOR?

2.10 WHAT FEEDBACK (FROM OTHER LEVELS) IS GENERATED FROM THE USE  
OF THESE REPORTS?

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JOHN SNOW INC.

DIRECTORATE GENERAL OF FAMILY PLANNING

ASSESSMENT OF NEEDS FOR TRAINING IN LOGISTICS

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QUESTIONNAIRE FOR PERSONNEL FROM THE APPLICATIONAL UNITS

CENTRAL, STATE AND JURISDICTIONAL LEVELS

---

NAME :

POSITION :

LENGTH OF SERVICE :

---

I. MEDICAL AND PARAMEDICAL PERSONNEL

1.1 DOES THE SERVICE PROVIDED DEAL EXCLUSIVELY WITH FAMILY  
PLANNING?

1.2 WHAT TYPE OF CONTRACEPTIVE MATERIALS ARE USED?

1.3 DO YOU KNOW WHAT YOUR AVERAGE MONTHLY CONSUMPTION OF  
CONTRACEPTIVE MATERIALS IS?

**STATE OF HIDALGO: QUESTIONNAIRE FOR WAREHOUSE PERSONNEL  
STATE AND JURISDICTIONAL LEVELS**

- 1.4 WHO DETERMINES THE NEEDS FOR MATERIALS?
- 1.5 HOW ARE NEEDS DETERMINED?
- 1.6 WITH WHAT REGULARITY ARE CONTRACEPTIVES RECEIVED?
- 1.7 HOW IS THE DELIVERY OF CONTRACEPTIVE MATERIALS TO USERS RECORDED?
- 1.8 WHAT TYPES OF CONTROLS ARE KEPT TO RECORD AMOUNTS RECEIVED AND DISPATCHED?

**II. PHARMACY PERSONNEL**

- 2.1 WHAT TYPE OF CONTRACEPTIVE MATERIALS DO YOU USE?
- 2.2 WITH WHAT DEGREE OF REGULARITY DO YOU RECEIVE THE MATERIALS?
- 2.3 WHO ESTIMATES NEEDS?
- 2.4 WHAT TYPES OF CONTROLS ARE KEPT TO RECORD AMOUNTS RECEIVED AND DISPATCHED?

## ANNEX 8

### PERSONS CONTACTED

#### STATE OF MEXICO

##### State Health Institute

##### Central Level

Dr. Guadalupe Arce de León, Assistant Director of Health Care .  
Dr. Eduardo Ayala Gómez, Head of the Department of Family Planning  
Dr. Angel López Rangel, Family Planning Program Delegate  
Dr. Socorro Guadarama, Delegate, Region 1

##### State Warehouse

Miguel Fuentes, Assistant Director of Material Resources  
Lic. Juan Granda, Warehouse Keeper

##### Subdirectorates of Education, Training and Research

Lic. Nathan Monteagudo Salas, Head of the Department of Training and Education

##### Jurisdiction of Toluca

Dr. Arturo Sánchez, Medical Coordinator  
Guadalupe Luna Loza, Head of Material Resources  
Mrs. Lourdes, Warehouse Keeper

##### Jurisdiction of Ixtlahuaca

Dr. Efraín Zaldívar Valdés, Medical Coordinator  
Mr. Javier Delgado, Warehouse Keeper

##### Office of Municipal Coordination for Jiquipilco

Dr. Amado Hernández Bernal, Municipal Coordinator

##### Santa María Nativitas Rural Health Center

Dr. Elizondo, Graduate Medical Student

##### Jurisdiction of Tenango

Dr. Marcela Ruedas Guzmán, Medical Coordinator  
Mrs. Martha Camacho, Warehouse Keeper  
Lilia Alejo Andrade (nurse), Supervisor of Health Auxiliaries — Office of Municipal Coordination

## PERSONS CONTACTED

### STATE OF HIDALGO

Coordinated Public Health Services for the State

#### Central Level

Dr. María Dolores Osorio Piña, Head of the Department of Family Planning and Maternal-Child Health

