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# REPUBLIC OF CHILE

Ministry of Public Health  
Maternal and Perinatal Health Program  
Responsible Parenthood Project

Final Trip Report  
July 12 - 16, 1993  
Santiago

Prepared by

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## TABLE OF CONTENTS

I.	OBJECTIVES OF THIS VISIT .....	1
II.	RECOMMENDATIONS .....	1
III.	ACTIVITIES AND FINDINGS .....	3
	A. Availability of contraceptives in the system .....	3
	B. Extended expiration date for copper Ts .....	4
	C. Taking physical inventories at all levels .....	4
	D. Follow-up on Workshop I on Logistics .....	5
	E. Review of curriculum for October 1993 Workshop .....	6
	Information system .....	6
	Maximum and minimum inventory levels .....	6
	Manual on Logistics Management System .....	7
	Distribution system .....	7
	Data participants should bring to Workshop .....	7
	F. Definition of Objectives and Goals; visit to Valdivia and planning of workshop activities .....	8
	Duplication of Workshop for lower levels .....	8
	G. Possible support from United Nations Funds for Population Affairs (UNFPA) .....	9
	H. Projection of consumption for 1993-1995 Justification .....	10
VI.	MINSAL'S FINANCIAL CAPACITY AND PLANS TO ASSUME THE TOTAL COSTS OF CONTRACEPTIVES .....	12

### ANNEXES

- ANNEX A: LIST OF PERSONS CONTACTED
- ANNEX B: UPDATED CPT TABLES 1993 - 1995
- ANNEX C: INSTRUCTIONS ON NEW EXPIRATION DATES FOR COPPER Ts
- ANNEX D: INSTRUCTIONS FOR TAKING PHYSICAL INVENTORIES
- ANNEX E: FORMAT FOR FOLLOW-UP OF WORKSHOP I ON LOGISTICS
- ANNEX F: WORKSHOP OBJECTIVES AND GOALS

MINISTRY OF PUBLIC HEALTH  
MATERNAL AND PERINATAL HEALTH PROGRAM  
RESPONSIBLE PARENTING PROJECT  
SANTIAGO, CHILE  
JULY 12 - 16, 1993

Nora C. Quesada  
Regional Consultant, FPLM II Project

I. OBJECTIVES OF THIS VISIT

The principal objectives of this visit were:

- A. To update the figures on availability of all types of contraceptives.
- B. To update MINSAL on the new expiration dates for copper Ts and to plan the best way to instruct the Health Services on this change.
- C. To follow up the physical inventory-taking process as of June 30, 1993.
- D. To review the answers to the follow-up format from the first workshop on logistics to adapt topics for the second workshop.
- E. To review with MINSAL-DPP officials the curriculum prepared for the Workshop on Contraceptive Logistics planned for October 1993 and adapt it according to local training needs.
- F. To define the objectives, topics, dates and individuals (functions) of the second workshop on logistics and to visit the site selected for the event (Valdivia).

II. RECOMMENDATIONS

Various recommendations have been submitted to the management of the Program for People Department (DPP) of the Ministry of Public Health (MINSAL) with a view to improving its activities and services. The responsibility for carrying out these recommendations falls primarily on the DPP-MINSAL midwives and the Head of the Maternal and Perinatal Health Program.

For Workshop II on Logistics

1. Ask the participants to complete and bring to the workshop the quarterly reports for the periods January-March and April-June 1993, as well as the data mentioned in Section III, item E. of this report.

2. Ask the participants to send the forms designed for following up Workshop I to the central level as soon as possible so that topics that need to be added or expanded upon during the workshop can be included or adapted.
3. Ask the participants to send in their expectations regarding the workshop so that this information can be processed prior to the workshop and necessary adjustments can be made to the curriculum.

#### Information system

4. Inform the DPP-DAP midwives in each Health Service (HS) that all clinic midwives are instructed to write the number of units delivered instead of putting a check mark in the column for methods delivered.
5. Define the terminology to be used in the daily record of activities for Copper T reinsertions, replacements and losses. As discussed during this visit, the symbols REI, REC and MER respectively can be introduced.
6. Add the column "Amount Requested" to the form for the quarterly report (from HS to Central Level) and the columns "Months in Stock" and "Amount Requested" to the monthly report (from clinics to the HS).
7. Conduct physical inventories at all levels (services, clinics and stations) every six months from June 30, 1993 to June 30, 1994, using the form designed for this purpose as a guide until the final information system to be proposed in October 1993 is tested and operating efficiently. After that date, physical inventories can be taken annually.
8. Create a withdrawal note instead of a collective receipt for delivery of copper Ts to the midwives' boxes, to avoid duplication in the consumption record in the clinic pharmacies. The withdrawal record would be backed up by the individual receipts submitted by the midwife.
9. Formalize the request to Central Supply (CdA) and to the Health Services (including their establishments) to send the report on the physical inventory as of December 31 of each year so that the central level balances will be kept up to date.

10. Continue to emphasize through the Health Services the importance of obtaining data on consumption and useable balances in the Service, the clinics and stations, using bin cards, in order to have a more realistic assessment of the use of methods and the available balances within the system. It is suggested that the clinics and stations describe in detail on the new form the existing balances by date of expiration, reporting separately the amounts corresponding to each date, and that the reports be sent to central level no later than one month after the end of the quarter.

#### Distribution system

11. Continue at all levels with the policy of distributing supplies by taking into account the dates of manufacture (oral contraceptives and condoms) and expiration (copper Ts) and instructing all personnel (including clinics and stations) on the three-year extension to the dates printed on the copper T packages and boxes.
12. Through a direct request from the Under-Secretary, formalize with the Central Supply (CdA) the filling of orders for dispatch to the Health Services within the month immediately following the DPP-MINSAL request.
13. With the CdA, strengthen the standard of sending first the products with the oldest dates of manufacture and have them appear in the distribution guides prepared by the DPP, specifying the amounts to be dispatched by date of manufacture.

I want to take this opportunity to express my thanks to all the individuals contacted during this visit whose friendly cooperation and time made preparation of this report possible. A complete list of the individuals contacted has been included as Annex A to the report.

### III. ACTIVITIES AND FINDINGS

#### A. Availability of contraceptives in the system

As of the date of this visit, the results of the physical inventories had not yet been sent to Central Level by the various Health Services (HS) and it is therefore impossible to determine the exact amounts available at each level. The availability of contraceptives will increase considerably, particularly in the case of copper Ts, because many of these had expired or were about to expire at the different levels, but the four- to seven-year increase in useful life makes for a substantial change in this situation.

The CPTs (Annex B), particularly for copper Ts, have been adjusted in accordance with the fact that the units that supposedly were going to or had expired will reappear within the distribution system. The availability of the other methods will be adjusted as soon as the data from the physical inventory as of June 30, 1993 are in hand.

B. Extended expiration date for copper Ts

The fact that the Food and Drug Administration (FDA) of the United States has extended by three years the expiration date for the 200B and 380A copper Ts currently being used in many countries substantially improves the situation of imminent destruction of copper Ts within MINSAL because most of the stock held by the Responsible Paternity Program was to expire between June 1992 and October 1993 (it had been estimated that about 120,147 units would expire, during this period).

With the new dates, this situation changes drastically and positively for the program. There was discussion regarding the most effective, clear and rapid way to change the dates on the units stored at each level and it was concluded that at each site small labels would be marked with ordinary date stamps, indicating the new dates, counting three years from the old date printed on the package. These labels will be affixed to the outside of each copper T envelope so that they cover/hide the old date. In addition, this marking procedure will be used on the boxes of 20 or 25 units and the large boxes with 200 units in storage at each H.S. and at Central Supply, before they are sent on to lower levels.

