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**MEXICO**

**Foreign Trip Report**

**March 1-15, 1993**

**Marion D. Aldrich**

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**Reproductive Health International Program Assistance  
Division of Reproductive Health  
National Center for Chronic Disease Prevention  
and Health Promotion  
Centers for Disease Control and Prevention**

**PUBLIC HEALTH SERVICE  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Atlanta, Georgia 30333**

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## **LIST OF ACRONYMS**

<b>CDC</b>	<b>Centers for Disease Control and Prevention</b>
<b>DGPF</b>	<b>Directorate-General of Family Planning (Dirección General de Planificación Familiar)</b>
<b>EEC</b>	<b>Strategy of Extension of Coverage (Estrategía Extensión de Cobertura)</b>
<b>FEFO</b>	<b>First to Expire, First Out</b>
<b>FP</b>	<b>Family Planning</b>
<b>FPLM</b>	<b>Family Planning Logistics Management Project</b>
<b>GOM</b>	<b>Government of Mexico</b>
<b>IMSS</b>	<b>Mexican Social Security Institute (Instituto Mexicano de Seguro Social)</b>
<b>JSI</b>	<b>John Snow, Incorporated</b>
<b>PPF</b>	<b>Family Planning Program (Programa de Planificación Familiar)</b>
<b>SDP</b>	<b>Service Delivery Point</b>
<b>SEIB</b>	<b>State System of Basic Information (Sistema Estatal de Información Básica)</b>
<b>SSA</b>	<b>Secretariat of Health and Social Assistance (Secretaría de Salud y Asistencia Social)</b>
<b>TOT</b>	<b>Training of Trainers</b>
<b>USAID</b>	<b>United States Agency for International Development</b>

## **I. SUMMARY**

At the request of the United States Agency for International Development (USAID) Office of Population (AID/R&D/POP/CPSD) and USAID Mexico, Marion Aldrich, Centers for Disease Control and Prevention (CDC), in collaboration with the Family Planning Logistics Management Project (FPLM), John Snow, Incorporated, (JSI), and the USAID Office of Population, traveled to Mexico City, Mexico, to conduct a training needs assessment for the Directorate-General of Family Planning (DGPf). The DGPf directs the family planning program for the Ministry of Health, the Secretariat of Health and Social Assistance (SSA).

Prior to the field work, the objectives, questionnaires, and protocol of the training needs assessment were reviewed with the Central level staff of the DGPf. Divided into three teams, the four consultants visited the states of Jalisco, Nuevo Leon, Mexico, Hidalgo Tabasco, and Zacatecas. Over a period of two weeks, the teams spent three days in each state interviewing technical, training and warehouse personnel in four areas: (1) knowledge of the logistics system, (2) the logistics management and information system (LMIS), (3) existing supervision activities, and (4) identification of on-going training activities and needs.

Although there was variation in the findings, the teams observed that, in general, the person responsible for the family planning program at the State and Jurisdictional levels determines the quantities of contraceptives to be issued to lower-level facilities. The teams also noted that in most cases, the states did not have professional trainers on their staffs who could train medical, paramedical, and warehouse staff. This need is usually met by either requesting courses from Central level trainers at the DGPf or through committees established at the hospitals or clinics who plan, organize and implement training courses.

Upon returning from the field visits, the teams met at the DGPf central office to discuss the preliminary findings of the needs assessment. It was found that: (1) it is more efficient to conduct a training of trainers (TOT) for Central than for State level staff, and (2) Central level trainers could be utilized to conduct courses for State and Jurisdictional level staff. The consultants and Central level representatives agreed that five to ten Central level trainers would attend the workshops. In addition, six technical staff members, including those who conducted the training assessment, will participate in the TOT. A total of sixteen Central level staff will thus attend the initial logistics workshop in May and a TOT in July 1993.

The training workshops are part of the USAID strategy to increase family planning (FP) program self-sufficiency. Since 1990, USAID donations of contraceptives to the Government of Mexico (GOM) have been reduced.

By 1995, donated contraceptives will no longer be provided by USAID, at which time the public sector institutions should reach a desired level of self-sufficiency. A transition period is currently underway as DGPF switches from contraceptive products donated by A.I.D. to products purchased locally. For the most part, the warehouses are employing a FEFO (first to expire, first out) system. However, the introduction of new products into the pipeline without specific instructions on shelf life and determining expiration dates has resulted in some confusion by FP program and warehouse staff.

## **II. PLACES, DATES, AND PURPOSE OF TRAVEL**

Marion D. Aldrich, Public Health Advisor, traveled to Mexico City, Zacatecas, and Tabasco, Mexico, from March 1 to 15, 1993. The purpose of this travel was to collaborate with JSI/FPLM, and the United States Agency for International Development, Office of Population to conduct a training needs assessment for the Directorate-General of Family Planning, the coordinating agency for the Secretariat of Health and Social Assistance. The training needs assessment was conducted in order to design FPLM and TOT workshops for participants at the Central, State, and Jurisdictional levels in 1993-1994.

## **III. PRINCIPAL CONTACTS**

### **A. AID/MEXICO**

Bonnie Osegueda, Projects Manager

### **B. DGPF**

**Central Office, Mexico, DF:**

Lic. Elsa Santos, Programming and Evaluation

Lic. Oscar Trocino López, Chief of the Department of Information and Logistics

Dr. Juan Monroy, Chief of the Department of Planning

T.S. Irma Peralta Garcia, Paramedic Coordinator

**C. State of Zacatecas**

**1. Central Level**

Dr. Gumaro Elias Huez Zuñiga, Chief of Services  
Dr. Jesús Jaimie Guzman, Chief of the Department  
of Family Planning  
T.S. Maria del Rosario Htz. G., Head of the P.P.F.  
Dr. Javier López Huizar, Chief of the Department  
of Training

**2. Central Warehouse**

José Luis Martinez, Head of Contraceptive Supplies

**3. Jurisdiction of Zacatecas**

Dr. Juan José Martinez Flores, Jurisdictional  
Medical Coordinator

**4. Morelos Health Center**

Medical Resident of the Social Service

**5. Jurisdiction of Fresnillo**

Dr. Ana Maria Miramontes de Leon, Jurisdictional  
Medical Coordinator  
Dr. Ubaldo Alvarado, Health Services Coordinator  
Dr. Pedro Félix, Zonal Supervisor  
Srta. Cointa, Manager of Jurisdictional Warehouse

**6. Fresnillo Health Center**

Dra. Aracelli Hortado Ruiz, M.P.S.S.C.S.  
Dr. Raúl Hernández, Director  
Enfermera Cecilia Valdez, Chief of Nursing

**7. Jurisdiction of Ojocaliente**

Dr. José Luis Jiménez R., Zone Supervisor  
Dra. Maricela de la Rosa A., Jurisdictional  
Medical Coordinator  
Dra. Josefina López Muñoz, Director

**D. State of Tabasco**

**1. Central Level**

Dr. Bartolomé Reynes Bezaluce, Secretary of  
Health

Dra. Silvia Roldan Fernandez, Director of Preventive Programs  
Dr. Juan G. Fernandez Bracho, Chief of the Department of Preventive Medicine  
Dr. Gustavo Segura Carcamo, Head of the Family Planning Program  
Dr. Gilberto Martinez Hernández, Head of Region IV

**2. State Warehouse**

Lic. Gustavo Andrade, Warehouse Manager  
Concepción Castro de León, Chief of the Medications Area

**3. Jurisdiction of Jalpa de Mendez**

Dr. Adam Medina Medina, Chief of the Jurisdiction  
Dra. Silvia Mencho Reyes, Jurisdictional Physician  
Dr. Edison Landero Narvais, Medical Supervisor and Family Planning Medical Coordinator  
Dra. Aracelis Santiago Fernandez, Medical Supervisor, Zone A  
Hortencia Lazaro Pererino, Team Nurse Supervisor, Zone B  
Sr. Jesús, Warehouse Manager

**4. Urban Health Center**

Dr. Neftalin Cerino Perez, Director  
Dr. Gregorio Atila Beltrán Pintado, Physician

**5. Jurisdiction of Nacajuca**

Dr. Jonas Colorado Miranda, Chief of the Jurisdiction  
Dra. Elia León Espejo, Supervisor of the Jurisdiction  
Dr. Abel de los Santos Calimajor, Medical Nurse  
Acensia Vichel Ortiz, Nurse

**6. Centro de Salud Urbano de Nacajuca**

Dra. Edid Martinez, Director

**E. THE POPULATION COUNCIL**

Ann Staunton, Michigan Fellow, The Population Council/Mexico

**F. IMSS (Instituto Mexicano de Seguro Social)**

Daniel Hernández, Supervisor

**IV. BACKGROUND**

The CDC has provided technical assistance in family planning to Mexico since 1984 in the areas of program evaluation, population projections, contraceptive prevalence surveys, patient flow analysis, contraceptive forecasting, procurement and logistics management information systems. During a visit in 1989, technical assistance was provided by CDC advisors in contraceptive needs projection (see Hudgins & Romaguera trip report, 1989). In 1990, CDC and FPLM produced contraceptive needs estimates for the three major family planning programs in Mexico, including that of the DGPF (see Romaguera & Salomon trip report, 1990).

During 1990 and 1991, JSI/FPLM conducted contraceptive logistics management workshops for personnel from the National and State levels of the DGPF. In 1992, JSI/FPLM found that a very small percentage of those trained still remained at the DGPF (see Salomon trip report, January 1993).

In view of the USAID transfer of responsibility of contraceptive procurement to the Government of Mexico (GOM), the Directorate-General of Family Planning and FPLM agreed to draft a project to create a contraceptive logistics training infrastructure for DGPF family planning personnel. The DGPF identified the main problems of the Family Planning Program (PPF), all of which could be addressed by logistics workshops. Once these problems were identified, they were expressed in terms of training objectives for which the DGPF drew up an activities timetable (see Salomon, January 1993).

In February 1993, CDC, JSI/FPLM and USAID Office of Population consultants met to review the DGPF proposal. They decided that: (1) the original proposal of conducting a training of trainers (TOT) course for four State level staff was unnecessary; and (2) more Central level trainers could be utilized to conduct courses for State and Jurisdictional staff. Moreover, these consultants realized that in order to design the logistics workshops, they needed more information on: (1) the logistics knowledge of PPF staff at the State, Jurisdictional, and service delivery point (SDP) levels in order to design the workshops and (2) the functioning of the logistics system at these lower levels. Therefore, it was decided that they conduct a training needs assessment at the State, Jurisdictional, and SDP levels.

## **V. TRAINING NEEDS ASSESSMENT**

Prior to conducting the field work, the consultants met with the Central level staff of the DGPF to review the objectives, questionnaires, and protocol of the training needs assessment. The needs assessment instrument, the questionnaire in Appendix I, was designed to assess the contraceptive logistics system at all levels. It was used to determine the level of contraceptive logistics management knowledge and practice among the persons to be interviewed: a) family planning program staff, b) warehouse staff, c) training personnel, and d) service providers.

The CDC, JSI/FPLM, AID/Washington and DGPF staff assigned to conduct the assessment were divided into three teams (see Appendix II) and went to the states of Jalisco, Nuevo Leon, Mexico, Hidalgo, Tabasco, and Zacatecas. The six states were selected from a group of ten priority states. They account for a significant percentage of the contraceptive consumption nationwide and will be the first group of states to receive logistics workshops.