Dr. Rosa María Ortiz Espinosa, Family Planning Program Delegate

Dr. Carolina López Espinoza, EEC Delegate

#### Administration

????, Asistant Administrative Director

Patricia Rojas, Head of the Department of Material Resources

#### Jurisdiction of Pachuca

Dr. Rosa María Pérez Sanario, Medical Coordinator

Mr. Sergio García Castillo, Warehouse Keeper

#### Jurisdiction of Tulancingo

Dr. Sergio Muñoz Juárez, Medical Coordinator

Dr. Ana María Almarz Corichi, Medical Coordinator

#### Nicolás Bravo, Urban Health Center

Dr. Guadalupe Martínez Solares, Head of the Health Center

#### Jurisdiction of Ixmiquilpan

Dr. Norma Lucy Hernández, Medical Coordinator

Dr. José Manuel de la Concha, Municipal Coordinator

#### Ixmiquilpan Health Center

Martha Jiménez (nurse), Warehouse Keeper

### STATE OF ZACATECAS

#### Central Level

Dr. Gumaro Elías Hoes Zunigha, Head of Services

Dr. Jesús Jaime Guzmán, Head of the Department of Family Planning

María del Rosario Htz. G. (social worker), Family Planning Program Delegate

Dr. Javier López Huizar, Head of the Department of Education

#### Central Warehouse

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**José Luis Martínez, Contraceptive Materials clerk**

Jurisdiction of Zacatecas

**Dr. Juan José Martínez Flores, Jurisdictional Medical Coordinator**

Morelos Health Center, Zacatecas

**????, Graduate Medical Student**

Jurisdiction of Fresnillo

**Dr. Ana María Miramontes de León, Jurisdictional Medical Coordinator**

**Dr. Ubaldo Alvarado, Coordinator of Health Services**

**Dr. Pedro Félix, Zonal Supervisor**

**Ms. Cointa, Jurisdictional Warehouse Collaborator**

Fresnillo Health Center

**Dr. Aracelli Hurtado Ruíz, M.P.S.S.C.S.**

**Dr. Raúl Hernández, Director**

**Cecilia Valdéz (nurse), Chief of Nurses**

Jurisdiction of Ojocaliente

**Dr. José Luis Jiménez R., Zonal Supervisor**

**Dr. Maricela de la Rosa A., Jurisdictional Medical Coordinator**

**Dr. Josefina López Muñoz, Director**

**STATE OF TABASCO**

**State Health Institute**

Central Level

**Dr. Bartolomé Reynes Berezaluce, Secretary of Health (?)**

**Dr. Silvia Roldán Fernández, Director of Preventive Programs**

**Dr. Juan G. Fernández Bracho, Head of the Department of Preventive Medicine (?)**

**Dr. Gustavo Segura Cárcamo, Family Planning Program Delegate**

**Dr. Gilberto Martínez Fernández, Region IV Delegate (?)**

State Warehouse

**Lic. Gustavo Andrade, Warehouse Keeper**

**Concepción Castro de León, Area Chief of Drugs**

Jurisdiction of Jalpa de Méndez

**Dr. Adán Medina Medina, Head of the Jurisdiction**

**Dr. Silvia Mencho Reyes, Jurisdictional Medical Coordinator**

**Dr. Edison Landero Narvais, Medical Supervisor and Medical Coordinator for Family Planning**

**Dr. Aracelis Santiago Fernández, Medical Supervisor for Zone A**

**Hortencia Lázaro Pererino (nurse), Team Supervisor for Zone B**

**Jesús ????, Warehouse Keeper**

**Urban Health Center**

**Dr. Neftalín Cerino Pérez, Director**

**Dr. Gregorio Atila Beltrán Pintado, Physician**

**Jurisdiction of Nacajuca**

**Dr. Jonas Colorado Miranda, Head of the Jurisdiction**

**Dr. Elia León Espejo, Jurisdictional Supervisor**

**Dr. Abel de los Santos Calimaio, Physician**

**Acensia Vichel Ortiz (nurse)**

**Nacajuca Urban Health Center**

**Dr. Edid Martínez**