MINSAL, through the Head of the Program and the midwife in charge of the DPP, has sent an official communication to all the HS so that they will immediately recover the "expired" copper Ts that had been stored separately from current stock, and so that all units and boxes will be marked according to the agreed upon procedure. The official instructions are included in Annex C to this report.

C. Taking physical inventory at all levels

During the previous visit (03/93), it was recommended that physical inventories be taken at all levels as of June 30, 1993 due to the lack of information on available stocks, especially at the clinic and station levels because the information systematically collected by the project has been the balance at the Health Service level.

Because of the concern regarding the expiration of the copper Ts, this activity could not be delayed any longer and thus the DPP-MINSAL midwife, together with the committee of midwives from the Health Services in the metropolitan area and the FPLM recommendations, prepared instructions (Annex D) for all the levels so that these inventories would be carried out as clearly and efficiently as possible.

The instructions were sent to the Health Services one month before the cut-off date, but at the time of this visit the information was still in the process of being collected at each HS. In that Workshop II will be held in October 1993, the DPP and the Health Services have been requested to bring the inventory results to the workshop so that the Health Services will work with their own data and in the process will update the projections for 1994 - 1996 as part of the tasks that each HS must learn and assume as of 1995.

#### D. Follow-up on Workshop I on Logistics

One of the purposes of FPLM and MINSAL-DPP is to ensure that the training provided has an impact that can be quantified and observed in improvements in the activities carried out in contraceptive logistics.

In addition, because Workshop II will be designed to reinforce the knowledge acquired during the first workshop and will be much more practical than Workshop I, there is a need to evaluate what the participants learned and what they have applied to date. To do so, a form (Annex E) was designed and distributed in mid-June to each participant and should be completed and returned to the central level no later than July 26.

The answers on these forms will serve two purposes:

- evaluating the knowledge acquired by the participants in Workshop I and implemented to date,
- adapting the topics and methodology chosen for Workshop II.

It has been agreed that the midwife in charge of DPP will send the forms collected (to date) from the Health Services to Bogota by the end of July so that they can be analyzed and the relevant topics can be incorporated in the curriculum.

#### E. Review of curriculum for October 1993 Workshop

One of the principal objectives of this visit was to review, together with the DPP-MINSAL midwives, the Spanish curriculum prepared by FPLM for conducting the workshop in Latin America but which must be adapted to the training needs of each institution and country.

This curriculum includes the following modules/topics:

1. Introduction to Contraceptive Logistics
2. Information Systems in Logistics Management (SIAL)
3. Scheduling Needs for Contraceptive Material
4. Storage Conditions for Contraceptives
5. Control Systems for Maximum and Minimum Inventories

6. Logistics Management in the Responsible Parenthood Project: Simulation Exercise
7. Use of the Information System in Logistics Management
8. Logistics Supervision
9. Analysis of contraceptive material consumption

After reviewing the topics, it was discovered that the participants' expectations and the topics proposed for the workshop are highly compatible, so that the group proceeded to revise the content of the modules and the vocabulary used in order to adapt them entirely to local needs and language.

It is possible that the modules that will involve the greatest changes are modules 2, 3 and 5 because conversations with the midwife in charge of the DPP indicated that the most urgent and significant changes were needed in these three components.

#### Information system

Regarding the information system, it was mentioned that it would be advisable not to introduce a new format for the daily record but rather to adapt the one currently being used by the clinics and stations. This modification would consist of utilizing the columns with no specific use (age groups, for example) to note/differentiate the different categories for which contraceptives are supplied (new user, continuing user, etc.) and in the case of the copper T, these columns will be used to differentiate insertions for new users, reinsertions due to expulsion or contamination, and replacement (replacement of the T once the recommended period for leaving it inside the women has lapsed, which in this case is eight years according to MINSAL standards).

#### Maximum and minimum inventory levels

Another important change will be the determination of inventory levels based on maximums and minimums, because the central level wants to unify this system so as to make follow-up easier. In principle, it has been agreed that the Central Level will try to supply the Health Services every four months, covering six months of consumption. The Health Services in turn will supply the clinics each month, covering the needs for three months of consumption. This will be analyzed in detail in Washington during the definitive review of the curriculum in August, 1993, in order to determine the appropriate procedure to allow the suggested system to operate efficiently.

### Manual on Logistics Management System

Another document that will support the Logistics Management system is a manual of logistics procedures started some months ago by the DPP which will serve as a tool for unifying the information and distribution systems. This manual is being finished by the midwife in charge of the DPP in collaboration with the logistics committee mentioned earlier and the suggestions from FPLM and other organizations that wish to and are able to collaborate.

It is expected that this manual will be complete by the middle of August so that it can be distributed in draft form to all the Health Services, the midwives of the DPP/DAP will have time to review and discuss it during the workshop, its content can be made official during the workshop and it can be distributed later to all levels.

### Distribution system

In principle, it has been agreed that the system will continue to be based on allocation from Central Level to the Health Services and by requisition from the clinics to the Health Services, in that the Central Level will continue to obtain the contraceptives in bulk, whether directly from international or local manufacturers and on the other hand the clinics, through the municipalities, will continue to receive supplies from the Central Level (through the Health Services) as well as from local purchases made by the HS other contraceptives and supplies not provided by the central level but obtained with the budget allocated for local management.

### Data that the participants should bring to the Workshop

Because the Workshop has been designed as a highly participatory event and the participants want to learn to use the various techniques and methodologies that will be taught, it has been suggested that each person work with and make the calculations in each exercise using the actual figures from each Health Service. Therefore, each participant has been requested to bring the following data:

- Copy of the daily record of activities in each clinic
- Bin card
- Quarterly record form, filled in with the data from the first two quarters of 1993
- Number of users by quarter, method and category (new, continuing, etc.).

F. Definition of Objectives and Goals: visit to Valdivia and planning of workshop activities

The goals and objectives of the workshop were fully discussed with the DPP midwife, who was in agreement with the plans presented (Annex F). In addition, the tentative agenda (Annex F) and the estimated time dedicated to each session were discussed. It was noted that the training module, which has not yet been developed but is being planned as a session on Thursday, October 7, will include a practical exercise so that the participants will have the opportunity to apply the techniques presented in order to apply them during the local workshops planned as a repeat of this second workshop for personnel in the clinics and stations.

There was also a visit to Valdivia in southern Chile which has been selected as the workshop site. The purpose of the visit was to inspect the facilities: conference room for plenary sessions, rooms for group working sessions, lodging, etc., in order to ensure that the facilities are adequate for the activities planned according to the curriculum design. This factor is extremely important, considering that this Workshop will be highly participatory and a group of 60 people must have sufficient space and comfort to allow the activities to be developed correctly.

Prior to the Workshop (in September) the working groups will be formed by grouping the participants together by geographic region. This strategy yielded very good results in Workshop I due to the similarities in problems and situations faced by each of the country's regions.

The participants will also send in their expectations regarding what they will learn from the Workshop so that these expectations can be considered in the topics and sessions planned.

The dates selected for the Workshop are October 4 - 8, in the city of Valdivia. Participants will include 60 midwives from the DPP and DAP from the 26 Health Services in the country. The 60 individuals will include two midwives who attended the previous workshop as representatives of APROFA, a private institution affiliated with IPPF/WHO, that for many years played a key and important role in supplying contraceptives through a Chilean Government-MINSAL-APROFA agreement.