The teams spent three days in each State, following a similar protocol in each. First, the State level primary health care and family planning program staff were interviewed. A visit to the warehouse ensued, during which the warehouse manager was interviewed and the storage of contraceptive products was observed. In states with a training department, the State Training Coordinator was interviewed. At least three jurisdictions were visited per state, and, if present, municipal offices in those Jurisdictions were visited. Finally, one or more health clinics were visited in which service providers were interviewed.

The CDC consultant, Anne Staunton of the Population Council, and Juan Monroy of the DGPF visited the States of Zacatecas and Tabasco. The events and findings of each visit are described below.

### **A. State of Zacatecas**

Zacatecas is a centralized state as all of its contraceptive commodities come from the Central level. The State of Zacatecas comprises 1,000,300 inhabitants in six jurisdictions. The organigram for the SSA is found in Appendix III. We visited the Jurisdictions of Zacatecas, Fresnillo, and Ojocaliente, where we interviewed family planning program coordinators, clinic managers and staff, and warehouse staff (see

Principal Contacts above). The responses from all interviews were combined in Appendix IV. The forms utilized for family planning and other medical visits can be found in Appendix V.A., V.B., and V.D. Warehouse and inventory forms can be found in Appendices V.A. and V.C., while Appendix V.E. comprises supervisory forms. Both the states of Zacatecas and Tabasco utilize the same types of forms in their Logistics Management Information System (LMIS).

Overall, the family planning logistics system functions efficiently. Family planning is integrated into general health services at all levels. The primary source for contraceptive procurement and forecasting decisions for Zacatecas and every other state in Mexico is the SEIB (Sistema Estatal de Información Básica), the State System of Basic Information (see Appendix V.A.). Produced by the Department of Information Systems, the SEIB is combined with an inventory report from the Department of Material Resources to produce a report featuring three data types: program coverage, consumption, and inventories. Discrepancies exist between these three data types. In the case of Zacatecas, the figure for program coverage (current users and new users) is used to forecast estimated needs.

#### **B. State of Tabasco**

The State of Tabasco has been decentralized since 1986, meaning that State funds are available for purchasing contraceptives and other pharmaceutical products. We visited the Jurisdictions of Villahermosa, Jalpa de Mendez, and Nacajuca, where we interviewed family planning program coordinators, clinic managers and staff, and warehouse staff (see Principal Contacts above). The responses from all interviews are combined in Appendix VI. The forms utilized for program planning can be found in Appendix VII.A. while those for supervision can be found in Appendix VII.B.

In the State of Tabasco, as in that of Zacatecas, discrepancies exist among the SEIB's coverage and consumption figures and the inventory figures. The PPF in Tabasco also utilizes program coverage as the basis for estimating contraceptive needs. Overall, the program works. For example, only one stockout was noted and boats are used to get contraceptives out to remote areas in time of flooding.

## **VI. RESULTS AND RECOMMENDATIONS**

The teams maintained contact throughout the site visits to compare their findings. On March 11th, a meeting was held at the DGPF to discuss the preliminary results of the needs assessment and its implications in relation to the proposed training strategy. As previously mentioned, it was decided that more Central level trainers could be utilized to conduct courses for State and Jurisdictional staff. The Central level representatives agreed to eliminate the TOT for State level staff and increase the number of Central level trainers participating in the workshops from five to ten. A total of sixteen Central level persons will thus attend the initial logistics training course in May 1993 and serve as logistics trainers for subsequent workshops. The six technical persons to become trainers were identified, three of whom participated in the needs assessment exercise.

Conducting the field visits also allowed for some follow-up on the implementation of the phase-out of donated contraceptives and its impact on the availability of contraceptives at different levels of the system. In general, IUDs, pills, injectables, and condoms were available at warehouses and SDPs visited in the sample. However, the teams found that there are no formal Max-Min inventory control systems in place to monitor supplies of those products. There were stockouts in both the States of Zacatecas and Tabasco at the SDP level.

The contraceptive distribution system of the PPF contains both elements of push and pull. The process of estimating contraceptive needs varied among the different levels of the PPF. One clinic in the Jurisdiction of Jalpa de Mendez, Tabasco, calculated estimated contraceptive needs using the program coverage attained of new, current, and old users. This figure was inconsistent with other facilities that used only the new and current number of contraceptive users in their program coverage figure. There were variations of the supervisory guides and other non-SEIB forms used, causing an abundance of information to be generated that was not readily comparable among the different health care delivery levels.

Most warehouses employed a FEFO system, and most of the warehouse and health care staff have been trained in basic quality assurance (QA) procedures. The warehouse staff expressed interest in learning more about QA and the use of contraceptive products. The directors of health centers expressed interest in training their staff in recognizing expiration and/or manufacturing dates labeled on the contraceptive products. These issues are particularly

important as A.I.D. phases out contraceptive donations and the GOM begins to purchase contraceptives locally.

A FPLM workshop should address the issues above by featuring sessions on a Logistics Management Information System (LMIS), a Max-Min system, forecasting, quality assurance, storage, and supervision. Sessions on the DGPF logistics system and the use of the SEIB in the family planning program's LMIS are also recommended.

#### VII. OTHER ACTIVITIES

CDC consultant Marion Aldrich contacted Daniel Hernandez of IMSS to discuss the updating of PFA software at his office. Mr. Hernández received that PFA software shortly afterward.

#### VIII. FUTURE ACTIVITIES

With the training strategy agreed upon by the DGPF and FPLM, the curricula was developed for the first logistics workshop scheduled held on May 17-21, 1993. This will be followed by a TOT course in July 1993. The tentative schedule of events can be found below.

#### TENTATIVE SCHEDULE OF EVENTS

LEVEL	PARTICIPANTS	NO.	TYPE	TRAINERS	DATE
CENTRAL	TRAINERS	16	LOGISTICS	FPLM	MAY 93
CENTRAL	TRAINERS	16	Training	FPLM	JULY 93
STATE	FIRST LEVEL FP MANAGER OF STATE WARE- HOUSE	42	LOGISTICS	DGPF FPLM	SEPT 93
JURIS- DICTION	COORDINATORS	210	LOGISTICS	DGPF	1994

## **IX. APPENDICES**

### **APPENDIX I**

#### **QUESTIONNAIRE FOR TECHNICAL PERSONNEL OF THE PPF**

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

- 1.1. WHAT IS THE ADMINISTRATIVE STRUCTURE OF THE PPF?
  - WHICH OFFICES OR DEPARTMENTS OF THE SSA INTERVENE IN THE PROCESS
- 1.2. WHAT ARE THE SERVICE DELIVERY MECHANISMS FOR FP SERVICES?
  - DESCRIPTION OF THE LOGISTICS SYSTEM
- 1.3. HOW ARE CONTRACEPTIVES ACQUIRED FROM THE HIGHER LEVELS?
- 1.4. HOW ARE CONTRACEPTIVES DISTRIBUTED TO THE LOWER LEVELS?
- 1.5. HOW ARE THE QUANTITIES ACQUIRED FROM HIGHER LEVELS DETERMINED? WHAT SOURCES OF SUPPLY DO THEY HAVE?
- 1.6. HOW ARE THE QUANTITIES DISTRIBUTED TO LOWER LEVELS DETERMINED?
- 1.7. HOW IS THE DISTRIBUTION OF CONTRACEPTIVES RELATED TO THAT OF MEDICAL SUPPLIES IN GENERAL?
- 1.8. IS THERE ANY COORDINATION OR RELATION WITH OTHER DEPARTMENTS OR AREAS, AND IF SO, WHAT TYPE?
  - DEPARTMENT OF MATERIAL RESOURCES
  - PLANNING UNIT (INFORMATION SYSTEMS)
  - OTHER INSTITUTIONS (IF THIS IS THE CASE)
- 1.9. WHAT FUTURE PLANS DOES THE PPF HAVE? CAN THESE AFFECT LOGISTICS MANAGEMENT?

## **II. LOGISTICS MANAGEMENT INFORMATION SYSTEM**

(ASK FOR COPIES)

- 2.1. WHICH INSTRUMENTS ARE UTILIZED FOR RECORDING CONTRACEPTIVE SUPPLIES AT EACH LEVEL?
- 2.2. WHO IS RESPONSIBLE FOR RECORDING THESE SUPPLY RECORDS AT EACH LEVEL?
- 2.3. HOW OFTEN ARE RECORDS COMPLETED?
- 2.4. WHICH INSTRUMENTS ARE UTILIZED FOR RECORDING THE MOVEMENT OF CONTRACEPTIVES AT EACH LEVEL?
- 2.5. WHO IS RESPONSIBLE FOR RECORDING THESE RECORDS AT EACH LEVEL?
- 2.6. HOW OFTEN ARE THESE RECORDS COMPLETED?
- 2.7. WHICH REPORTS ARE PRODUCED PERIODICALLY AT EACH LEVEL WITH THIS INFORMATION?
- 2.8. TO WHOM ARE THEY SENT?
- 2.9. WHAT IS THIS INFORMATION USED FOR?
- 2.10. WHAT TYPE OF FEEDBACK (FROM OTHER LEVELS) IS GENERATED BY UTILIZING THESE REPORTS?

## **III. LOGISTICS SUPERVISION**

- 3.1. WHO IS IN CHARGE OF LOGISTICS SUPERVISION AT EACH LEVEL?
- 3.2. WHEN OR HOW OFTEN IS THIS SUPERVISION CARRIED OUT?
- 3.3. WHAT INSTRUMENTS ARE USED TO CARRY OUT THE SUPERVISION?  
(ASK FOR SUPERVISORY GUIDE IF ONE EXISTS)
- 3.4. WHICH ASPECTS OF LOGISTICS ARE INCLUDED IN THE REPORTS PRODUCED BY A SUPERVISOR AT THE TIME OF A VISIT?  
(ASK FOR COPIES OF THE REPORTS)
- 3.5. WHO RECEIVES THESE REPORTS?
- 3.6. WHAT FEEDBACK DOES THE LOGISTICS SUPERVISOR PROVIDE?
- 3.7. WHAT TYPE OF COORDINATION EXISTS BETWEEN THE SUPERVISORS AT THE DIFFERENT 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 THE LOGISTICS MANAGEMENT?
- 4.3. WHAT LOGISTICS TRAINING NEEDS DO YOU PERCEIVE FOR PERSONNEL IN THIS AREA? HAVE YOU ATTENDED ANY TRAINING SESSIONS?
- 4.4. WHICH INDIVIDUALS FROM OTHER AREAS OR LEVELS ARE THE MOST APPROPRIATE TO CONTACT IN ORDER TO UNDERSTAND THE LOGISTICAL MANAGEMENT OF CONTRACEPTIVES?

OUR OBSERVATION: ASK ABOUT QUALITY CONTROL EXISTENCE, KNOWLEDGE, AND NEEDS.

