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REPORT OF TECHNICAL ASSISTANCE
PROVIDED TO
THE DOMINICAN REPUBLIC
NATIONAL COUNCIL FOR POPULATION AND FAMILY

A Report Prepared by:

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ACKNOWLEDGEMENT

The APHA Team wishes to express appreciation to the staff of the National Council for Population and Family (CONAPOFA) for their time, effort and warm hospitality during the 3-week technical assistance visit.

During the three months prior to the visit, CONAPOFA management underwent extensive changes involving considerable pressure on the staff. In addition to such internal activity as personnel changes, updating of accounting records, adjustments to reductions in funding and salaries, the staff had to prepare for the tripartite meeting and submit a 4-year proposal to their primary external funding source.

Furthermore, the original request for the APHA team came from the previous CONAPOFA executive secretary. A revised request had to be worked out with the current CONAPOFA administration, which would match the team's skills and experience with CONAPOFA's needs.

Throughout the visit, staff were endlessly patient, even when representatives of two funding sources, the United Nations Fund for Population Activities (UNFPA) and the Association for Voluntary Sterilization (AVS) arrived in Santo Domingo during the second and third weeks to pose many of the same questions. We most particularly want to thank Dr. Ramon Portes, CONAPOFA's new executive secretary, who was highly supportive of our efforts during the entire process.

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LIST OF ABBREVIATIONS

AID	Agency for International Development
APHA	American Public Health Association
AVS	Association for Voluntary Sterilization
CDC	Centers for Disease Control
CONAPOFA	National Council for Population and Family
DA	Development Associates
FMRS	Financial Management Reporting System
FPIA	Family Planning International Assistance
GFR	Global Financial Report
GODR	Government of the Dominican Republic
IFSR	Individual Funding Source Report
IUD	Intrauterine Device
PROFAMILIA	International Planned Parenthood Affiliate in the Dominican Republic
SESPAS	Secretariat of Public Health and Social Assistance
UNFPA	United Nations Fund for Population Activities
WFA	Women in Fertile Age

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I. INTRODUCTION

In a letter dated August 13, 1982, the executive secretary of the Dominican Republic's National Council for Population and Family (CONAPOFA), Licenciado Fernando Mangual, requested technical assistance from the Agency for International Development through Dr. Oscar Rivera of the local Mission. The assistance was described as follows:

- o Review the human resource situation at CONAPOFA and make recommendations for a personnel system.
- o Review information systems for users, supplies, coverage, fund administration to improve their integration.
- o Visit various levels of supervision and recommend change in the flow of supervision, information, and supplies.
- o Review the budget system to see if reductions in income received in the last 2 years can be absorbed in a more effective manner.
- o Review the goals of CONAPOFA to provide family planning services to the most needy and its current ability to carry out that mission.
- o Review the accounting system and make recommendations for improvement.

Within a week of the request, Licenciado Mangual was replaced as executive secretary by Dr. Romar Portes Carrasco, who had previously been the medical director. When the consultant team arrived November 22, Dr. Portes had already instituted changes or had delegated various staff to make recommendations in many of the areas of requested assistance. Therefore, Dr. Portes and the team met twice during the first week with the specific purpose of narrowing the focus of the technical assistance visit in a manner that would best respond to the needs of the current CONAPOFA administration.

At the end of the first week, after the team had conducted initial interviews with staff and reviewed pertinent documents, the following tasks were decided upon with Dr. Portes:

- o Review and comment on the accounting system and make recommendations on the financial management system as a whole. Suggested improvements should consider CONAPOFA's financing sources and the need for fiscal information throughout the year.

- o Review and make recommendations regarding service statistics, with a view to improving the quality of the input and to maximizing the use of the statistics.
- o Assess the overall management situation of CONAPOFA and provide feedback to the executive secretary, including suggestions as to which components should receive particular attention over the next several months.

During the second week, while Dr. Portes was in New York at a meeting with funding sources, the team made field trips and interviewed both central office and field staff. At the end of the second week, Alan Keller of UNRWA arrived to make a brief assessment of CONAPOFA's resources and capability for achieving the goals set out in the proposal recently submitted to that agency. The team had an opportunity to meet with Keller to describe the purpose of the visit and to discuss the client data system jointly with CONAPOFA staff.