Duplication of Workshop for lower levels

MINSAL's distribution chain includes:

- 1 Central Supply in Santiago

Throughout the country:

- 26 Health Services, located in 13 regions

under these Services, there are:

- Hospitals (OB-GYN Services)
- Attached specialty clinics
- 207 general urban clinics
- 130 rural clinics
- 1,020 rural stations

Because it is felt that there is a need for the levels under the Health Services to have sufficient training and knowledge to manage the logistics of supplies more efficiently, the plan is that once Workshop II is presented and completed the DPP and DAP midwives of each HS will design an Action Plan for the design and preparation of workshops at the local level to transmit the knowledge acquired to the coordinating midwives and the pharmacy personnel in each clinic and from these personnel to the paramedical technician in each clinic.

These personnel meet monthly with the coordinating midwives in the clinics to discuss various concerns. Although it has not yet been decided how these local workshops will be financed, in principle it has been agreed that during Workshop II the participating midwives will be instructed on the organization of local two-day workshops to train the coordinating midwives in the Clinics in the modules that are considered pertinent. The modules will include, in general terms, the new information system (daily and quarterly forms), the maximum and minimum inventory system, storage conditions, scheduling supplies, how to make requisitions, logistics supervision and information analysis.

G. Possible support from the United Nations Fund for Population Affairs (UNFPA)

During the March 1993 visit, the Head of the A.I.D Commodities and Program Support Division in Washington (ADI/R&D/POP/CPSD), together with the FPLM consultant and the head and other officials of DPP-MINSAL, held conversations with the UNFPA representative in order to suggest to him that the Fund provide the remaining financial support to MINSAL for the DPP-Maternal and Perinatal Health Program activities that have not yet been carried out because of a lack of financing.

The request was warmly received by the Fund representative and the matter was left pending A.I.D's allocation of the funds destined for UNFPA programs at the world level.

During this meeting, it was learned that the funds will be available about September 1993 and the Head of DPP-MINSAL has been asked to request the allocation of funds for pending activities and needs to complement the training and technical assistance activities provided by the Family Planning Logistics Management project (FPLM) under a contract with A.I.D/Washington. These pending activities and needs are:

- Financing to conduct local workshops for coordinating midwives in the clinics and paramedical technicians in pharmacies
- Hardware and software development for the MINSAL-DPP central office so that the midwife in charge can manage the program's new information and logistics system
- Hardware and software development for the 26 Health Services for managing the program's information and logistics system
- Financing to design and conduct a demographic and health survey to obtain current information on topics and to be able to do planning based on updated and real information.

For the survey, it has been suggested that a module directed toward men be included to determine the acceptance and current use of the condom as well as the attitude among men regarding acceptance and use of non-reversible methods for men such as vasectomy, topics which have not yet been explored for the Chilean population.

The formal request to finance these activities will be presented to the UNFPA at the end of August and a positive response to MINSAL is expected.

#### H. Projecting consumption for 1993 - 1995: Justification

##### TCU380A:

Consumption reported during 1992 by the DPP was 206,500 units; this represents a decrease of 8.5% as compared to consumption in 1990 (225,900). This does not necessarily mean a decrease in consumption but is rather the result of the controls and records established by the program to collect more reliable data on consumption.

In meetings held with DPP officials during visits in April 1992 and March 1993, the consumption figures estimated through COCOPLAN (Annex E, April 91 report) using demographic data supplied by APROFA and MINSAL were discussed. These projections do not take into account the reinsertions and replacements carried out by MINSAL on the basis of standards mentioned in Section 4 of this report and which in 1992 were estimated at 13.8% in addition to the 178,000 new users reported.

There is preliminary agreement for 1993-1995 to use the consumption figures suggested by COCOPLAN that include total use in the country from all sources (public, commercial and private sectors), assigning the total for this consumption to MINSAL and an increase of 13.8% per year on the reinsertions and replacements estimated during 1992 (28,500). MINSAL is aware that it is important that the physical inventories as of June 30, 1993 give a clearer idea of what has really been happening with consumption. Another important step is that the quarterly report form that is being designed will include the copper Ts that represent reinsertions and replacements, to account for all categories separately.

#### LO-FEMENAL

Consumption reported in 1991 was 1,369,309 which in comparison with 1990 (1,273,500) represents an increase of 7.5%. This increase is very similar to that recorded from 1989 (1,200,000) to 1990.

During the period 1989-1992, a sustained annual increase of 8% has been noted (see 1990-1992 CPTs). For 1993-1995, the same observed trend has been utilized.

#### CONDOMS

Consumption reported in 1991 reflected a total of 1,196,000 units, or 22.8% more than in 1990 (973,200 units). This increase was due primarily to the fact that AIDS prevention campaigns were conducted in 1991; however, in that same year the National AIDS Council (CONASIDA), which was in charge of supplying the condoms for the campaign and the demand it would generate, did not have the amounts offered by the Pan American Health Organization (PAHO) soon enough. Although there were no transfers from the DPP to the campaign, the users went to the health centers of the FP program to get supplies.

In 1992 reported consumption was 1,397,000 units (16.8% higher than in 1991); this shows a clear increasing trend in the use of this method.

This is corroborated by the fact that the Central Bank of Chile reported almost twice as many imported condoms in 1991 (4,957,222) as in 1990 (2,664,157), as could be seen in Annex B to the previous FPLM report (03/93).

A similar increase has been estimated for 1993 and 1994, considering that this is a method that is used temporarily before a more reliable method. In addition, the figures are considered provisional and subject to revision until the data from the physical inventory as of June 30, 1993 are available.

VI. MINSAL'S FINANCIAL CAPACITY AND PLANS TO ASSUME THE TOTAL COSTS OF CONTRACEPTIVES

One of the principal objectives of the previous visit was to identify the sources of financing that MINSAL would have for purchasing its contraceptives with its own funds as a first step in initiating a process to achieve self-sufficiency and gradually reduce dependence on A.I.D donations.

During this visit, it was very pleasing to find that the DPP-MINSAL are now working on planning a tentative budget that includes the purchase of 25% of the contraceptives requirements for 1995 and 100% starting in 1996.

As was mentioned in the previous report (03/93), the planning activities and budget allocation for the purchase of contraceptives should be done each year during the months of July and September in the year preceding the year of implementation.

This means that the current government should establish a precedent for the new government that this item must be included in the national budget and that the new government should provide for the initial purchase of contraceptives during 1994 to cover the requirement corresponding to 25% of the year 1995. Between June and September 1994, the government should allocate the necessary budget so that 100% of the 1996 requirement would be purchased during 1995.

The DPP-MINSAL has thus begun the process of future contraceptive purchases starting in 1995 as had been suggested in the two previous FPLM visits with CPSD officials.

In the preceding visit, Dr. Patricio Silva, Under-Secretary of Health, as well as other MINSAL officials recognized that this process of seeking self-sufficiency and independence from donations from A.I.D or any other donor organization must happen sooner or later.

They also recognized that it will be a difficult task to obtain the approval of the Congress to set aside funds for this item due to opposition forces within the government that feel that family planning is not a health problem and, therefore, that the funds should be allocated to priority problems in the area of health.

In addition, Dr. Silva demonstrated his interest in and requested the continuing provision of all the technical assistance needed in the area of administration and logistics to strengthen the Responsible Parenthood Project.