#### **QUESTIONNAIRE FOR WAREHOUSE PERSONNEL**

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

- 1.1 HOW ARE QUANTITIES TO BE RECEIVED FROM HIGHER LEVELS DETERMINED?
- 1.2. HOW ARE QUANTITIES TO BE SENT TO LOWER LEVELS DETERMINED?
- 1.3. HOW ARE REQUESTS OR SHIPMENTS OF CONTRACEPTIVES TO BE SENT TO LOWER LEVELS VALIDATED?
- 1.4. WHAT IS THE ORDER INTERVAL FOR RESUPPLY FROM THE HIGHER LEVEL?
- 1.5. WHAT IS THE LEAD TIME FOR RESUPPLY FROM THE HIGHER LEVEL?
- 1.6. WHAT IS THE ORDER INTERVAL FOR RESUPPLY TO THE LOWER LEVEL?
- 1.7. WHAT IS THE LEAD TIME FOR RESUPPLY TO THE LOWER LEVEL?
- 1.8. ARE MAXIMUM-MINIMUM LEVELS DETERMINED FOR CONTRACEPTIVE SUPPLIES IN YOUR WAREHOUSE? HOW?
- 1.9. WHAT COORDINATION EXISTS BETWEEN YOUR WAREHOUSE AND THE PERSONNEL FROM THE PPF?
- 1.10. WHICH METHODS ARE UTILIZED FOR DISTRIBUTION OF CONTRACEPTIVES TO THE LOWER LEVELS?
- 1.11. ARE THE CONTRACEPTIVES DELIVERED TO THIS LOWER LEVEL, OR DO THEY (FROM THE LOWER LEVEL) PICK THEM UP?
- 1.12. WHICH CONTRACEPTIVES DO YOU MANAGE IN YOU WAREHOUSE?

1.13. WHAT QUALITY ASSURANCE PROCEDURES DO YOU APPLY IN YOUR WAREHOUSE WITH REGARD TO CONTRACEPTIVES?

1.14. WHICH TECHNIQUES DO YOU UTILIZE IN STORING CONTRACEPTIVES?

## II. LOGISTICS INFORMATION SYSTEM

(ASK FOR COPIES)

2.1. WHICH INSTRUMENTS DO YOU UTILIZE FOR RECORDING CONTRACEPTIVE SUPPLIES AT EACH LEVEL?

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

2.3. HOW OFTEN ARE THESE RECORDS COMPLETED?

2.4. WHICH INSTRUMENTS ARE UTILIZED FOR RECORDING THE MOVEMENT OF CONTRACEPTIVES AT EACH LEVEL?

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

2.6. HOW OFTEN ARE THESE RECORDS COMPLETED?

2.7. WHICH REPORTS ARE PRODUCED PERIODICALLY AT EACH LEVEL WITH THIS INFORMATION?

2.8. TO WHOM ARE THEY SENT?

2.9. WHAT IS THIS INFORMATION USED FOR?

2.10. WHAT TYPE OF FEEDBACK (FROM OTHER LEVELS) IS GENERATED BY UTILIZING THESE REPORTS?

WE ADDED A QUESTION ON SUGGESTIONS FOR IMPROVEMENT, WHICH WAS GEARED TO QUALITY ASSURANCE/OTHER TRAINING NEEDS.

## QUESTIONNAIRE FOR TRAINING PERSONNEL

### I. TRAINING OF PERSONNEL

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

1.2. WHAT "CONCRETE" LOGISTICS TRAINING DO THEY RECEIVE?

1.3. ARE THERE ANY CONTINUING EDUCATION PROGRAMS?

1.4. WHO DESIGNS THE TRAINING SESSIONS?

- 1.5. IS THERE ANY FOLLOW-UP TO THE TRAINING SESSIONS?
- 1.6. ARE THERE ANY MANUALS OR MATERIALS USED IN THESE TRAINING SESSIONS?

(GET COPIES IF POSSIBLE)

#### **QUESTIONNAIRE FOR PERSONNEL OF SERVICE DELIVERY POINTS**

##### **I. MEDICAL AND PARAMEDICAL PERSONNEL**

- 1.1. ARE THE SERVICES YOU DELIVER EXCLUSIVELY FAMILY PLANNING SERVICES?
- 1.2. WHICH TYPES OF CONTRACEPTIVES DO YOU PRESCRIBE?
- 1.3. DO YOU KNOW WHAT IS THE AVERAGE MONTHLY CONSUMPTION OF CONTRACEPTIVES?
- 1.4. WHO DETERMINES CONTRACEPTIVE NEEDS?
- 1.5. HOW ARE CONTRACEPTIVE NEEDS DETERMINED?
- 1.6. HOW OFTEN ARE CONTRACEPTIVE PRODUCTS RECEIVED?
- 1.7. HOW IS THE DELIVERY OF CONTRACEPTIVES TO USERS RECORDED?
- 1.8. WHAT MEASURES OF CONTROL ARE TAKEN IN RECORDING THE ENTRY AND DISTRIBUTION OF CONTRACEPTIVES?

##### **II. PHARMACY PERSONNEL**

- 2.1. WHICH TYPES OF CONTRACEPTIVES ARE PRESCRIBED?
- 2.2. HOW OFTEN ARE CONTRACEPTIVE PRODUCTS RECEIVED?
- 2.3. WHO DETERMINES CONTRACEPTIVE NEEDS?
- 2.4. WHAT MEASURES OF CONTROL ARE TAKEN IN RECORDING THE ENTRY AND DISTRIBUTION OF CONTRACEPTIVES?

## APPENDIX II

### NEEDS ASSESSMENT TEAM MEMBERS

#### States of Jalisco and Nuevo Leon

Camilo Salomon, Logistics Advisor, JSI/Bogota  
David Papworth, Training Advisor, JSI/Washington  
Oscar Trocino, Logistics Department, SSA/DGPF

#### States of Mexico and Hidalgo

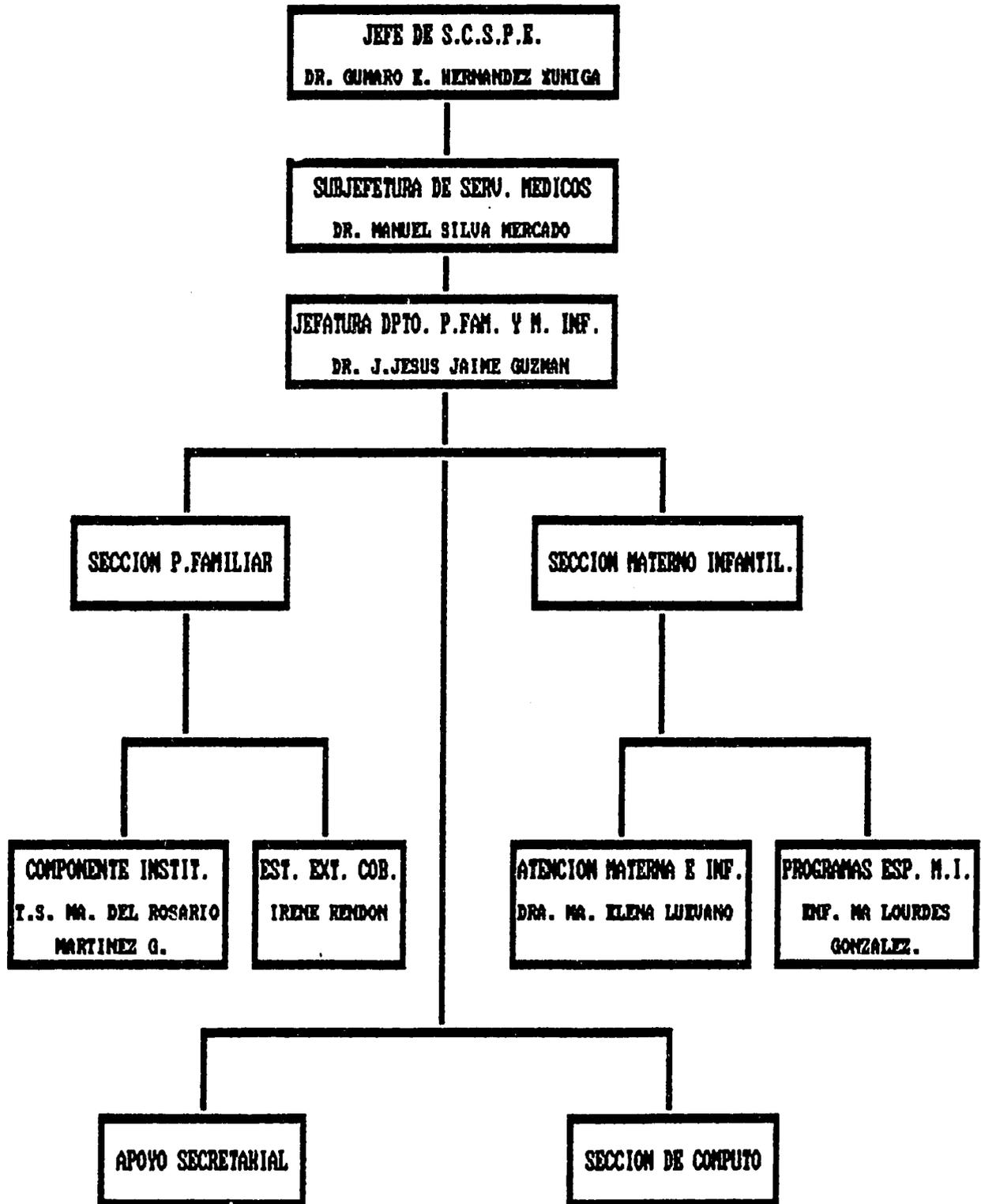
Paul Schenkel, Michigan Fellow, R&D/POP/CPSD  
Irma Peralta, Logistics Department, SSA/DGPF

#### States of Tabasco and Zacatecas

Marion Aldrich, Public Health Advisor, CDC  
Anne Staunton, Michigan Fellow, The Population Council/Mexico  
Juan Monroy, Planning Department, SSA/DGPF

# SECRETARIA DE SALUD

## ORGANIGRAMA DEL DEPARTAMENTO DE PLANIFICACION FAMILIAR Y SALUD MATERNO INFANTIL



FUENTE: MANUAL DE ORGANIZACION.

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## APPENDIX IV

### QUESTIONNAIRE FOR TECHNICAL PERSONNEL OF THE PPF: ZACATECAS

#### I. KNOWLEDGE OF THE SYSTEM

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

- WHICH OFFICES OR DEPARTMENTS OF THE SSA INTERVENE IN THE PROCESS

The Chief of Family Planning (FP) manages both the areas of family planning and maternal and child health. Within FP, there is an institutional component and the Strategy of Extension of Coverage (EEC) program.

##### 1.2. WHAT ARE THE SERVICE DELIVERY MECHANISMS FOR FP SERVICES?

- DESCRIPTION OF THE LOGISTICS SYSTEM

There are two service delivery mechanisms, one being the institutional one of the health centers or SDPs, the other being the EEC.

##### 1.3. HOW ARE CONTRACEPTIVES ACQUIRED FROM THE HIGHER LEVELS?

There are two ways to achieve this: 1) by means of the DGPF, and 2) through the Department of Material Resources. The quantities required are determined by conducting an annual physical inventory.

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

The contraceptives are distributed to the lower levels on a monthly basis. The Medical Coordinators at the Jurisdictional level send requests to the State level. The State level administration conducts an analysis of the program coverage, consumption, and inventory (SEIB) figures reported by the Jurisdiction (see Appendix V.A). The Medical Coordinators pick up the contraceptives in vehicles supplied by the Jurisdiction.

##### 1.5. HOW ARE THE QUANTITIES ACQUIRED FROM HIGHER LEVELS DETERMINED? WHAT SOURCES OF SUPPLY DO THEY HAVE?

The Central level determines the quantities based on the SEIB report. The sources of contraceptive supplies at the Central level are the DGPF and the Department of Material Resources. Another source of supplies at the State level is inter-institutional as in the case of borrowing from another institution.

**1.6. HOW ARE THE QUANTITIES DISTRIBUTED TO LOWER LEVELS DETERMINED?**

They are determined in accordance with the SEIB.