During the third week, the team continued to interview CONAPOFA staff. In addition, the team met again with Dr. Portes to provide feedback developed up to this point. Dr. Portes provided additional input and the team received his approval to elaborate some of the recommendations with appropriate staff. By the end of the third week, the team was able to provide Dr. Portes with an informal report, detailing recommendations with charts, report formats, and sample management tools which are contained in the appendices of this report.

II. BACKGROUND

History of the National Council for Population and the Family (CONAPOFA)

CONAPOFA is an agency of the Secretariat of Public Health and Social Assistance (SESPAS) and was created by presidential decree in 1968. It is the highest authority in the Dominican Republic on family planning and demographic issues. Since 1975, CONAPOFA has moved away from a categorical family planning program toward integration with maternal health services. Therefore, family planning staff are nearly all located at the central office level. Regional supervisory staff have both family planning and maternal health responsibilities, and direct delivery staff provide all primary health care services through the national public health sector clinics. In the very few areas where CONAPOFA pays for local clinic expenses, this appears to be the result of a lack of resources in that particular locale. Categorical support of family planning is not considered to be permanent.

Description of Program Activities and Funding

CONAPOFA coordinates with other institutions in the country that have planning programs by furnishing training, statistical reporting, public information and education, and other activities. By June 1982, family planning services were being offered to the Dominican Republic's 5 million people through 321 health centers and clinics of SESPAS, the Rural Health Program with 5,325 health promoters, and the International Planned Parenthood Affiliate PROFAMILIA in 147 distribution posts. The total number of women considered to be protected against unplanned pregnancies through these programs--including the number of women who had been sterilized--was 233,999 of a total estimated women in fertile age (WFA) of 1,325,000 as reported in the October 1982 tripartite meeting.

The number of women considered to be active users of nonpermanent methods through public health centers reported on CONAPOFA's computerized data system was slightly under 125,000 at the end of July 1982, the most recent monthly printout available at the time of the consulting visit. The accuracy of active users has been questioned for some time and is in part the subject of this report.

Among its funding sources, CONAPOFA receives from SESPAS both a cash contribution (approximately \$317,000 a year and an additional \$160,000 for a prior year deficit) as well as contributed goods and services shown to be in excess of \$1.4 million in the proposed 4-year UNFPA budget application. The primary external funding source is the UNFPA, which relates to CONAPOFA through its executing agency, the Population Council. UNFPA had been funding CONAPOFA at over \$700,000 a year, but reduced its direct cash support during 1981 and 1982. Support from AID is primarily through intermediaries such as the Family Planning International Assistance (FPIA) and Development Associates. This support

is in the form of special projects and contraceptive supplies. AVS, the Association for Voluntary Sterilization, provides funding and equipment as well as a repair and maintenance program, but most funds are channeled to PROFAMILIA. A World Bank family planning project had been providing regional support for training and education but ended last year.

CONAPOFA Management

During the previous 2 years, CONAPOFA suffered some setbacks and made much less progress toward goals than in previous years. In the most recent report of the tripartite meeting in October 1982, the agency acknowledged a degree of stagnancy in program operations. This situation was attributed in part to intense election-year activity, which undermined morale of staff and, in part, to such important barriers as the lack of commitment from the Division of Maternal Health and other parts of SESPAS to ensuring that integration of family planning and maternal health services would become a reality. Some CONAPOFA left the agency for other jobs, and other staff lost momentum and were distracted from their work. There was an overall decline in rate of expansion of services as a result.

At about the same time, the UNFPA/Population Council support was reduced from the originally planned amount during 1981 and the World Bank project came to a close. This resulted in personnel reductions at CONAPOFA central and regional levels, which contributed to the general slowdown in activities.

Shortly after the mid-August presidential elections in 1982 and 3 months before the APHA team arrived, the CONAPOFA administration was placed in the hands of the medical director, Dr. Ramon Portes, by the new secretary of health, Dr. Perez Mera, who has long been involved and committed to family planning and to its integration into maternal health services. Not only has there been a marked improvement in the management of CONAPOFA since Dr. Portes' appointment, but there is also a greater commitment to CONAPOFA from higher levels within the Ministry.