ANNEXES:

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- ANNEX F: WORKSHOP OBJECTIVES AND GOALS

A N E X O A  
PERSONAS CONTACTADAS

A N E X O     A

PERSONAS CONTACTADAS Y LUGARES VISITADOS

AID/CHILE

- Sr. Paul Fritz, Director USAID.
- Sr. Renato Hidalgo, Coordinador de Programas

MINISTERIO DE SALUD

- Matrona Gloria Metcalfe, matrona encargada DPP-MINSAL
- Matrona Jemimah Rodriguez, matrona Inspección/Auditoría
- Matrona Eliana Kunz Neuman, matrona DAP-Valdivia
- Dr. Marcial Orellana, Jefe DPP-MINSAL
- Dr. René Castro, Jefe Programa Salud Materna y Perinatal

APROFA

- Matrona Mabel Zalazar, matronas Servicios Generales

A N E X O    B

TABLAS CPTs 1993 - 1995

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: Lo-Femenal, Blue Lady  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:09  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 All Numbers in 1,000's

	1991	1992	1993	1994	1995
	-----	-----	-----	-----	-----
1. Beg. of Year Stock	1,837.4	952.4	1,032.7	1,653.2	3,660.0
2. Estimated Consumption					
(a) Sales/Distrib.	1,369.3	1,483.3	1,601.9	1,730.0	1,868.4
(b) Loss/Disposal					
(c) Transfer/Adjust.	-484.3	-1,063.2	-33.6		
3. Add'l Contraceptives					
(a) Received		500.4		NA	NA
(b) Scheduled	NA		1,000.8	1,758.0	NA
4. End of Yr Stock	952.4	1,032.7	465.2	1,681.2	NA
5. Desired EOY Stock	NA	NA	1,153.3	1,401.3	NA
6. Net Supply Situation					
(a) Surplus	NA	NA		279.6	NA
(b) Qty Needed	NA	NA	687.6		NA
7. Supply Shortfall	NA	NA	-500.4	-1,978.8	-1,968.0
1993 Minimum stock (months):	3				
Maximum stock (months):	8				
Desired stock (months):	8				
1994 Minimum stock (months):				3	
Maximum stock (months):				9	
Desired stock (months):				9	

17

Country: Chile  
Recipient: Ministerio de Salud - MOH  
Product: Lo-Femenal, Blue Lady  
Prepared by: Nora Quesada, FPLM II Project  
Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
Time: 11:09  
Prepared on: 03/31/93  
Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
Footnotes

1. BEGINNING STOCK

Year: 1991

BALANCE ON HAND AT CENTRAL WAREHOUSE AND PERIPHERY.

2a. ESTIMATED USE

Year: 1991

TOTAL CONSUMPTION REPORTED BY 26 HEALTH SERVICES. IT IS LIKELY THAT THIS FIGURE CONTAINS DISTRIBUTION DATA TO A LESSER DEGREE, AS THE MOH STARTED IMPLEMENTING (MID 1991) A REPORTING AND TRACKING SYSTEM THAT SHOULD ELIMINATE DISTRIBUTION DATA.

2a. ESTIMATED USE

Year: 1992

IN 1992 CPTs A CONSUMPTION OF 1,478,000 CYCLES HAD BEEN PROJECTED, WHICH IS CLOSE TO CONSUMPTION REPORTED THIS TIME.

2a. ESTIMATED USE

Year: 1993

AN 8% INCREASE HAS BEEN ESTIMATED, BASED ON INCREASE OBSERVED ON PAST CONSUMPTION (FROM 1990 TO 1991 AND 1991 TO 1992). FIGURE WILL BE ADJUSTED WHEN PHYSICAL INVENTORIES ARE CONDUCTED AT ALL LEVELS AS OF 06/30/93.

2a. ESTIMATED USE

Year: 1994

SAME AS 1993.

NEWCPT V2.1

Country: Chile  
Recipient: Ministerio de Salud - MOH  
Product: Lo-Femenal, Blue Lady  
Prepared by: Nora Quesada, FPLM II Project  
Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
Time: 11:09  
Prepared on: 03/31/93  
Modified on: 07/27/93

2a. ESTIMATED USE Year: 1995  
SAME AS 1993.

2c. TRANSFERS Year: 1991  
TRANSFERRED BY APROFA IN 01/91 (160,800 CYCLES) AND 12/91 (150,000).  
ADDED BACK TO PIPELINE, AFTER PHYSICAL INVENTORY ADJUSTMENTS: 173,500  
UNITS.

2c. TRANSFERS Year: 1992  
TRANSFERRED BY APROFA IN 01/92 (700,800) AND 05/92 (362,400).

2c. TRANSFERS Year: 1993  
ADDED BACK TO INVENTORY AFTER PHYSICAL INVENTORY ADJUSTMENTS.

17

NEWCPT V2.1

Country: Chile  
Recipient: Ministerio de Salud - MOH  
Product: Lo-Femenal, Blue Lady  
Prepared by: Nora Quesada, FPLM II Project  
Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
Time: 11:09  
Prepared on: 03/31/93  
Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
Shipments Shipped or Received from All Suppliers

Source	Quantity Received	Receipt date
CPSD	500,400	10/30/92
CPSD	500,400	05/23/93
CPSD	500,400	09/20/93
CPSD	500,400	03/01/94
CPSD	500,400	05/30/94
CPSD	500,400	09/29/94
CPSD	256,800	12/31/94

Total shipments: 3,259,200

26

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: Lo-Femenal, Blue Lady  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:09  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 Proposed Shipments from All Suppliers

Source	Quantity Received	Receipt Date
CPSD	600,000	08/15/93
CPSD	588,000	11/15/93
CPSD	750,000	04/15/94
CPSD	820,800	08/15/94
CPSD	408,000	11/15/94
* UNKN	1,968,000	1995
* UNKN	2,101,600	1996

Total to order for 1993 and 1994: 3,166,800

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

21

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: Lo-Femenal, Blue Lady  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93

Time: 11:09

Prepared on: 07/28/93

Modified on: 07/28/93

1993 Contraceptive Requirements Estimate  
 New Supply Summary

1993

Supplier Name	Quantity
-----	-----
AID	1,188,000.0
-----	-----
Total (1993):	1,188,000.0
Quantity Needed (1993):	687,600.0
Supply Shortfall (1993):	-500,400.0

1994

Supplier Name	Quantity
-----	-----
AID	1,978,800.0
-----	-----
Total (1994):	1,978,800.0
Quantity Needed (1994):	0.0
Supply Shortfall (1994):	-1,978,800.0

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: Lo-Femenal, Blue Lady  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:10  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 New Supply Summary

1995

Supplier Name	Quantity
-----	
Unknown source	1,968,000.0
-----	
Total (1995):	1,968,000.0
Quantity Needed (1995):	0.0
Supply Shortfall (1995):	-1,968,000.0

1996

Supplier Name	Quantity
-----	
Unknown source	2,101,600.0
-----	
Total (1996):	2,101,600.0
Quantity Needed (1996):	1,811,300.0
Supply Shortfall (1996):	-290,300.0

NEWCPT V2.1

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: Copper T, 380  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:08  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 All Numbers in 1,000's

	1991	1992	1993	1994	1995
	-----	-----	-----	-----	-----
1. Beg. of Year Stock	377.1	291.3	279.6	148.0	175.9
2. Estimated Consumption					
(a) Sales/Distrib.	196.9	206.5	210.4	221.9	234.4
(b) Loss/Disposal					
(c) Transfer/Adjust.	-111.1	-194.8			
3. Add'l Contraceptives					
(a) Received			49.2	NA	NA
(b) Scheduled	NA				NA
4. End of Yr Stock	291.3	279.6	118.4	-73.9	NA
5. Desired EOY Stock	NA	NA	147.9	175.8	NA
6. Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	29.6	249.8	NA
7. Supply Shortfall	NA	NA			

1993 Minimum stock (months): 3  
 Maximum stock (months): 8  
 Desired stock (months): 8

1994 Minimum stock (months): 3  
 Maximum stock (months): 9  
 Desired stock (months): 9

24

Country: Chile  
Recipient: Ministerio de Salud - MOH  
Product: Copper T, 380  
Prepared by: Nora Quesada, FPLM II Project  
Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
Time: 11:08  
Prepared on: 03/31/93  
Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
Footnotes

1. BEGINNING STOCK Year: 1991

BALANCE ON HAND REPORTED BY CENTRAL WAREHOUSE AND 26 HEALTH SERVICES (MAYBE ONLY INCLUDING CENTRAL WAREHOUSE, NOT POSTS). IN 1990, THE MOH DID NOT HAVE A RELIABLE MIS SYSTEM, SO DATA COLLECTING PROCEDURES WERE MISSING.