**1.7. HOW IS THE DISTRIBUTION OF CONTRACEPTIVES RELATED TO THAT OF MEDICAL SUPPLIES IN GENERAL?**

The distribution of contraceptives and that of medical supplies is conducted in a different manner.

**1.8. IS THERE ANY COORDINATION OR RELATION WITH OTHER DEPARTMENTS OR AREAS, AND IF SO, WHAT TYPE?**

- DEPARTMENT OF MATERIAL RESOURCES
- PLANNING UNIT (INFORMATION SYSTEMS)
- OTHER INSTITUTIONS (IF THIS IS THE CASE)

There is coordination among preventive medicine, planning, and the Department of Material Resources of the Secretariat.

**1.9. WHAT FUTURE PLANS DOES THE PPF HAVE? CAN THESE AFFECT LOGISTICS MANAGEMENT?**

There are plans to develop a software program called WORKS to improve the management of contraceptive supplies.

**II. LOGISTICS MANAGEMENT INFORMATION SYSTEM**

(ASK FOR COPIES)

**2.1. WHICH INSTRUMENTS ARE UTILIZED FOR RECORDING CONTRACEPTIVE SUPPLIES AT EACH LEVEL?**

There are record entry forms (see Appendix V.D.), the SEIB, and the contraceptive delivery forms at the warehouse (see Appendix V.C.).

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

State level: The Chief of the Department, Manager of the Program, and Manager of Receiving and Shipping.

Jurisdictional level: The Medical Coordinator.

**2.3. HOW OFTEN ARE RECORDS COMPLETED?**

On a monthly basis.

**2.4. WHICH INSTRUMENTS ARE UTILIZED FOR RECORDING THE MOVEMENT OF CONTRACEPTIVES AT EACH LEVEL?**

See question no. 2.1.

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

See question no. 2.2.

**2.6. HOW OFTEN ARE THESE RECORDS COMPLETED?**

See question no. 2.3.

**2.7. WHICH REPORTS ARE PRODUCED PERIODICALLY AT EACH LEVEL WITH THIS INFORMATION?**

The SEIB.

**2.8. TO WHOM ARE THEY SENT?**

They are sent to the State. Later, they are compiled into another report which is sent to the DGPF at the Central level.

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

To determine the needs of the FP program.

**2.10. WHAT TYPE OF FEEDBACK (FROM OTHER LEVELS) IS GENERATED BY UTILIZING THESE REPORTS?**

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

**III. LOGISTICS SUPERVISION**

**3.1. WHO IS IN CHARGE OF LOGISTICS SUPERVISION AT EACH LEVEL?**

State level: the Chief of the Department and the Program Manager.

Jurisdictional Level: Medical Coordinator.

**3.2. WHEN OR HOW OFTEN IS THIS SUPERVISION CARRIED OUT?**

At the State level, there is a comprehensive supervision two times per week. Another type of supervision is carried out during the monthly meetings of the Medical Coordinators at the State level.

**3.3. WHAT INSTRUMENTS ARE USED TO CARRY OUT THE SUPERVISION?**

(ASK FOR SUPERVISORY GUIDE IF ONE EXISTS)

There are supervisory guides (see Appendix V.E.).

**3.4. WHICH ASPECTS OF LOGISTICS ARE INCLUDED IN THE REPORTS PRODUCED BY A SUPERVISOR AT THE TIME OF A VISIT?**

(ASK FOR COPIES OF THE REPORTS)

Consumption, expired material, supplies on hand, and number of active and new users by method are reported.

**3.5. WHO RECEIVES THESE REPORTS?**

They are received at the State level and at the Jurisdiction.

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

The reports are used as a source of feedback in the continuous supervision that is carried out each month at the State level (the Medical Coordinators' meeting). There is immediate feedback when supervisory visits occur.

**3.7. WHAT TYPE OF COORDINATION EXISTS BETWEEN THE SUPERVISORS AT THE DIFFERENT LEVELS OF THE PPF?**

There are monthly meetings of the Medical Coordinators in the State headquarters.

**IV. CONCLUSION**

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

There are discrepancies among the three figures obtained by utilizing the three methodologies used in calculating contraceptive needs: inventories, coverage, and consumption. An instrument/methodology is needed to unite the three. There is a lack of training in quality control methods.

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

Resolve the information problem. Also, understand the aspects of contraceptive quality control.

**4.3. WHAT LOGISTICS TRAINING NEEDS DO YOU PERCEIVE FOR PERSONNEL IN THIS AREA? HAVE YOU ATTENDED ANY TRAINING SESSIONS?**

There is a need for training in quality control, warehousing, the control of expired material, and in contraceptive management.

**4.4. WHICH INDIVIDUALS FROM OTHER AREAS OR LEVELS ARE THE MOST APPROPRIATE TO CONTACT IN ORDER TO UNDERSTAND THE LOGISTICAL MANAGEMENT OF CONTRACEPTIVES?**

There is no unique training for logistics only, as logistics is incorporated into the family planning training that is done at the State headquarters (see questionnaire for training personnel).

**QUESTIONNAIRE FOR WAREHOUSE PERSONNEL**

**I. KNOWLEDGE OF DISTRIBUTION SYSTEM**

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

They are not determined. They are sent directly from the Central level.

**1.2. HOW ARE QUANTITIES TO BE SENT TO LOWER LEVELS DETERMINED?**

The State sends the warehouse the order voucher it received (from the lower levels) and the warehouse hands the supplies over to them (the lower levels).

**1.3. HOW ARE REQUESTS OR SHIPMENTS OF CONTRACEPTIVES TO BE SENT TO LOWER LEVELS VALIDATED?**

The State validates the request from the Jurisdiction.

**1.4. WHAT IS THE ORDER INTERVAL FOR RESUPPLY FROM THE HIGHER LEVEL?**

About 4-6 months.

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

The lead time is three months.

1.6. WHAT IS THE ORDER INTERVAL FOR RESUPPLY TO THE LOWER LEVEL?

Each month they (the Jurisdiction) come to pick up the contraceptives, or they send in a request, depending on the transportation.

1.7. WHAT IS THE LEAD TIME FOR RESUPPLY TO THE LOWER LEVEL?

There is no lead time - they (lower level) pick it up on the same day.

1.8. ARE MAXIMUM-MINIMUM LEVELS DETERMINED FOR CONTRACEPTIVE SUPPLIES IN YOUR WAREHOUSE? HOW?

Max-Min is not determined in the warehouse. They know the stock level by unit. The State manages stock through Max-Min (quantity of stock in months).

1.9. WHAT COORDINATION EXISTS BETWEEN YOUR WAREHOUSE AND THE PERSONNEL FROM THE PPF?

Between PPF and the warehouse, there is authorization, requests, and control of delivery orders.

1.10. WHAT MEANS ARE UTILIZED FOR THE DISTRIBUTION OF CONTRACEPTIVES TO THE LOWER LEVELS?

The vehicles of the jurisdiction.

1.11. ARE THE CONTRACEPTIVES DELIVERED TO THIS LOWER LEVEL, OR DO THEY (FROM THE LOWER LEVEL) PICK THEM UP?

They pick them up.

1.12. WHICH CONTRACEPTIVES DO YOU MANAGE IN YOUR WAREHOUSE?

Condoms, IUDs, oral contraceptives, and injectables.

1.13. WHAT QUALITY ASSURANCE PROCEDURES DO YOU APPLY IN YOUR WAREHOUSE WITH REGARD TO CONTRACEPTIVES?

The most basic of quality assurance procedures - i.e., checking to see if the box is torn. We also check to see if products are expired. Overall, there is a need for training in quality assurance.

1.14. WHICH TECHNIQUES DO YOU UTILIZE IN STORING CONTRACEPTIVES?

The basic techniques: FEFO, pallets, good conditions, good temperature (cool), cleanliness, separation of contraceptive products, adequate light, etc.

## II. LOGISTICS INFORMATION SYSTEM

(ASK FOR COPIES)

### 2.1. WHICH INSTRUMENTS DO YOU UTILIZE FOR RECORDING CONTRACEPTIVE SUPPLIES AT EACH LEVEL?

Delivery orders. We don't know how borrowed products are registered, even though they say that they need space for them in the form (see Appendix V.C.).

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

At the warehouse, it is the shipping manager.

### 2.3. HOW OFTEN ARE THESE RECORDS COMPLETED?

Continuously: whenever the delivery or request arrives.

### 2.4. WHICH INSTRUMENTS ARE UTILIZED FOR RECORDING THE MOVEMENT 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 COMPLETED?

See question 2.3.

### 2.7. WHICH REPORTS ARE PRODUCED PERIODICALLY AT EACH LEVEL WITH THIS INFORMATION?

There are no reports, only the delivery form, which is distributed to the State and the Jurisdictional level.

### 2.8. TO WHOM ARE THEY SENT?

The Central and State levels.

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

To validate the distribution of contraceptives, to determine supplies (information that goes to the State).

### 2.10. WHAT TYPE OF FEEDBACK (FROM OTHER LEVELS) IS GENERATED BY UTILIZING THESE REPORTS?

There are no reports, there is no feedback, monitoring occurs through planning.

**Suggestions:**

Ask for more condoms, but at the root of this is the problem of under-registering these products. Perhaps they disappear through loans to other institutions or programs. The problem of discrepancies among the registry forms must be dealt with.

**QUESTIONNAIRE FOR TRAINING PERSONNEL**

**I. TRAINING OF PERSONNEL**

**1.1. WHAT TRAINING DOES THE PPF PERSONNEL RECEIVE AS PART OF THEIR ORIENTATION?**

Each year, the resident physicians receive a one-week comprehensive training which includes one day of family planning.

**1.2. WHAT "CONCRETE" LOGISTICS TRAINING DO THEY RECEIVE?**

Logistic-related subjects, which include expiration dates, management of contraceptive material, and methods.

**1.3. ARE THERE ANY CONTINUING EDUCATION PROGRAMS?**

Yes, there is a continuing training program which is designed in accordance to the needs of the unit. A monthly request is sent, and the State conducts the monitoring and evaluation of the training programs. However, the programs are developed and carried out at the Jurisdictional level.

**1.4. WHO DESIGNS THE TRAINING SESSIONS?**

They are designed at the Jurisdictional level. There are training materials available at the Jurisdiction.

**1.5. IS THERE ANY FOLLOW-UP TO THE TRAINING SESSIONS?**

There is monitoring and evaluation at the Jurisdictional level.

**1.6. ARE THERE ANY MANUALS OR MATERIALS USED IN THESE TRAINING SESSIONS?**

Yes, there are materials at the Jurisdictional and State levels: flip charts, manuals of norms, methods, videos, etc.

**(GET COPIES IF POSSIBLE)**

**QUESTIONNAIRE FOR PERSONNEL OF SERVICE DELIVERY POINTS**

**I. MEDICAL AND PARAMEDICAL PERSONNEL**

1.1. ARE THE SERVICES YOU DELIVER EXCLUSIVELY FAMILY PLANNING SERVICES?

No, the service is integrated under primary health care services.

1.2. WHICH TYPES OF CONTRACEPTIVES DO YOU PRESCRIBE?

Condoms, IUDs, oral contraceptives, and injectables.

1.3. DO YOU KNOW WHAT IS THE AVERAGE MONTHLY CONSUMPTION OF CONTRACEPTIVES?

Yes. It is based on monthly distribution to the client.

1.4. WHO DETERMINES CONTRACEPTIVE NEEDS?

The doctor and nurse.