Between August 20, when Dr. Portes took over the agency's management, and November 22, when the APHA team arrived, a number of significant decisions and actions had been taken, including the following:

- o Replaced the accountant with one of the accounting assistants, brought accounting records up to date, and strengthened accounting controls.
- o Made other personnel changes, including the appointment of a very experienced medical director who had been director of the World Bank project, had helped develop the rural health system, and was formerly a regional director; appointment of a medical administration assistant, the former director of Maternal and Child Health Services; and other appointments.

- o Conducted the tripartite meeting and printed the final written report and results of the meeting in October.
- o Prepared the final 4-year proposal to the UNFPA with the assistance of Population Council and UNFPA staff.
- o Prepared a proposal to FPIA with four components (contraceptive supplies, IUD training, regional supervision, and program evaluation) and a proposal for AVS as well as budgets and programs for SKSPAŞ.

III. OBSERVATIONS AND FINDINGS

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Human Resources

Throughout the 3-weeks, the team was informed by many staff members that they had a great deal of confidence that with new direction and leadership at CONAPOFA, the agency was going to move ahead quickly, and that morale had picked up immensely. The new executive secretary had been medical director for several years, is very knowledgeable about the program, and has additional formal training in health, having received an MPH through Harvard in 1979-80. It was apparent that Dr. Portes had demonstrated commitment to CONAPOFA by accepting responsibility for its direction at a time when external funding had been reduced, staff were frustrated and discouraged, donor agencies were seriously questioning the agency's capabilities, and services had slowed significantly.

In addition to infusing the agency with a renewed sense of purpose, Dr. Portes as well as the new secretary of health are committed to the continued integration of family planning and maternal health services. Plans are under way to have the CONAPOFA medical director, Dr. Dinsey, also assume responsibility for the Maternal Health Section of the Division of Maternal and Child Health. Other departments of CONAPOFA are also slated to become more closely tied into the maternal health program of SESPAS, so that services statistics, training, and other activities and resources will be shared. It is unclear exactly how this will affect the staff, what strain it might create, and what additional resources would be forthcoming to support such a move.

The formal organization structure and all job descriptions are contained in great detail in a manual printed in 1980. Included are descriptions of functions, tasks, responsibilities, supervision, working conditions and materials with which each person is expected to work. Each department has its own organizational chart. The introductory and explanatory sections of the manual make it clear such job descriptions and organizational charts must be used appropriately and revised periodically to be practical. At the moment, the medical administration assistant is responsible for revisions to reflect recent and ongoing changes within CONAPOFA. He has already worked out a draft organizational scheme with Dr. Portes, which has separated the accounting function into a separate department and consolidated other administrative responsibilities under one person.

It is important to note here that, since the presidential elections, there have been some austerity measures which have imposed a freeze on government salaries. Selected salary reductions at higher levels which have directly affected department directors at CONAPOFA (some reductions totaling 25 percent of take-home pay). Government employees are no longer permitted to earn more than one publicly funded salary, which has also affected CONAPOFA staff who had outside, publicly funded jobs to supplement income.

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Quality Assurance and Supervision of Direct Services

The Medical Department is essentially its director, Dr. Dinsey. The quality assurance functions are carried out by regional teams of at least one physician and one nurse, with two social workers in one of the eight regions. The World Bank project, as mentioned earlier, provided regional trainers, educators, and social workers who were able to assure quality of services (once assessed by the physician-nurse teams), with community education and personnel skills training as well as other support to clinics.

Standards against which services are assessed are contained in the Manual of Service Standards for Maternal Health and Family Planning, although the latter consists of only a few pages, of which sterilization, IUD insertion, and pill prescription occupy the most part. The mechanism developed to formally assess quality is a Supervision Guide with an accompanying document providing instructions for use of the guide. The document is very comprehensive and touches on every aspect of quality, effectiveness, efficiency and impact of services. The medical director feels that the guide is much too detailed to serve as a routine mechanism for supervisory visits--and indeed it has been used in very few of the 321 clinics--although it is a good theoretical and very thorough tool. The medical director intends to develop a simpler routine for continuous supervision based on his extensive field experience and intends to use the existing guide much less frequently. Furthermore, he will establish a minimum number of visits he believes each supervisory team should make to every clinic.

At the same time that the World Bank project was concluded and reduced the resources in the field, the supervisory teams of physicians and nurses were expected to assume responsibility for integrated services. To the extent that SESPAS and the Maternal and Child Health Division monitor the quality and effectiveness of maternal health services, the supervisory team has been assuming that function. At the moment, SESPAS pays the salary of some regional physicians, while CONAPOFA pays others from its own resources. A proposal has been submitted to FPIA to reinforce regional supervision both with regard to distribution of adequate supplies in a timely fashion and technical assistance to health center staff.