2a. ESTIMATED USE Year: 1991

TOTAL CONSUMPTION REPORTED BY 26 HEALTH SERVICES. HOWEVER, THIS FIGURE MAY INCLUDE DISTRIBUTION DATA, AS THE MOH STARTED SETTING UP AN MIS MID 1991.

2a. ESTIMATED USE Year: 1992

TOTAL NUMBER OF INSERTIONS REPORTED BY 26 HEALTH SERVICES. THIS FIGURE MAY ALSO CONTAIN DISTRIBUTION, AS IT EXCEEDS CONSUMPTION ACCORDING TO DEMOGRAPHIC PARAMETERS.

2a. ESTIMATED USE Year: 1993

BASED ON NUMBER OF REINSERTIONS OF 28,500 DURING 1992, A 13.8% INCREASE HAS BEEN ESTIMATED ON THIS FIGURE FROM 1993 ON, BASED ON PATTERN OBSERVED ACCORDING TO RECORDS. PLUS THE FIGURE OF NEW USERS BASED ON DEMOGRAPHIC PARAMETERS. FIGURE WILL BE REVISED AS OF 06/30

2a. ESTIMATED USE Year: 1994

SAME AS 1993.

25

NEWCPT V2.1

Country: Chile  
Recipient: Ministerio de Salud - MOH  
Product: Copper T, 380  
Prepared by: Nora Quesada, FPLM II Project  
Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
Time: 11:08  
Prepared on: 03/31/93  
Modified on: 07/27/93

2a. ESTIMATED USE Year: 1995

SAME AS 1993.

2b. ESTIMATED LOSS Year: 1993

EXPIRED PRODUCT (THOSE WITH EXP. DATES BEFORE JULY/90) WILL BE INCLUDED ONCE PHYSICAL INVENTORY DATA ARE AVAILABLE.

2c. TRANSFERS Year: 1991

TRANSFERRED BY APROFA IN 01/91: 100,000 UNITS. ADDED BACK TO PIPELINE AFTER ADJUSTMENTS IN PERIPHERY: 11,177 UNITS.

2c. TRANSFERS Year: 1992

TRANSFERRED BY APROFA IN 05/92: 194,800. EXP. DATES; 07/93 AND 10/93.

3b. SHIPMENTS SCHEDULED Year: 1993

THE QUANTITY SCHEDULED WILL VARY AS THE MOH WILL HAVE ENOUGH STOCKS OF IUDs TO COVER 1993 - 1994 CONSUMPTION.

3b. SHIPMENTS SCHEDULED Year: 1994

SAME AS 1993.

26

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: Copper T, 380  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:08  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 Shipments Shipped or Received from All Suppliers

Source	Quantity	Receipt Received date
-----	-----	-----
CPSD	49,200	05/23/93

Total shipments: 49,200

27

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: Copper T, 380  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:08  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 Proposed Shipments from All Suppliers

Source	Quantity Received	Receipt Date
CPSD	29,600	12/31/93
CPSD	125,000	04/15/94
CPSD	124,800	08/15/94
* CPSD	243,300	1995
* UNKN	255,400	1996

Total to order for 1993 and 1994: 279,400

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

28

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: Copper T, 380  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:08  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 New Supply Summary

1993	
Supplier Name	Quantity
-----	
AID	29,600.0
-----	
Total (1993):	29,600.0
Quantity Needed (1993):	29,600.0
Supply Shortfall (1993):	0.0

1994	
Supplier Name	Quantity
-----	
AID	249,800.0
-----	
Total (1994):	249,800.0
Quantity Needed (1994):	249,800.0
Supply Shortfall (1994):	0.0

59

NEWCPT V2.1

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: Copper T, 380  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:09  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 New Supply Summary

1995	
Supplier Name	Quantity
-----	
AID	243,300.0
-----	
Total (1995):	243,300.0
Quantity Needed (1995):	243,300.0
Supply Shortfall (1995):	0.0

1996	
Supplier Name	Quantity
-----	
Unknown source	255,400.0
-----	
Total (1996):	255,400.0
Quantity Needed (1996):	255,400.0
Supply Shortfall (1996):	0.0

20

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: 52mm Colored Sultan  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:08  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 All Numbers in 1,000's

	1991	1992	1993	1994	1995
	-----	-----	-----	-----	-----
1. Beg. of Year Stock	1,677.9	2,053.9	656.9	1,050.4	1,302.6
2. Estimated Consumption					
(a) Sales/Distrib.	1,196.0	1,397.0	1,434.4	1,577.8	1,735.6
(b) Loss/Disposal					
(c) Transfer/Adjust.	-1,572.0		-1,305.9		
3. Add'l Contraceptives					
(a) Received				NA	NA
(b) Scheduled	NA				NA
4. End of Yr Stock	2,053.9	656.9	528.4	-527.4	NA
5. Desired EOY Stock	NA	NA	1,051.9	1,301.7	NA
6. Net Supply Situation					
(a) Surplus	NA	NA			NA
(b) Qty Needed	NA	NA	522.0	1,830.0	NA
7. Supply Shortfall	NA	NA			

1993 Minimum stock (months):	3	1994 Minimum stock (months):	3
Maximum stock (months):	8	Maximum stock (months):	9
Desired stock (months):	8	Desired stock (months):	9

\*\*\*\* R&D/POP/CPSD records indicate that this recipient has never received this product before. USAID should cable R&D/POP/CPSD to confirm product availability before ordering. \*\*\*\*

31

Country: Chile  
Recipient: Ministerio de Salud - MOH  
Product: 52mm Colored Sultan  
Prepared by: Nora Quesada, FPLM II Project  
Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
Time: 11:08  
Prepared on: 03/31/93  
Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
Footnotes

1. BEGINNING STOCK

Year: 1991

BALANCE ON HAND AT CENTRAL WAREHOUSE AND PERIPHERY, ACCORDING TO REPORTS SENT BY 26 HEALTH SERVICES, AND CENTRAL OFFICE.

2a. ESTIMATED USE

Year: 1991

TOTAL DISTRIBUTION REPORTED. THIS METHOD IS USED AS A TRANSITION METHOD AND IN SOME INSTANCES FOR STD PREVENTION. THIS FIGURE CONTAINS BOTH DISTRIBUTION AND USAGE AND IT'S NOT BEEN POSSIBLE TO SEPARATE THESE. A PHYSICAL INVENTORY AS OF 06/30/93 WILL BE CONDUCTED.

2a. ESTIMATED USE

Year: 1992

THIS FIGURE REPRESENTS DISTRIBUTION ONLY (16% MORE THAN IN 1991), AS THE MOH DOES NOT CONSIDER THIS A FP METHOD. REAL USAGE IS NOT REGISTERED, AND PHYSICAL INVENTORIES AS OF 06/30/93 WILL BE CONDUCTED IN ORDER TO ASSESS USAGE.