1.5. HOW ARE CONTRACEPTIVE NEEDS DETERMINED?

They are determined on the basis of consumption, what is distributed to the clients.

1.6. HOW OFTEN ARE CONTRACEPTIVE PRODUCTS RECEIVED?

Every 15 days they pick up the products at the Jurisdiction.

1.7. HOW IS THE DELIVERY OF CONTRACEPTIVES TO USERS RECORDED?

There are forms to record this information by method distributed to each user.

1.8. WHAT MEASURES OF CONTROL ARE TAKEN IN RECORDING THE ENTRY AND DISTRIBUTION OF CONTRACEPTIVES?

The physician's daily register (see Appendix V.B.).

**II. PHARMACY PERSONNEL**

2.1. WHICH TYPES OF CONTRACEPTIVES ARE PRESCRIBED?

See question 1.2.

**2.2. HOW OFTEN ARE CONTRACEPTIVE PRODUCTS RECEIVED?**

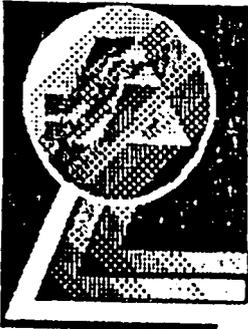
Monthly, according to need.

**2.3. WHO DETERMINES CONTRACEPTIVE NEEDS?**

The Director of the health center/the Chief of Nursing are responsible for compiling the records on which the planning of contraceptive needs is based.

**2.4. WHAT MEASURES OF CONTROL ARE TAKEN IN RECORDING THE ENTRY AND DISTRIBUTION OF CONTRACEPTIVES?**

Kardex (see Appendix V.C.), medical prescriptions (a copy goes to the pharmacy).



# **SISTEMA ESTATAL DE INFORMACION BASICA**

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## **INFORME INTEGRAL DE ACTIVIDADES**

- . PRIMER NIVEL**
- . SEGUNDO NIVEL**
- . ACTIVIDADES REALIZADAS FUERA DE LA UNIDAD MEDICA**

SEIB

U.N. PROC.:108

IEDD : ZACATECAS  
 IJUR :  
 INPD :  
 ILOC :  
 ITUX :

SSA SSA/SPSS

DIRECCION DE INFORMATICA Y SISTEMAS  
 INFORME INTEGRAL DE ACTIVIDADES  
 PRIMER NIVEL

FECHA : 5-Mar-1993 HOJA: 5  
 PERIODO: 0193 A 0193  
 CLAVE DE IDENTIFICACION  
 Edo. Jur. Ppo. Loc. TiUn Cov.  
 \*\*\*\*\* NACIONAL \*\*\*\*\*

XIV ACCIDENTES

C O N C E P T O	CLAVE	MESES DE 1	1 A 4	5 A 14	15 A 24	25 A 44	45 A 59	60 Y MAS	TOTAL	HOMBRES	MUJERES
CONTUSION	1501	4	15	65	51	54	23	13	225	147	78
LUXACION	1502		2	9	9	16	8	5	49	25	24
CONSEC- CUENCIA	1503		1	16	13	14	8	5	57	41	16
INTOXICACION	1504	1	4	5	5	11	8	6	40	25	15
HERIDAS	1505	4	52	87	134	82	38	17	414	297	117
RESUL- TANTE	1506			1					1	1	
AMIGDALITIS Y INER.	1507										
QUEMADURA	1508		12	15	8	7	7	2	51	25	26
OTROS	1509	1	5	8	10	8	12	11	55	19	36
LUGAR	1510	2	15	54	94	63	35	11	274	206	68
DE	1511		1	6	12	14	7		40	29	11
INDICAR	1512	7	62	79	62	48	28	30	316	170	146
ESCUELA	1513	1	8	44	12	2	5		72	40	32
TRABAJO	1514		1	12	34	47	20	6	120	88	32
RECREACION Y DEPT.	1515		4	9	12	12	1		38	30	8
OTROS	1516			1	4	1			6	3	3
SE IGNORA	1517				1	5	8	12	26	14	12

IV - PLANIFICACION FAMILIAR

	CLAVE	MESES DE 151	15 A 19	20 A 24	25 A 29	30 A 34	35 A 39	40 A 44	45 Y MAS	TOTAL	INSERCCION
CONSULTAS Y ATENCIONES	1521	6	158	386	362	225	144	53	22	1,356	D I U
INTERVENCIONES	1522	1	326	1,253	1,331	1,137	706	299	156	5,209	POST - PARTO POST - ABORTO
QUIRURGICAS	1523										
HOMBRES	1524				3	5	1	1		10	34

	CLAVE	ORAL	INYECTABLE	D I U	QUIRURGICO	IPRESERVATIVO	OTRO	NINGUNO	TOTAL	MEDICAS	NO MEDICAS
CONSULTAS Y ATENCIONES	1525	386	107	386	40	382	27	48	1,356	1,078	278
METODOS REPARTIDOS	1526	1,740	444	1,228	220	1,495	24	58	5,209	2,973	2,236
USUARIOS ACTIVOS	1527	4,746	545	379		27,139	1,978				
	1528	8,677	2,390	12,385	4,831	5,981	210		34,475		

APPENDIX V.A.

Este informe se junta al informe del Depto de Recursos Materiales para hacer el informe, y consumo (informe interno)















TARJETA FAMILIAR \_\_\_\_\_ LOCALIDAD \_\_\_\_\_ NOMBRE DEL MEDICO \_\_\_\_\_

NO. DE VIVIENDA \_\_\_\_\_ FECHA DE APERTURA \_\_\_\_\_

PERSONAS QUE VIVEN EN LA CASA				
NOMBRE COMPLETO	EDAD	PLANIFICACION FAMILIAR		
		QUE METODO UTILIZA PARA PORQUE NO NO EMBARAZARSE. PLANIFICA		
	AÑOS MESES	METODO	PROBLEMA	
DEFUNCION EN LOS ULTIMOS 5 AÑOS				
de que murio	fecha de Muerte	edad		

EMBARAZADAS			
NOMBRE COMPLETO	CUNDO ESPERA A SU NIÑO		
FECHA DE VISITAS			
QUIEN CONTROLA EL EMBARAZO			
FECHA DE VISITA			
QUE MOLESTIAS TIENE CON EL EMBARAZO			

3.- LA UNIDAD DENTAL ESTA INSTALADA Y EN BUENAS CONDICIONES; SI  NO

ACTIVIDADES	PROGRAMADAS	REALIZADAS	AVANCE	OBSERVACIONES
CONSULTAS				
EXTRACCIONES				
OBTURACIONES				
PROFILAXIS				
PLATICAS A GRUPOS				

XV.- PLANIFICACION FAMILIAR

1.- HAY PROGRAMA ACTUALIZADO CON OBJETIVOS Y METAS PARA EL AÑO; SI  NO

2.- EL PERSONAL MEDICO CONOCE LAS NORMAS Y ESTRATEGIAS DEL PROGRAMA; SI  NO

ACTIVIDADES	PROGRAMADAS	REALIZADAS	AVANCE	OBSERVACIONES
NUEVAS USUARIAS				
NUEVAS USUARIAS CON DIU				
NUEVAS USUARIAS CON QUIRURGIO				
NUEVAS USUARIAS CON ORALES				
USUARIAS A CTIVAS				

4.- EXISTE PROGRAMA QUIRURGICO DEBIDAMENTE PLANEADO PARA REALIZAR EN LA UNIDAD; SI  NO

XXVI.- PROMOCION DE LA SALUD

1.- HAY PROGRAMA ACTUALIZADO CON OBJETIVOS Y METAS PARA EL AÑO; SI  NO

2.- EL PERSONAL MEDICO, PROMOTORES Y ENFERMERAS CONOCEN LAS FORMAS Y ESTRATEGIAS DEL PROGRAMA; SI  NO

4. CONOCE SUS METAS

si ( ) no ( )

Futuro infantil

5. CONOCIMIENTO DE MOTIVACION DE E.I.

A) bueno B) regular C) malo

6. CUENTA CON PROGRAMAS DE TRABAJO DE E.I. ?

si ( ) no ( )

7. CAPACITACIONES DE E.I. RECIBIDAS

8. QUE SUBPROGRAMA DE E.I. CONOCE ?

A) B) C) D) E) F) G) H)

9. CONOCE SUS METAS ?

si ( ) no ( )

III. MEDICO DE PLANIFICACION FAMILIAR.-

Planificacion familiar

1. CUENTA CON LA NORMA TECNICA DE PLANIFICACION FAMILIAR ?

si ( ) no ( )

2. CONOCIMIENTO DE MOTIVACION

A) bueno B) regular C) malo

3. CONOCE SUS METAS ?

si ( ) no ( )

4. CA ACITACIONES DE F.F. RECIBIDAS

5. CUENTA CON SUSTRATOS DE METODOS ANTICONCEPTIVOS ?

si ( ) no ( )

6. CANTIDAD DE MATERIAL ANTICONCEPTIVO

DIE \_\_\_\_\_ ORAL \_\_\_\_\_ INY \_\_\_\_\_ PRESERV \_\_\_\_\_

7. MATERIAL ANTICONCEPTIVO CARGADO

DIE \_\_\_\_\_ ORAL \_\_\_\_\_ INY \_\_\_\_\_ PRESERV \_\_\_\_\_

8. CONSUMO MENSUAL PROMEDIO DE ANTICONCEPTIVOS

DIE \_\_\_\_\_ ORAL \_\_\_\_\_ INY \_\_\_\_\_ PRESERV \_\_\_\_\_

9. CONOCIMIENTO DE LAS CAPACIDADES DE LOS MOTORES

DIU \_\_\_\_\_ Gral. \_\_\_\_\_ INT \_\_\_\_\_ FRECUEN. \_\_\_\_\_

10. HOJA DIARIA DEL MEDICO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. PAPELERIA DEL PROGRAMA

suficiente ( )      insuficiente ( )

Z a t e r n o   i n f a n t i l

12. CONOCIMIENTO DE MOTIVIDAD DE M.I.

A) bueno      B) regular      C) malo

13. QUE SUBPROGRAMAS DE M.I. CONOCE ?

A) B) C) D) E) F) G) H)

14. CONOCE SUS METAS

si ( )      no ( )

15. CURSOS DE M.I. RECIBIDOS

\_\_\_\_\_  
\_\_\_\_\_

16. HOJA DIARIA DEL MEDICO

\_\_\_\_\_  
\_\_\_\_\_

17. LLENADO DE FICHAS

\_\_\_\_\_  
\_\_\_\_\_

18. GRAFICAS DE CPE Y CNE

\_\_\_\_\_  
\_\_\_\_\_

19. LLENADO DE HCPS

\_\_\_\_\_  
\_\_\_\_\_

IV. INFERENC. HISTORICAL

P l a n i f i c a c i o n   f a m i l i a r

1. CONOCIMIENTO DE MOTIVIDAD

A) bueno      B) regular      C) malo

2. CALIFICACIONES DE P.T. RECIBIDAS



JURISDICCION SANITARIA N° 1 ZACATECAS  
GUIA DE SUPERVISION A UNIDADES APLICATIVAS

UNIDAD APLICATIVA \_\_\_\_\_

MEDICO \_\_\_\_\_

COMUNIDAD \_\_\_\_\_  
(Estado de limpieza)UNIDAD \_\_\_\_\_  
Aspecto Exterior Aspecto InteriorMATERIAL DE PROMOCION \_\_\_\_\_  
(En Muros, Folletería, Etc.,)CONSULTORIO \_\_\_\_\_  
(Limpieza, Mobiliario, Equipo e Instrumental)TARJETERO DE PLANIFICACION FAMILIAR \_\_\_\_\_  
(Aspecto, Limpieza, Orden)TARJETAS DE USUARIAS \_\_\_\_\_  
(Llenado, Limpieza, Orden)HOJA DE CONCENTRACION DE ACTIVIDADES \_\_\_\_\_  
(Llenado, Limpieza, Orden)

INFORME INTEGRAL SEIS \_\_\_\_\_

RELACION DE VISITAS DOMICILIARIAS Y PLATICAS \_\_\_\_\_

AVANCES DEL PROGRAMA DE PLANIFICACION FAMILIAR \_\_\_\_\_

ENCUESTA A LA COMUNIDAD SOBRE EL SERVICIO DE PLANIFICACION FAMILIAR \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

FECHA \_\_\_\_\_



APPENDIX V.E.