Training and Education

As a result of the reduction in UNFPA funds as well as the conclusion of the World Bank project, this department lost personnel at both the central and regional level. The new department director has been with CONAPOFA since its beginning in 1968 and was formerly in charge of training. She is enthusiastic and expressed an eagerness to face the challenge of providing services with fewer resources and is doing a functional analysis of department staff.

While a training needs assessment process was performed and is quite realistic, it will have to change substantially in the future. It has

included a great deal of communication back and forth between the regional supervisory teams and central office staff. The process will have to be shortened and the amount of time reduced, and training will have to focus on a few high priority areas. In the coming year a major emphasis will be promoter training, the rural health agent of the Rural Health Services program which serves over 20,000 users.

Other activities carried over into next year will include an educational program for males and educational services oriented toward factories. With regard to national public information activities, CONAPOFA relies heavily on PROFAMILIA to carry out such programs through the media and cooperates where appropriate and when possible. The long-range plan is to reinforce the training and education capability and make more use of it for maternal services as well as for family planning. Development Associates has been a source of support for specific workshops (though not for salaries), and other funding sources such as FPIA will provide resources for medical contraceptive training such as IUD insertions.

Logistical Support

The Centers for Disease Control (CDC) has been providing ongoing technical assistance in this area, and the APHA team reviewed reports from CDC as well as the situation in the field with regard to supplies on hand. The major problem continues to be lack of an external supplier, and CONAPOFA was still out of foam and tablets. Staff were anxiously awaiting delivery of emergency supplies of all contraceptives to ensure that there would be sufficient amounts available after the end of 1982. It appeared that an external supplier was just being firmed up as the APHA team left.

Timely distribution of supplies in the field was still somewhat problematic in some areas visited by the team. Apparently, promoters had not yet developed a routine for anticipating needs, so that some of the clinics would suddenly use up a large portion of their inventory when a promoter supervisor would show up with a request accumulated by promoters. In other instances, responsibility for monitoring inventory and requesting supplies was not totally clear at the clinic level, even though the provincial health center was willing and able to meet needs quickly. The short-term assignment of medical interns (pasantes) seems to be a source of confusion since they would nominally be clinic administrators, although in reality nurses fulfill that function. For example, in one clinic the medical intern said the clinic ran out of supplies because the nurse was on vacation, yet a physician at the provincial level indicated that she had recently spoken with the medical intern and no mention had been made of supplies.

The medical director of CONAPOFA now has direct responsibility for the warehouse and the proper functioning of the supply system, because the scarcity of contraceptives and other supplies can have a profound effect on the delivery and utilization of services. It is very likely a cause of recent dropouts. Reporting on inventory seems to be held up somewhere within the central office, but this is the subject of the next

section regarding operations. On the whole, the CDC assistance has been very supportive, and an external supplier may have already been secured.

Unfortunately, Neosampoon tablets may not be available at all, yet many women are used to this method, having started them in health centers heavily influenced by the Church when other methods were more difficult to obtain. Transfer to other methods has not been very successful, and Dr. Dinsey mentioned that one promoter with 20 users on these tablets found that 12 of them became pregnant after the supplies ran out.

Operations at Central Office

No single staff person is responsible for daily operations management, apart from the executive secretary; and thus internal organization, communications, and exchange of information and its flow to the executive secretary are somewhat diffuse. A technical assistant and a medical administration assistant share some responsibilities relating to personnel and liaison with donor agencies, but it was difficult to visualize organizational relationships and the manner in which staff communicate among themselves.

There is also no clearly defined routine of basic planning and reporting activities around which staff is organized, which would permit a strong management information system and assure timely preparation of proposals for donor agencies based on internal planning. Such a routine would also include designation of specific responsibilities for such activities throughout the year, facilitating followup when certain kinds of information are unavailable or lacking and identification of bottlenecks as well as areas in need of reinforcement, change, or technical assistance.

Planning

The team was impressed with the amount of programming and planning that had been prepared for 1983 through 1986, including the 4-year plan for UNFPA funding. Barely 3 months had passed during which many significant decisions and personnel changes had been made, as described earlier.