2a. ESTIMATED USE

Year: 1993

A 10% INCREASE HAS BEEN ESTIMATED, BASED ON A DISTRIBUTION OF 1,304,000 UNITS IN 1992. FIGURE IS PROVISIONAL AND RESULTS OF PHYSICAL INVENTORIES AS OF 06/30/93 WILL GIVE A BETTER IDEA OF REAL USAGE. AID IS ALSO ENCOURAGING THE MOH TO DISTRIBUTE TO STD CLINICS (AIDS)

2a. ESTIMATED USE

Year: 1994

SAME AS 1993.

*32*

NEWCPT V2.1

Country: Chile  
Recipient: Ministerio de Salud - MOH  
Product: 52mm Colored Sultan  
Prepared by: Nora Quesada, FPLM II Project  
Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
Time: 11:08  
Prepared on: 03/31/93  
Modified on: 07/27/93

2a. ESTIMATED USE Year: 1995  
SAME AS 1993.

2c. TRANSFERS Year: 1991

TRANSFERRED BY APROFA IN 01/91: 1,500,000 UNITS. ADDED BACK TO INVENTORY AFTER ADJUSTMENTS IN PERIPHERY: 72,000 UNITS (REPORTED BY SERVICES, 895,234 UNITS; REGISTERED AT CENTRAL OFFICE: 816,139 UNITS. IN 1992 CPTs REGISTERED AT C. OFFICE: 827,216).

2c. TRANSFERS Year: 1993

TRANSFERRED BY APROFA IN 01/93 (1,146,000). ADDED BACK TO PIPELINE AFTER ADJUSTMENTS: 159,972.

NEWCPT V2.1

Country: Chile  
Recipient: Ministerio de Salud - MOH  
Product: 52mm Colored Sultan  
Prepared by: Nora Quesada, FPLM II Project  
Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
Time: 11:08  
Prepared on: 03/31/93  
Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
Shipments Shipped or Received from All Suppliers

Total shipments: 0

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: 52mm Colored Sultan  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:08  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 Proposed Shipments from All Suppliers

Source	Quantity Received	Receipt Date
CPSD	522,000	08/15/93
CPSD	900,000	04/15/94
CPSD	930,000	08/15/94
* CPSD	1,847,600	1995
* UNKN	1,999,200	1996

Total to order for 1993 and 1994: 2,352,000

This shipment represents the aggregate amount that the supplier will provide of this product during the year and is not meant to indicate a specific shipment quantity or receive date.

35

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: 52mm Colored Sultan  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:08  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 New Supply Summary

1993	
Supplier Name	Quantity
-----	
AID	522,000.0
-----	
Total (1993):	522,000.0
Quantity Needed (1993):	522,000.0
Supply Shortfall (1993):	0.0

1994	
Supplier Name	Quantity
-----	
AID	1,830,000.0
-----	
Total (1994):	1,830,000.0
Quantity Needed (1994):	1,830,000.0
Supply Shortfall (1994):	0.0

26

Country: Chile  
 Recipient: Ministerio de Salud - MOH  
 Product: 52mm Colored Sultan  
 Prepared by: Nora Quesada, FPLM II Project  
 Modified by: Nora Quesada, FPLM II Project

Date: 07/28/93  
 Time: 11:08  
 Prepared on: 03/31/93  
 Modified on: 07/27/93

1993 Contraceptive Requirements Estimate  
 New Supply Summary

1995	
Supplier Name	Quantity
-----	
AID	1,847,600.0
-----	
Total (1995):	1,847,600.0
Quantity Needed (1995):	1,847,600.0
Supply Shortfall (1995):	0.0

1996	
Supplier Name	Quantity
-----	
Unknown source	1,999,200.0
-----	
Total (1996):	1,999,200.0
Quantity Needed (1996):	1,999,200.0
Supply Shortfall (1996):	0.0

A N E X O    C

INSTRUCTIVA DEL MINSAL SOBRE NUEVAS FECHAS  
DE VENCIMIENTO T DE COBRE 200B Y 380A

REPUBLICA DE CHILE  
 MINISTERIO DE SALUD  
 DIVISION PROGRAMAS  
 DE SALUD /  
 Depto. Programas de  
 las Personas.  
 N° 395.-

ORD. 40 N° \_\_\_\_\_ /  
 ANT.: Ord. 35/2777 21 Junio 1990  
 MAT.: Amplía vencimiento Tcu 380 A /

SANTIAGO, 2 JUL 1993

DE : SUBSECRETARIO DE SALUD

A : DIRECTORES SERVICIOS DE SALUD DEL PAIS  
 (EXCEPTO SERVICIO DE SALUD METROP. DEL AMBIENTE)

Informo a Ud. que de acuerdo a resultados de análisis efectuados por la Administración de Drogas y Alimentos de E.E.U.U. (F.D.A.) y dados a conocer por la AID - Washington a este Ministerio, se ha resuelto extender la vida útil de los dispositivos intrauterinos Tcu 380 A de 4 a 7 años. Esto significa que la fecha de vencimiento impresa en cada envase se extiende en 3 años.

Por lo tanto y con el objeto de ~~recuperar las Tcu 380 A que están vencidas y almacenadas en la bodega del servicio,~~ se deberán cumplir las siguientes instrucciones a través de los encargados Médico y Matrona del Programa de Salud Materna y Perinatal de su Servicio de Salud.

- 1.- Rotular cada envase de Tcu 380 A cuya fecha de vencimiento sea posterior a Julio de 1990, con una etiqueta autoadhesiva, especificando con un fechador, la nueva vigencia que debe ser 3 años más que la impresa originalmente en el envase. Ejemplo: dice Julio 1993, debe decir Julio 1996.

La etiqueta debe pegarse en la cubierta transparente del envase y sobre la fecha de vencimiento impresa en el envase (extremo inferior derecho) de manera que ésta quede cubierta por la etiqueta (no debe taparse la frase "USE BEFORE" o "EXP. DATE").

Se debe etiquetar también la caja que contiene las Tcu 380 A con la nueva fecha de vencimiento.

- 2.- Este procedimiento debe ser hecho a la brevedad con el objeto de aprovechar al máximo los saldos disponibles, considerando que estas Tcu 380 A actualizadas deben ser las primeras en distribuirse y utilizarse.
- 3.- Impartir a la brevedad las instrucciones pertinentes a los Consultorios con el objeto de comenzar lo antes posible a utilizar las Tcu 380 A cuya nueva fecha de vencimiento esté más próxima.
- 4.- La cantidad disponible resultante de este procedimiento debe incluirse en el informe de movimiento del material anticonceptivo del tercer trimestre del año en curso.

- 5.- Se reiteran las instrucciones impartidas en Ord. del antecedente, referidas a dar de baja todo el material vencido a la fecha con excepción de las Tcu 360 A especificadas en el punto 1. Esta medida incluye a jaleas, espumas anticonceptivas, preservativos, diafragmas, anticonceptivos orales, Tcu 200 y Tcu 360 A (vencidas antes de Julio de 1990).

El cumplimiento de estas instrucciones permitirá la limpieza de las bodegas respecto del material anticonceptivo vencido, debiendo quedar solamente el vigente.

- 6.- Se reitera que la información sobre el movimiento de consumos de material anticonceptivo debe ser enviada trimestralmente, con un plazo máximo de 15 días terminado al trimestre informado.