2. CUENTA CON PROGRAMA DE TRABAJO DEL PROGRAMA DE P.F. ?  
 si ( ) no ( )

3. CONOCE SUS METAS  
 si ( ) no ( )

4. AVANCE DE METAS: Hasta:

	META	LOGRO	AVANCE
U. NUEVAS	_____	_____	_____
U. ACTIVAS	_____	_____	_____
CONS 1A VEZ	_____	_____	_____
CONS. SUBS.	_____	_____	_____
PLATICAS	_____	_____	_____
VISITAS DOM.	_____	_____	_____
SUPERVISIONES	_____	_____	_____
CURSOS	_____	_____	_____
DIU PP	_____	_____	_____

5. ANTICONCEPCION PREPARTO, POSTABORTO, TRANSCESAREA

	METODO AL EGRESO			
	DIU	OTB	LUI	AMEU
<i>si</i> FARTOS E.	_____	_____	_____	_____
FARTOS D.	_____	_____	_____	_____
CESAREAS	_____	_____	_____	_____
ABORTOS	_____	_____	_____	_____

*si* *NO* *ACOMPAÑADO*

6. ANTICONCEPCION DE INTERVALO

DIU \_\_\_\_\_  
 VAS \_\_\_\_\_  
 OTB \_\_\_\_\_

8 CUENTA CON FORMATOS DE SUPERVISION DE P.F. ?  
 si ( ) no ( )

9. TIENE LAS CARTAS DESCRIPTIVAS DE LOS CURSOS ?  
 si ( ) no ( )

10. TIENE EL RESUMEN DE LOS CURSOS ?  
 si ( ) no ( )

11. CANTIDAD DE MATERIAL ANTICONCEPTIVO  
 DIU \_\_\_\_\_ ORAL \_\_\_\_\_ INY \_\_\_\_\_ PRESERV \_\_\_\_\_

12. MATERIAL ANTICONCEPTIVO CADUCADO  
 DIU \_\_\_\_\_ ORAL \_\_\_\_\_ INY \_\_\_\_\_ PRESERV \_\_\_\_\_

13. CONSUMO MENSUAL PROMEDIO DE ANTICONCEPTIVOS  
 DIU \_\_\_\_\_ ORAL \_\_\_\_\_ INY \_\_\_\_\_ PRESERV \_\_\_\_\_

14. CONOCIMIENTO SOBRE CADUCIDAD DE LOS METODOS  
 DIU 6.5m ORAL \_\_\_\_\_ INY \_\_\_\_\_ PRESERV \_\_\_\_\_

14. PAPELERIA  
 suficiente ( ) insuficiente ( )  
 M a t e r n o i n f a n t i l

15. CUENTA CON LAS NORMAS TECNICAS DE M.I. ?  
 si ( ) no ( )

16. CUENTA CON PROGRAMA DE TRABAJO DE M.I. ?  
 si ( ) no ( )

17. QUE SUBPROGRAMAS DE M.I. CONOCE ?  
 A B C D E F G H

18. CONOCE SUS METAS ?  
 si ( ) no ( )

19. AVANCE DE METAS

A) CONTROL PRENATAL Y C.N.S.

	META	LOGRO	AVANCE
Consultas a embarazadas	_____	_____	_____
— Tox. tetánico a embarazadas	_____	_____	_____
Partos a atender	_____	_____	_____
Consultas a puerperas	_____	_____	_____
Consultas a < de 1 año	_____	_____	_____
Consultas de 1 a 4 años	_____	_____	_____
Curso sobre materno infantil	_____	_____	_____
Personal a capacitar	_____	_____	_____
Platicas de materno infantil	_____	_____	_____
No de Hosp. amigo	_____	_____	_____
C.S. con HCPS en 1er nivel	_____	_____	_____
Hosp con HCPS en 2o nivel	_____	_____	_____
Condic. de la efíc. No de U. <small>(multiplicado x unidades (Ex: 100, 500, etc.))</small>	_____	_____	_____

B) PROGRAMA LA SALUD EMPIEZA EN CASA.

	META	LOGRO	AVANCE
Agentes de salud	_____	_____	_____
Procuradoras de salud	_____	_____	_____
Localidades con bandera bca.	_____	_____	_____

C) PROGRAMA SALUD MUJER Y DESARROLLO.

## APPENDIX VI

### QUESTIONNAIRE FOR TECHNICAL PERSONNEL OF THE PPF: TABASCO

#### I. KNOWLEDGE OF THE SYSTEM

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

- WHICH OFFICES OR DEPARTMENTS OF THE SSA INTERVENE IN THE PROCESS

The State of Tabasco has been decentralized since 1986. Family Planning is integrated into all levels of the primary health care system. Family planning is under the direction of Preventive Medicine at the State level.

##### 1.2. WHAT ARE THE SERVICE DELIVERY MECHANISMS FOR FP SERVICES?

- DESCRIPTION OF THE LOGISTICS SYSTEM

There are three modes of delivery of family planning services: the primary level, secondary level, and the Strategy of Extension of Coverage (EEC). There is an emphasis on the postpartum program and in operational regionalization. There is coordination among all levels of the FP program. All of the population is attended. The service became integrated with the creation of modules and the EEC.

Operational regionalization: How they have remodeled the system. At the primary level, there are 108 modules of 5 units each. The secondary level has 9 hospitals. There are 800 communities. A nurse visits the communities.

##### 1.3. HOW ARE CONTRACEPTIVES ACQUIRED FROM THE HIGHER LEVELS?

In principle, the contraceptives are acquired quarterly but this depends upon the supply on hand of each method. The sources of contraceptives are purchases with federal funds and with state funds (injectables).

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

The distribution from the State to the Jurisdictions is quarterly for oral contraceptives and condoms, biannual for injectables and monthly for IUDs. The reason for the monthly distribution of IUDs is that there has been an increase in the demand for IUDs in the post-partum program. The majority of IUDs are distributed in the hospitals.

1.5. HOW ARE THE QUANTITIES ACQUIRED FROM HIGHER LEVELS DETERMINED? WHAT SOURCES OF SUPPLY DO THEY HAVE?

At the end of the year, Mexico (the Central level) requires a physical inventory of all contraceptive products in the State and Jurisdictional warehouses, the SDP storerooms, and the modules. There are three methodologies listed below to estimate contraceptive quantities needed, but the one used by the State is that of program coverage.

1. Inventory.
2. Consumption (The SEIB is often late in arriving).
3. Coverage (This tells us how much we need at this moment in accordance with what happened last year.

1.6. HOW ARE THE QUANTITIES DISTRIBUTED TO LOWER LEVELS DETERMINED?

On the basis of program coverage.

1.7. HOW IS THE DISTRIBUTION OF CONTRACEPTIVES RELATED TO THAT OF MEDICAL SUPPLIES IN GENERAL?

The distribution of contraceptives has no relation to that of medical supplies in general.

1.8. IS THERE ANY COORDINATION OR RELATION WITH OTHER DEPARTMENTS OR AREAS, AND IF SO, WHAT TYPE?

- DEPARTMENT OF MATERIAL RESOURCES
- PLANNING UNIT (INFORMATION SYSTEMS)
- OTHER INSTITUTIONS (IF THIS IS THE CASE)

There is a relationship with the Department of Administration, the Department of Statistics, the Department of Purchases and Acquisitions and general services.

1.9. WHAT FUTURE PLANS DOES THE PPF HAVE? CAN THESE AFFECT LOGISTICS MANAGEMENT?

Because there are reductions in donations, the contraceptive supply is decreasing. They need to justify contraceptive orders with facts. The Jurisdictional personnel should become more involved with logistics. There must be coordination of information and methods to estimate needs. The decrease in donations implies a need for greater control over all methods of contraceptive supplies.

## **II. LOGISTICS MANAGEMENT INFORMATION SYSTEM**

(ASK FOR COPIES)

### **2.1. WHICH INSTRUMENTS ARE UTILIZED FOR RECORDING CONTRACEPTIVE SUPPLIES AT EACH LEVEL?**

Inventories, the SEIB, delivery orders, and distribution vouchers (see Appendix VII.A.).

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

The head of the FP program at the State level and the Medical Coordinators at the Jurisdictional level.

### **2.3. HOW OFTEN ARE RECORDS COMPLETED?**

The SEIB is completed on a monthly basis. The consumption of IUDs is reported on a monthly basis.

### **2.4. WHICH INSTRUMENTS ARE UTILIZED FOR RECORDING THE MOVEMENT OF CONTRACEPTIVES AT EACH LEVEL?**

The SEIB.

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

See question 2.2.

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

See question 2.3.

### **2.7. WHICH REPORTS ARE PRODUCED PERIODICALLY AT EACH LEVEL WITH THIS INFORMATION?**

See question 2.4.

### **2.8. TO WHOM ARE THEY SENT?**

To the Central level after being revised by the State.

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

For planning, analysis, and evaluation.

### **III. LOGISTICS SUPERVISION**

#### **3.1. WHO IS IN CHARGE OF LOGISTICS SUPERVISION AT EACH LEVEL?**

The Head of the FP program, the Medical Coordinators, and the zonal supervisory team.

#### **3.2. WHEN OR HOW OFTEN IS THIS SUPERVISION CARRIED OUT?**

At the State level, the Head of the FP program makes visits 10 days per month. At the Jurisdictional level, this depends upon the need for a supervisory visit.

#### **3.3. WHAT INSTRUMENTS ARE USED TO CARRY OUT THE SUPERVISION?**

(ASK FOR SUPERVISORY GUIDE IF ONE EXISTS)

There are supervisory guides (see Appendix VII.B.).

#### **3.4. WHICH ASPECTS OF LOGISTICS ARE INCLUDED IN THE REPORTS PRODUCED BY SUPERVISOR AT THE TIME OF A VISIT?**

(ASK FOR COPIES OF THE REPORTS)

The guide(s) does not address aspects of logistics. However, the supervisors observe and report any logistical problems.

#### **3.5. WHO RECEIVES THESE REPORTS?**

The immediate chief of each level.

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

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

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

There are monthly meetings with the chiefs of the Jurisdictions at the State level. At the Jurisdictional level, there are meetings with the chiefs of the SDPs.

### **IV. CONCLUSION**

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

At the Jurisdictional level, they are not estimating contraceptive needs utilizing the same methodology. There are problems with the validation of information.

4.2. WHAT WOULD YOU DO TO IMPROVE THE LOGISTICS MANAGEMENT?

All of the FP personnel should be on the same channel in terms of planning and record-keeping. For this reason, training is necessary.