What CONAPOFA has not yet had time to do is to develop a comprehensive plan for 1983 which is not confined to specific funding sources but rather reflects all of CONAPOFA's functions, responsibilities, and future direction. A structure for presenting such a comprehensive work plan as well as a compilation of all objectives and activities from all departments has not yet evolved, but current documents make reference to most of the next year's plan in one form or another. Furthermore, staff interviews revealed routine and special focus objectives for 1983 which are not accurately reflected in any documented form at the moment.

In the absence of such a work plan, it has been difficult for CONAPOFA to negotiate with individual funding sources and justify in more

detail the need for certain types or certain amounts of funding and support. It is also difficult to gauge work loads of existing staff or to examine available resources for travel and support. The pressure to meet funding deadlines and produce specific proposals has not left staff with sufficient time to engage in thoughtful planning and strategizing as an entity apart from its status as a grantee agency.

Accounting and Financial Management

Since the initial request for technical assistance was made, much has happened to CONAPOFA's accounting system. Formerly the accounting records were not current and accounting controls were relatively weak. The previous accountant was replaced and the new accountant has made the accounting books current. CONAPOFA has also moved to strengthen its system of accounting controls. While its accounting system has come a long way, the organization still has room for improvement in its financial management system. It is in this area of strengthening the financial management system that Mr. Fiskens of the APHA team concentrated his effort.

To more fully comprehend the improvements suggested by the team in financial management, a description of the accounting system is in order. The accounting records are designed primarily to deal with the funding sources. This type of accounting is sometimes called "grant accounting" or "fund accounting." CONAPOFA at present has four prime sources of funds: the Government of the Dominican Republic (GDR), UNFPA/Population Council, AID (primarily through intermediaries), and the World Bank (recently terminated). As a result, CONAPOFA has developed four sets of accounting records, one for each of its chief funding sources. For each funding source, there is a separate folder, set of working papers, and a bank checking account. The folder is basically a general ledger, which provides cumulative balances of revenue, expense, asset, liability, and fund balance (or net worth) accounts. The working papers are basically the books of original entry (i.e., cash receipts and cash disbursements) and miscellaneous detailed schedules.

CONAPOFA has to be concerned with at least three charts of accounts. An operational definition of a chart of accounts is a set of numbers and titles assigned to all the revenue, expense, asset, liability, and fund balance accounts in an accounting system. First, the agency has its own chart of accounts, which permits it to track expenses both by line item (such as salaries, consultants, office supplies, etc.), and by funding source (UNFPA, GDR, etc.). In addition, CONAPOFA must deal with the chart of accounts of two funding sources: UNFPA and the GDR. Both of these sources require that CONAPOFA's periodic financial reports to them use the funding source's chart of accounts.

While the accounting records treat cash revenues, the records do not at present deal with contributed goods and services. Thus the contributed services of persons involved in the family planning program, but paid for by the Public Health Service (SESPAS) are not run through

CONAPOFA's accounting books. For example, the value of services provided by local promoters and medical students is a considerable amount. Although these contributed services are reflected in both the budget with GDR and in the counterpart budget with UNFPA, the accounting records do not at present have the capacity to accommodate this type of data. Further, no attempt has been made by CONAPOFA to assign a numerical value to family planning commodities, despite the critical importance that commodities have in the program.

Evaluation and Research

The department report for the tripartite meeting in October provides some insights into the evaluation and research capability of CONAPOFA. However, an overriding concern has been the accuracy of information provided about active users. As a result, Jewell of the APHA team focused a good part of the 3-week visit on this aspect of evaluation and research, almost to the exclusion of other issues in this management area. Some attention was also given to the analysis and use of data already generated.

Input

The major problem centers on the daily recordkeeping maintained by health center/clinic staff on family planning visits. Reports on new users and their characteristics are felt to be reasonably accurate. However, the method for determining dropout on the computerized client data system requires maintenance of a separate, chronological card file, removal of user clinic records when signaled by the chronological file, and reporting of the number of dropouts by method and reason for leaving the program. Such dropout reports are relatively few, and months may pass with clinics reporting no dropouts. This would indicate the unlikely situation that no client missed appointments, or that they came to the clinic within the grace period after their appointment.