Saluda atentamente a Ud.,



PATRICIO SILVA ROJAS  
SUBSECRETARIO DE SALUD

DISTRIBUCION

- Servicios de Salud del país  
(Excepto S.S. Metrop. del Ambiente)
- SI-REMIS de Salud del país
- Subsecretaría de Salud
- División Programas de Salud
- Depto. Programas de las Personas
- Programa de Salud Materna y Perinatal
- Mat. Gloria Metcalfe C.
- Oficina de Partes /

Dres. LMO/MOE/RCS/Mat. GMC/ycr

**BEST AVAILABLE DOCUMENT**

A N E X O     D

INSTRUCTIVO PARA LEVANTAMIENTO DE INVENTARIOS FISICOS

ANT.: Ord. Nº 2777 del 21.06.1990  
Ord. Nº 3956 del 12.06.1991

MAT.: Instruye sobre Inventario de  
Material Anticonceptivo

SANTIAGO, **2 JUN 1993**

DE : SUBSECRETARIO DE SALUD

A : DIRECTORES SERVICIOS DE SALUD DEL PAIS  
(EXCEPTO S.S. DEL AMBIENTE)

El Programa de Salud Materna y Perinatal de este Ministerio ha estado desarrollando durante los últimos años, diversas actividades tendientes a mejorar la administración de los anticonceptivos, tales como capacitación a las Matronas Asesoras D.P.P. y D.A. ., implementación de registros trimestrales de información sobre consumo y saldos y, normativas para la organización de la actividad.

La calidad de la información recibida en este Nivel durante el año 1992, mejoró bastante en relación a años anteriores, pero aún tiene algún grado de inconsistencia en el movimiento del material anticonceptivo. Por lo cual se ha estimado necesario hacer un inventario físico el día **Miércoles 30 de Junio de 1993, simultáneo en todos los establecimientos del país**, donde se encuentren distribuidos los métodos anticonceptivos (bodega del Servicio, bodega de la Municipalidad, Consultorios y Postas).

Como es de su conocimiento, dando cumplimiento a las indicaciones emanadas de este Nivel, se ha recogido el material vencido desde los establecimientos y almacenado en la bodega de los Servicios. Para efectos estadísticos, este material debe estar registrado en una BINCARD diferente de las TCU 380A vigentes.

Para la materialización de este inventario se adjuntan los siguientes facsímiles de formulario:

Nº 1 **Inventario de Métodos Anticonceptivos Vigentes**  
(nivel establecimiento)

Este es el formulario que se utilizará en cada establecimiento, por lo que cada Servicio deberá reproducirlo en la cantidad que sea necesaria.

Nº 2 **Consolidado de Inventarios**  
(nivel Servicio de Salud)

Las Matronas Asesoras D.P.P. y D.A.P., encargadas de la administración de los insumos de anticonceptivos serán responsables de consolidar los inventarios de todos sus establecimientos en el Formulario Nº 2.

**BEST AVAILABLE DOCUMENT**

42

- 2 -

## Nº 3 Inventario de Métodos Anticonceptivos Vencidos

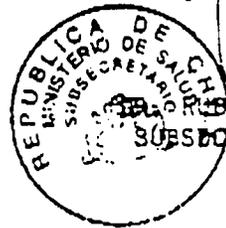
Se refiere a detallar la cantidad según fecha de vencimiento de todos los métodos que fueron recogidos desde los establecimientos y almacenados en la bodega del Servicio según instrucciones impartidas en Ords. citados en el antecedente.

Agradeceré a Ud., dar las facilidades que sean necesarias a los Encargados del Programa de Salud Materna y Perinatal del Depto. Programas de las Personas de su Servicio para que en coordinación con el Depto. de Atención Primaria instruyan a los establecimientos respectivos.

La información consolidada Formularios Nº2 y el inventario de métodos vencidos (Formulario Nº3) deben ser enviados al Ministerio, a más tardar el 31 de Julio de 1993.

Para cualquier información adicional, comunicarse con la Srta. Gloria Metcalfe C., Matrona Encargada del Programa de Salud Materna y Perinatal quién está coordinando esta actividad.

Saluda atentamente a Ud.,



OSALDC OLIVEROS COSSIC  
SUBSECRETARIC DE SALUD (S)

**BEST AVAILABLE DOCUMENT**

DISTRIBUCION

- Servicios de Salud del país (excepto S.S.M.del Ambiente)
- SEREMIS de Salud del país
- Subsecretaría de Salud
- División Programas de Salud
- Depto. Programas de las Personas
- Programa de Salud Materna y Perinatal
- Mat. Gloria Metcalfe, C.
- Oficina de Partes

Dres. RML/APG/Mats.JRC/GMC/ycr

43

FORMULARIO N° 1

INVENTARIO DE METODOS ANTICONCEPTIVOS VIGENTES  
(Nivel Establecimiento)

RESPONSABLE : \_\_\_\_\_

CARGO : \_\_\_\_\_

METODO	CANTIDAD	FECHA VENCIMIENTO	FECHA ELABORACION
LO FEMENAL			
TOTAL			
TCU 380 A			
TOTAL			
PRESERVATIVOS			
TOTAL			
OTROS (ESPECIFICAR)			

INSTRUCTIVO:

- 1.- Se utilizará un Formulario en cada establecimiento que tenga métodos anticonceptivos: bodega del Servicio, bodega de la Municipalidad, farmacia del Consultorio y Posta Rural (debe incluir los que están en el maletín de ronda).
- 2.- Especificar cantidad separada por fecha de vencimiento o elaboración (mes y año) según lo señale cada método.
- 3.- En el rubro "otros" debe registrarse todo método en uso en el establecimiento, diferente de los especificados anteriormente. Registrar el nombre.
- 4.- El total de cada método corresponde a la suma de las cantidades separadas por fecha de vencimiento o elaboración.

FORMULARIO N° 2

CONSOLIDADO DE INVENTARIOS (Material vigente)  
 (Nivel Servicio de Salud)

RESPONSABLE : \_\_\_\_\_ CARGO : \_\_\_\_\_

METODO LUGAR	LO FEMENAL		D. I. U.		PRESERVATIVOS		OTROS (ESP.)	
	CANT.	FECHA ELAB.	CANT.	FECHA VENC.	CANT.	FECHA ELAB.	CANT.	FECHA E./V.
BODEGA SERVICIO								
SUB TOTAL								
BODEGA MUNICIPALIDAD								
SUB TOTAL								
FARMACIA CONSULTORIOS								
SUB TOTAL								
POSTAL RURAL OTROS (ESP.)								
SUB TOTAL								
TOTAL								

INSTRUCTIVO:

- 1.- Este formulario consolida la información recogida en cada establecimiento en el Formulario N° 1
- 2.- Sólo debe incluir material vigente ya que el vencido se registrará en el Formulario N° 3, que corresponde al inventario de métodos anticonceptivos vencidos almacenados en la bodega del Servicio.
- 3.- Separar por cada lugar (bodega Servicio, Municipalidad, Consultorios y Postas) la cantidad existente de los diferentes métodos según fecha de vencimiento o elaboración.
- 4.- El rubro "otros" en la columna de los METODOS corresponde a cualquier método existente que sea diferente de los mencionados en las otras columnas. Debe especificarse el nombre en la misma columna junto con la cantidad y marcar con una "E" o "V" si la fecha rotulada es de elaboración o vencimiento respectivamente.
- 5.- En el rubro "otros" en la fila del LUGAR, debe registrarse sólo si existen métodos anticonceptivos en un lugar diferente de los mencionados anteriormente. Debe especificarse el lugar debajo de "otros".