4.3. WHAT LOGISTICS TRAINING NEEDS DO YOU PERCEIVE FOR PERSONNEL IN THIS AREA? HAVE YOU ATTENDED ANY TRAINING SESSIONS?

They need training in everything, at all levels.

**QUESTIONNAIRE FOR WAREHOUSE PERSONNEL**

**I. KNOWLEDGE OF DISTRIBUTION SYSTEM**

1.1 HOW ARE QUANTITIES TO BE RECEIVED FROM HIGHER LEVELS DETERMINED?

They are not determined. They are sent directly from the Central or State levels.

1.2. HOW ARE QUANTITIES TO BE SENT TO LOWER LEVELS DETERMINED?

The State sends the warehouse the order voucher it received (from the lower levels) and the warehouse hands the supplies over to them (the lower levels).

1.3. HOW ARE REQUESTS OR SHIPMENTS OF CONTRACEPTIVES TO BE SENT TO LOWER LEVELS VALIDATED?

The State validates the request from the Jurisdiction. In one Jurisdiction, the Assistant to the Medical Coordinator authorizes the vouchers for any distribution orders.

1.4. WHAT IS THE ORDER INTERVAL FOR RESUPPLY FROM THE HIGHER LEVEL?

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

1.5. WHAT IS THE LEAD TIME FOR RESUPPLY FROM THE HIGHER LEVEL?

One week is the lead time for the Central level. For the Jurisdiction, see question 1.7.

1.6. WHAT IS THE ORDER INTERVAL FOR RESUPPLY TO THE LOWER LEVEL?

In 1992, it was quarterly. In 1993, vouchers were issued according to need. At the Jurisdiction, the warehouse

distributes the contraceptives when the SDP physicians arrive each Monday.

1.7. WHAT IS THE LEAD TIME FOR RESUPPLY TO THE LOWER LEVEL?

There is no lead time. They (the lower levels) pick up the contraceptives in one day.

1.8. ARE MAXIMUM-MINIMUM LEVELS DETERMINED FOR CONTRACEPTIVE SUPPLIES IN YOUR WAREHOUSE? HOW?

They manage contraceptive supplies by unit, not by months of supply on hand as in a Max-Min system. The person who manages the supplies by unit is in charge of the program.

1.9. WHAT COORDINATION EXISTS BETWEEN YOUR WAREHOUSE AND THE PERSONNEL FROM THE PPF?

There is coordination among the PPF, the warehouse and the Central level.

1.10. WHAT MEANS ARE UTILIZED FOR THE DISTRIBUTION OF CONTRACEPTIVES TO THE LOWER LEVELS?

The Jurisdictional vehicles are employed.

1.11. ARE THE CONTRACEPTIVES DELIVERED TO THIS LOWER LEVEL, OR DO THEY (FROM THE LOWER LEVEL) PICK THEM UP?

They (the lower levels) pick them up.

1.12. WHICH CONTRACEPTIVES DO YOU MANAGE IN YOUR WAREHOUSE?

Condoms, IUDs, oral contraceptives, and injectables.

1.13. WHAT QUALITY ASSURANCE PROCEDURES DO YOU APPLY IN YOUR WAREHOUSE WITH REGARD TO CONTRACEPTIVES?

The most basic of quality assurance procedures - i.e., checking to see if the box is torn. We check to see if products are expired, and there is a need for training in this area.

1.14. WHICH TECHNIQUES DO YOU UTILIZE IN STORING CONTRACEPTIVES?

The basic techniques: FEFO, pallets, good conditions, good temperature (cool), cleanliness, separation of contraceptive products, adequate light, etc.

## II. LOGISTICS INFORMATION SYSTEM

(ASK FOR COPIES)

### 2.1. WHICH INSTRUMENTS DO YOU UTILIZE FOR RECORDING CONTRACEPTIVE SUPPLIES AT EACH LEVEL?

Delivery orders, kardex (see Appendix VII.C.). Borrowed products are registered.

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

At the Central level, it is the person in charge of the warehouse. We don't know what are the exact duties of each person.

### 2.3. HOW OFTEN ARE THESE RECORDS COMPLETED?

Continuously: when the shipment or request arrives.

### 2.4. WHICH INSTRUMENTS ARE UTILIZED FOR RECORDING THE MOVEMENT 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 COMPLETED?

See question 2.3.

### 2.7. WHICH REPORTS ARE PRODUCED PERIODICALLY AT EACH LEVEL WITH THIS INFORMATION?

At the Central level, there are no reports. There are only the delivery orders which are distributed at the State level. There are various instruments which are distributed to other levels. There are future plans to have a computerized system in the warehouse. At the Jurisdictional level, the Medical Coordinator is in charge of the warehouse report.

### 2.8. TO WHOM ARE THEY SENT?

To the State level.

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

To validate the distribution of contraceptives and to determine the stock on hand.

**2.10. WHAT TYPE OF FEEDBACK (FROM OTHER LEVELS) IS GENERATED BY UTILIZING THESE REPORTS?**

At the Central level, there are no reports but there is feedback. When the process of distributing the contraceptive products is finished, the warehouse chief informs the head of the FP program which Jurisdiction the products were sent to.

Suggestions: Training in product expiration, shelf life, etc.

**NOTE: THERE IS NO DEPARTMENT OF TRAINING**

**QUESTIONNAIRE FOR PERSONNEL OF SERVICE DELIVERY POINTS**

**I. MEDICAL AND PARAMEDICAL PERSONNEL**

**1.1. ARE THE SERVICES YOU DELIVER EXCLUSIVELY FAMILY PLANNING SERVICES?**

Family Planning is integrated into primary health care services.

**1.2. WHICH TYPES OF CONTRACEPTIVES DO YOU PRESCRIBE?**

Condoms, IUDs, oral contraceptives, and injectables.

**1.3. DO YOU KNOW WHAT IS THE AVERAGE MONTHLY CONSUMPTION OF CONTRACEPTIVES?**

Yes. It is based on monthly quantity dispensed to the client.

**1.4. WHO DETERMINES CONTRACEPTIVE NEEDS?**

The director of the Health Center, the Medical Coordinator, and the Head of Nursing.

**1.5. HOW ARE CONTRACEPTIVE NEEDS DETERMINED?**

On the basis of usage (coverage), what is distributed (Physician's Daily Register). In one case, needs were determined on the basis of active users, new users, and appointments because there was a shortage of contraceptives in 1992.

**1.6. HOW OFTEN ARE CONTRACEPTIVE PRODUCTS RECEIVED?**

According to need/on a monthly basis.

1.7. HOW IS THE DELIVERY OF CONTRACEPTIVES TO USERS RECORDED?

There are registration forms and the Physician's Daily Register (see Appendix V.B.).

1.8. WHAT MEASURES OF CONTROL ARE TAKEN IN RECORDING THE ENTRY AND DISTRIBUTION OF CONTRACEPTIVES?

The Physician's Daily Register.

II. PHARMACY PERSONNEL

2.1. WHICH TYPES OF CONTRACEPTIVES ARE PRESCRIBED?

See question 1.2.

2.2. HOW OFTEN ARE CONTRACEPTIVE PRODUCTS RECEIVED?

On a monthly basis, according to need.

2.3. WHO DETERMINES CONTRACEPTIVE NEEDS?

The Director of the Health Center/the Head of Nursing is in charge of compiling the records into a report on which estimation of contraceptive needs is based.

2.4. WHAT MEASURES OF CONTROL ARE TAKEN IN RECORDING THE ENTRY AND DISTRIBUTION OF CONTRACEPTIVES?

Kardex, prescriptions (copy goes to the pharmacy).

## SECRETARIA DE SALUD PUBLICA DEL GOBIERNO DEL ESTADO DE TABASCO

## PLANIFICACION FAMILIAR

## NECESIDADES DE MATERIAL ANTICONCEPTIVO 1993

CONCENTRADO ESTATAL

JURISDICCION	ORAL				INYECTABLE				PRESEVATIVO				STU				2o NIV. MENSU
	ANUAL	TRIMEST.	EXIST. INV.	RESTA	ANUAL	BIHEST.	EXIST. INV.	RESTA	ANUAL	TRIMEST.	EXIST. INV.	RESTA	ANUAL	BIHEST.	INVENT.	RESTA	
BALANCAN	9867	2467	800	1667	2827	471	55	416	18120	4530	0	4530	624	44	31	13	30
CARDENAS	9140	2285	0	2285	2571	429	0	429	20964	5241	0	5241	756	66	0	66	30
CENTLA	11567	2892	4570	(-)	2705	451	1083	(-)	11268	2817	3342	(-)	348	58	11	47	
CENTRO	18312	4578	1945	2633	5492	915	256	659	34992	8748	1587	7161	5448	108	32	76	200 200
COMALCALCO	9912	2478	48	2430	2765	461	0	461	21540	5385	220	5165	720	60	0	60	3
CUNDUACAN	12583	3146	817	2329	2669	445	70	375	16584	4146	300	3846	672	52	20	32	3
EMILIANO ZAPATA	1223	305	2720	(-)	371	22	146	(-)	2232	558	2300	(-)	72	12	21	(-)	
HUIMANGUILLO	19473	4868	2015	2853	5914	986	52	934	37686	9420	652	8768	552	92	31	61	
JALAPA	3482	871	52	819	1497	250	11	239	6696	1674	207	1467	180	30	1	29	
JALPA DE HENDEZ	6657	1664	2234	(-)	1236	206	68	138	11148	2787	2909	(-)	216	36	20	16	
JONUTA	4671	1168	1010	158	1995	323	100	233	9972	2492	582	1911	168	26	10	18	
MACUSPANA	14948	3737	2133	1604	3421	570	172	398	26196	6549	1065	5484	984	84	30	54	
NACAYUCA	6271	1568	1887	(-)	2023	337	534	(-)	10536	2634	2040	594	228	38	37	1	
PANAJOL	5869	1467	722	745	1163	194	114	80	7944	1986	2424	(-)	180	30	28	2	
TACOTALPA	4310	1078	3413	(-)	1882	314	240	74	10860	2715	2191	524	216	36	45	(-)	
TEAPA	4883	1221	1450	(-)	917	153	0	153	5856	1424	2700	(-)	144	24	39	(-)	
TENDILTE	6185	1546	800	714	2212	369	200	169	9288	2322	300	2022	288	48	2	46	
TOTAL	149353	37340*	26511	18269	41660	6946*	5101	11758	261576	65469*	22819	46713	12156	846	358	521	59

\* PORDE VARIAR POR LOS  
REPORTEA

SECRETARIA DE SALUD PUBLICA DEL GOBIERNO DEL ESTADO DE TABASCO

EXISTENCIA DE MATERIAL ANTICONCEPTIVO

E N E R O 1 9 9 3

M E T O D O S ANTICONCEPTIVOS	C O N S U M O 1 9 9 3	C O N S U M O M E N S U A L	E X I S T E N C I A F I S I C A	M E S E S D E E X I S T E N C I A
D . I . U .	12 156	1 013	2 958	2.9
CICLOS ORALES	149 353	12 446	53 516	4.2
INYECTABLES	41 660	3 472	29 689	8.5
PRESERVATIVOS	261 876	21 823	76 819	3.5

FUENTE: INVENTARIO ENVIANDO POR JURISDICCIONES  
Y ALMACEN GENERAL.