BEST AVAILABLE DOCUMENT

FORMULARIO N° 3

INVENTARIO DE METODOS ANTICONCEPTIVOS VENCIDOS  
 (Almacenados en la bodega del Servicio)

RESPONSABLE : \_\_\_\_\_

CARGO : \_\_\_\_\_

NOBRE	CANTIDAD	FECHA VENCIMIENTO
<u>A.C.O.</u>		
1.- _____	_____	_____
2.- _____	_____	_____
3.- _____	_____	_____
4.- _____	_____	_____
5.- _____	_____	_____
<u>D.I.U.</u>		
1.- _____	_____	_____
2.- _____	_____	_____
3.- _____	_____	_____
4.- _____	_____	_____
5.- _____	_____	_____
<u>OTROS</u>		
1.- _____	_____	_____
2.- _____	_____	_____
3.- _____	_____	_____
4.- _____	_____	_____
5.- _____	_____	_____

INSTRUCTIVO:

- 1.- Este Formulario sólo se utilizará en la bodega del Servicio, donde está almacenado el material vencido.
- 2.- Se considera material vencido aquel cuya fecha de elaboración data de cinco años o cuya fecha de expiración está cumplida.
- 3.- Separar por tipo de método, especificando el nombre, la cantidad existente según fecha de vencimiento (si el tipo de material existente es mayor que el asignado, continúe al reverso).

A N E X O     E

FORMATO PARA SEGUIMIENTO A PARTICIPANTES  
DEL I TALLER EN LOGISTICA

FORMULARIO PARA HACER SEGUIMIENTO A PARTICIPANTES  
DE TALLERES SOBRE LOGISTICA

NOMBRE MATRONA: \_\_\_\_\_

SERVICIO DE SALUD: \_\_\_\_\_

Tómese su tiempo para llenar este formulario.

El propósito de este ejercicio es poder determinar en qué forma ha contribuido el taller de logística al que usted asistió, en mejorar su desempeño dentro del programa y en la solución de problemas en la logística. Puede escribir al reverso de cada hoja si necesita de más espacio.

1. Haga una breve descripción de su cargo actual (funciones, tareas, responsabilidades, y personas a su cargo - si las hay).



4. Qué conocimiento específico y habilidades piensa usted que adquirió durante el taller? Para qué le sirvieron? Cómo las está aplicando? Por favor dé ejemplos concretos que se puedan observar y/o cuantificar en una visita de supervisión.

5. Qué problemas pudieron ser solucionados con la ayuda de lo que aprendió en el taller? Sea lo más sincero(a) y específico (a) posible.





10. Utilizando los datos del trimestre Enero-Marzo/93, llene la siguiente tabla:

METODO	SALDO INICIAL TRIMES.	ENTRADAS	CONSUMO TRIMEST .	SALDO FINAL TRIMES	CONSUMO PROMEDIO MENSUAL	No. DE MESES EN EXISTENCIA
LO-FEM						
CONDON						
DIU T						
MICROG						
NEOGYN						
TRIQUIL						
NORIST.						
GYNOVIN						

Llene unicamente las casillas correspondientes a los métodos que utiliza el Servicio. Con los datos de consumo, calcule los Años-Protección-Pareja (APPs) generados, por método. Si ya está utilizando el indicador de APPs, qué tan útil o para qué le ha servido?. Explique de dónde tomó el dato de consumo trimestral (de qué reporte o cual es la fuente de información)



13. Cuál de las siguientes metodologías utiliza para proyectar sus necesidades de anticonceptivos: APPs, consumo histórico, capacidad de oferta, No. de usuarias. Si utiliza otra o las utiliza todas, dé una breve explicación de cuál otra utiliza y cómo las utiliza.

Qué metodología utiliza para los productos no anticonceptivos? Dé un ejemplo numérico utilizando el trimestre Enero-Marzo/93 y diga cuánto estimó de consumo de anticonceptivos para el trimestre Abril-Junio?

14. Tómese unos minutos para leer el informe que preparó el equipo de capacitadores después del taller y analice las recomendaciones hechas. Cuántas de esas recomendaciones han sido implementadas? Qué hizo que se implementaran? Cual ha sido el beneficio directo de esa implementación? (proporcione datos o hechos que sean cuantificables y/o observados si se hiciera una visita de supervisión). Si hay recomendaciones que usted considera que no han sido implementadas, favor especificarlas aquí y decir las razones.

Describir aquí los formularios utilizados por el programa para la administración logística y las ventajas y desventajas encontradas en su uso, y si recolectan los datos necesarios para el correcto manejo, seguimiento y control de los anticonceptivos y la evaluación del programa.

A N E X O     F  
METAS Y OBJETIVOS DEL TALLER

AGENDA TENTATIVA  
II TALLER SOBRE LOGISTICA DE ANTICONCEPTIVOS  
OCTUBRE 4 - 8, 1993  
VALDIVIA, CHILE

LUNES 4

AM Inauguración - Introducción  
Repaso : Introducción a la Logística

PM Sistemas de Información en la Administración Logística

MARTES 5

AM Programación de Necesidades de Material Anticonceptivo

PM Continuación tema anterior; Condiciones de Almacenamiento para Anticonceptivos

MIERCOLES 6

AM Sistema de Control de Existencias Máximos y Mínimos

PM Descanso - Libre

JUEVES 7

AM Módulo de capacitación (incluir ejercicio práctico)

PM Ejercicio de Simulación? Uso del Sistema de Información en la Administración Logística

VIERNES 8

AM Uso del sistema de Información.....  
Supervisión Logística

PM Continuación supervisión  
Plan de Acción  
Evaluación del Taller  
Clausura del evento

16:00 Regreso a Santiago

MINISTERIO DE SALUD PUBLICA  
PROGRAMA DE SALUD MATERNA Y PERINATAL  
ACTIVIDAD DE PATERNIDAD RESPONSABLE  
II TALLER SOBRE LOGISTICA DE ANTICONCEPTIVOS  
OCTUBRE 4 - 8, 1993  
VALDIVIA, CHILE

META

Los participantes adquirirán las aptitudes y conocimientos necesarios para implementar el nuevo sistema de información y control de inventarios, incluyendo una estrategia para capacitar al personal de consultorios, postas y farmacias.

OBJETIVOS

Al finalizar el taller, los participantes estarán capacitados para:

1. Completar los nuevos formatos del sistema de información o SIAL (registro diario, tarjeta de control de inventarios o BINCARD, y el informe trimestral/requisición).
2. Analizar el SIAL y tomar decisiones administrativas y logísticas basadas en los datos del sistema de información.
3. Identificarán las diferentes metodologías para programar anticonceptivos, usarán 2 metodologías para estimar las necesidades de anticonceptivos de su Servicio y completarán una proyección para su Servicio, utilizando una metodología.
4. Enumerarán las normas de almacenamiento más importantes.
5. Determinarán la disponibilidad de anticonceptivos en los diferentes niveles, en número de meses de existencia.
6. Determinarán cómo solicitar cantidades de suministros, utilizando el sistema de máximos y mínimos, y calcularán el próximo pedido para su Servicio.
7. Establecerán los niveles máximos y mínimos apropiados para su Servicio, consultorios y postas.

Los participantes habrán:

8. Revisado el módulo de Logística y haber hecho recomendaciones para ajustarlo a sus Servicios.
9. Preparado un Plan de Acción para capacitar al personal de consultorios, postas y farmacias, utilizando el módulo de logística.
10. Identificado técnicas efectivas de capacitación que utilizarán cuando implementen el módulo de logística.

11. Revisado y aprobado la pauta de Supervisión Logística.
12. Analizado los resultados de la visita de Supervisión y tomado las decisiones adecuadas para el estudio de caso.
13. Listado todas las tareas logísticas a desempeñar por las matronas del DPP y DAP.