# SECRETARIA DE SALUD PUBLICA DEL GOBIERNO DEL ESTADO DE TABASCO

DIRECCION DE ATENCION MEDICA

DEPARTAMENTO DE SERVICIOS DE SALUD DEL PRIMER NIVEL

## CEDULA DE MONITOREO DE PROGRAMAS

TIPO DE UNIDAD C.S.R.D. MODULO \_\_\_\_\_ LOCALIDAD CHAZALAPA 1ª SECC. JURISDICCION SANITARIA No. NO-

FECHA	M A S P A				MATERNO INFANTIL			CRONICO-DEGENERATIVAS			FOMENTO A LA SALUD			ENF. TRANS. POR VECTOR			INMUNIZACIONES.		PRECED		T. B.			I. R. A.		P.F.		EPIDEM		
	INSTRUMENTOS				CONTROL			REGISTRO			EDUC/SALUD	ORGAN. COMUNIT.	PALUDISMO	LEISHMANIASIS		SEGUIM. TO DE	RED FRIA	MANEJO ESPECIFICO DE CASOS	SUMINISTRO Y DOTACION DE SALES	DETECCION DE TOSEDORES	BACTERIOLÓGICOS	TX DE CASOS	CONSULTAS A NIÑOS MENORES DE 5 AÑOS	CLASIFICACION DE CASOS	REFERENC.	REGISTRO	NOTIFICACION	ESPECIALIZADA		
	CRD-QUI	TAR-JETA	ROTA-FOLIO	EXPE-DIENTE	EMBA-RAZO	PUER-PERIC	NIÑO-SANO	Ca-CU	DIA-BETES	HIPERTENSION	PERIODICO MURAL	ROTA-FOLIO	COMITE DE SALUD	INFESTACIONES	TX DE CURA RADICAL	CASOS	DETECCION	TRATADOS	CURADOS	ESQUEMA										
ENERO																														
FEBRERO 7							H	M	H	H	M	M																		
MARZO 24					H	H	M	R	M	H	H																			
ABRIL																														
MAYO																														
JUNIO 16	R	B	-	M	R	-		R	R	R																				
JULIO																														
AGOSTO																														
SEPTIEMBRE																														
OCTUBRE																														
NOVIEMBRE 05	B	B	-	B				R				B	-	B	B	-	B	B	B	R	R	3	B	B	M	R	-	B	R	
DICIEMBRE																														

B = BUENO  
R = REGULAR  
M = MALO

OBSERVACIONES : \_\_\_\_\_



GOBIERNO DEL ESTADO DE TABASCO  
 Secretaria de Salud Pública  
 DIRECCION DE ATENCION MEDICA  
 Departamento de Supervisión Operativa

DSO-1A

INFORME DE SUPERVISION

DIA 15	MES 10	AÑO 92
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JURISDICCION No. 10 MUNICIPIO JALPA DE MENDEZ LOCALIDAD: JALPA DE MENDEZ TIPO DE UNIDAD: C.S.U., MOD. 2

AREA:	PROBLEMA:	CAUSAS:	MEDIDA PROPUESTA:	RESPONSABLE:	FECHA DE SOLUCION
MEDICA	1.- <u>SEIB</u> : -La hoja diaria del médico no se requisita según la normatividad; hay omisiones en el asentamiento de datos; algunos síntomas son anotados como Dx.	1.- Olvido por parte del médico.	1.-Requisitar adecuadamente la HDM, ya que su mal manejo da lugar a subregistros y esto ocasiona que no se tenga una información veraz.	Médico encargado del módulo	Inmediata.
MEDICA ENFERM.	2.- <u>MASPA</u> : -No se tiene actualizado el 100% de exp. familiares.	2.-Cargas de trabajo.	2.-Elaborar el 100% de exp. de la pob. abierta.  Si hay faltantes, solicitar a jurisdicción sanitaria.	Médico encargado Aux. de Enfermería	15 días
MEDICA ENFERM.	3.- <u>PPF</u> : -Algunas tarjetas de control de usuarias no se encuentran debidamente requisitadas, hay omisiones y errores al asentar datos, sobre todo en el anexo 3) fechas de citas y consultas.	3.-Cargas de trabajo, Olvido.	3.-Se indica al médico corregir las desviaciones encontradas.	Med. encargado Aux. de enferm.	23/10/92

APPENDIX VII.B.

SUPERVISOR:

*[Signature]*  
 DRA. ARCELIS SANTIAGO FDEZ.

SUPERVISADO:

*[Signature]*  
 DR. GREGORIO A. BELTRAN P.

JEFE JURISDICCIONAL:

*[Signature]*  
 DR. ADAN E. MEDINA MEDINA



# GOBIERNO DEL ESTADO DE TABASCO

Secretaría de Salud Pública  
DIRECCION DE ATENCION MEDICA  
Departamento de Supervisión Operativa

DSO-1A

## INFORME DE SUPERVISION

DIA 15 MES 10 AÑO 92

JURISDICCION No. 10 MUNICIPIO JALPA MDEZ. LOCALIDAD: JALPA DE MDEZ. TIPO DE UNIDAD: C.S.U. MOD. 2

AREA:	PROBLEMA:	CAUSAS:	MEDIDA PROPUESTA:	RESPONSABLE:	FECHA DE SOLUCION
MEDICA ENFERM.	<p>TBP:</p> <p>-La tarjeta de registro del paciente tiene omisiones y algunos datos no son captados según la norma.</p> <p>-tarjetero no se encuentra estructurado.</p> <p>-Hay un paciente en control, que no tiene historia clínica, no se ha elaborado el estudio epidemiológico no se solicita BAAR de control mensual.</p>	-Cargas de trabajo	<p>.INACTIVOS: Permanecerán los que tengan 1 año de inasistencia y/o defunciones, las cuales quedan por tiempo indefinido. Identificar el tarjetero: SSP DEL GOB. DEL EDO. DE TABASCO DEPTO. DE MEDICINA PREV. TARJETERO DE ENF. CRONICO DEGENERATIVAS.</p> <p>-Se indica al médico encargado cómo requisitar adecuadamente la tarjeta de control.</p> <p>-Elaboración de historia clínica, estudio epidemiológico; solicitar BAAR de control mensual.</p> <p>INTEGRAR EL TARJETERO COMO SE INDICA: .TX SUPERVISADO separadores de lunes a sábado.</p>	MEDICO ENCARGADO	INMEDIATO

APPENDIX VII.B.

SUPERVISOR:

DR. ARCELIS SANTIAGO FDEZ.

SUPERVISADO:

DR. GREGORIO A. BELTRAN PINTADO  
AUX. ENF. MA. LOURDES HDEZ. J.

JEFE JURISDICCIONAL:

DR. ADAN E. MEDINA M.



**GOBIERNO DEL ESTADO DE TABASCO**  
**Secretaria de Salud Pública**  
**DIRECCION DE ATENCION MEDICA**  
**Departamento de Supervisión Operativa**

DSO-1A

**INFORME DE SUPERVISION**

DIA 15 | MES 10 | AÑO 92

JURISDICCION No. 10 MUNICIPIO JALPA DE MDEZ. LOCALIDAD: JALPA DE MDEZ. TIPO DE UNIDAD: C.S.U. MOD. 2

AREA:	PROBLEMA:	CAUSAS.	MEDIDA PROPUESTA:	RESPONSABLE:	FECHA DE SOLUCION
MEDICA ENFERM.	- Se revisa 1 expediente al azar, encontrando que la nota médica no orienta en la tolerancia al hormonal o posibles complicaciones del mismo.	- Cargas de trabajo - Olvido	- Se recomienda dar atención integral a la usuaria, haciendo énfasis en los puntos que se supervisan. - Revisión de la norma técnica y <del>aplicación</del> vigilar que sea aplicada.	Medico encargado Aux. enf.	Inmediata
	4.- <u>ENF. CRONICO DEG.</u> : -El tarjetero no se encuentra estructurado según la normatividad. -Las tarjetas de registro y control de D.M. e HTA muestran omisiones en su llenado.: Dieta, peso ideal, fecha de citas.	- Cargas de trabajo	4.-Se indica al Dr. cómo llevar correctamente las tarjetas de registro. - estructurar el tarjetero de la sig. forma: • <b>ACTIVOS:</b> en éste permanecerán los citados y hasta 30 días después de la fecha de la cita. • <b>PASIVO:</b> permanecerán las tarjetas que tengan inasistencia de 40 días, a partir de la fecha de la cita.	Médico encargado Director del CSU	15 días
				Médico encargado Equipo de salud	Inmediata 15 días

APPENDIX VII.B.

SUPERVISOR:

*Aracelis Santiago Fdez.*  
 DRA. ARACELIS SANTIAGO FDEZ.

SUPERVISADO:

*Gregorio Atila Beltran P.*  
 DR. GREGORIO ATILA BELTRAN P.  
 AUX. ENF. MA. LOURDES HDEZ J.

JEFE JURISDICCIONAL:

*Adan E. Medina Medina*  
 DR. ADAN E. MEDINA MEDINA

INFORME DE SUPERVISION

ENTIDAD FEDERATIVA TABASCO

PERIODO DE SUPERVISION DEL DEL 05 al 09 DE OCTUBRE DE 1992.

SITUACION ENCONTRADA ASUNTO Y PROBLEMA	C A U S A S	LINEAS DE ACCION PROPUESTAS		
			PLAZO	RESPONSABLE
<p><b>PROGRAMACION:</b>                      LAS JURISDICCIONES: COMALCALCO, JALPA DE MENDEZ Y PARAIISO, CUENTAN CON PROGRAMA OPERATIVO DE PLANIFICACION FAMILIAR, LOS CUALES CUMPLEN CON LOS LINEAMIENTOS ESTABLECIDOS POR LA D.G.P.F.</p> <p>EN LA JURISDICCION NO. 5 JALPA DE MENDEZ NO SE HAN DISTRIBUIDOS LAS METAS ASIGNADAS DEL PROGRAMA DE PLANIFICACION FAMILIAR.</p> <p><b>RECURSOS MATERIALES:</b>                      EL MANEJO, CONTROL Y DISTRIBUCION DE MATERIAL ES EL ADECUADO.</p> <p>EN LAS UNIDADES VISITADAS EL MATERIAL ANTICONCEPTIVO SE ALMACENA EMPLEANDO LOS LINEAMIENTOS EMITIDOS POR LA DIRECCION GENERAL DE PLANIFICACION FAMILIAR.</p> <p><b>RECURSOS FINANCIEROS:</b>                      EL INCENTIVO PARA LAS AUXILIARES DE SALUD SE ENCUENTRAN CUBIERTO HASTA SEPTIEMBRE.</p> <p><b>CAPACITACION:</b>                      SE CUMPLE CON LA ACTIVIDADES DE CAPACITACION PROGRAMADAS EN AMBOS COMPONENTES.</p>	<p>SE LEVANTO UN CENSO PARA PROGRAMAR METAS REALES.</p> <p>CUMPLIMIENTO A LA NORMATIVIDAD.</p> <p>INTERES DE LOS RESPONSABLES EN LA CAPACITACION CONTINUA DEL PROGRAMA.</p>	<p>SE DEBERAN DISTRIBUIR LAS METAS A FIN DE REALIZAR EVALUACIONES POR UNIDADES.</p>	<p>INMEDIATO</p>	<p>RESPONSABLE ESTATAL                      JEFE JURISDICCIONAL                      COORD. MEDICA JURISDICCION                      SUPERVISORES</p>
SUPERVISOR: Nombre	Firma			
SUPERVISOR: Nombre	Firma			