The only other information on visits reported through the computerized system are reenrolled users (those previously reported as dropouts who subsequently return) and method changes, but the latter figure is not taken into account when estimating the active users. All other visit information and all data from other institutions (PROFAMILIA and the Rural Health Program) as well as sterilizations are compiled by hand and only appear in summary charts, where the data from printouts is added.

It is important to understand that the computerized data system does not follow individual clients, since the unique number assigned to each one is not included in the reporting. Thus, the mechanism for determining the active users through CONAPOFA is the daily recordkeeping and reporting on the new users and the dropouts. This system depends entirely upon the accuracy of reporting by clinic personnel with no automation built in. Rarely are personnel specifically hired as family planning personnel, although in larger clinics there is sufficient staff to organize some specialization of tasks. Field visits revealed that clinics were very uneven regarding the extent to which they maintained

an updated chronological card file to track dropouts. In each of the eight clinic sites, the director and an assistant from the Evaluation and Research Department examined the clinic records and handcounted the active users by removing records that had not indicated any activity within a certain grace period. In one large clinic, which showed 1,800 active users on the most recent printout, it was estimated that 25 - 30 percent were not active. Another problem emerged during the visits in discussion regarding the grace period for a user of an IUD, which raised the question of whether standards of care are clearly defined or whether definitions of active users are evolved through the data system without regard to patient care issues.

Analysis and Use of Information

The tables on printouts are monthly and show number of users at the beginning of the period, new users, reentered and dropout, the difference between dropout and additional clients (including reentered), and the number of active users at the end of the period, with the percentage change. Numbers of method changes are recorded separately. Tables also display new users by method, age, living children, and abortions, with the cross-tabulations based on method. Dropouts are displayed by method and reason for dropout, with nearly all dropouts recorded with lost to followup as a reason.

Monthly and quarterly charts are compiled by staff which show the client numbers reported by CONAPOFA on its computerized data system and numbers reported sterilized, under supervision of promoters or served by PROFAMILIA. The total female population and percentage considered protected are then shown by institution.

The section of the tripartite report prepared by the Department of Evaluation and Research shows some of the uses of client data. However, the difficulty in analyzing the table is that total accumulated sterilized females are included in CONAPOFA numbers, and the numbers from the computerized system are never included separately. One is always attempting to subtract sterilizations to obtain a clearer picture of CONAPOFA performance on the various compilations displayed.

In general, periodic monitoring and reporting throughout the year does not provide trends--comparisons with previous time periods with regard to volume and characteristics of users. Undermining attempts to use the data is the questionable accuracy of active users.

New System Undergoing Field Testing

A new clinic history form has been developed and is being field-tested. It will permit recording of family planning as well as maternal health information on the same card, primarily with regard to pregnancy and post-partum care. The computerized data system would collect data on new prenatal clients and their characteristics. Tables will be quarterly and the following elements will be added to printouts: for each clinic, the total number of women in fertile age and numbers of residents and nonresidents in the clinic as well as the

number of women residing in the area but reported served by other clinics (by means of a code for residence). This will permit a calculation of population coverage for each area of influence, whether services are delivered by the clinic of that area or women go to another clinic reporting into the same data system. Recruitment rates by clinic and data of other agencies will be shown also.

At the time of the APHA visit, staff were just collecting the clinic history to record the data and test the new tables as well as how to obtain feedback from staff. It was not clear from staff interviews how involved other CONAPOFA staff have been or will be in finalizing this system.

RECOMMENDATIONS

In view of the new, dynamic leadership at CONAPOFA, it is a little premature to make recommendations regarding management of the agency, except in a few areas where the new executive secretary reiterated concerns which have been apparent for some time, particularly in the areas of financial management and client data. Nevertheless, following the request of the executive secretary, the APHA team gave some feedback in all areas of management and gave more in-depth feedback and recommendations on selected areas. The following recommendations were reviewed with both CONAPOFA and the AID Mission prior to the team's departure, except where report preparation led to some further analysis and a few additional suggestions.

Human Resources

The medical administration assistant, Dr. Martin Vasquez, has been assigned responsibility for revising existing documentation of job functions and organizational structure following changes instituted by CONAPOFA. The team expressed the opinion that department directors should review the existing document for their departments, and that they should suggest changes prior to any revisions to ensure that current programming and 1983 objectives are reflected in modifications of the delegation of functions and the organizational charts. The methodology and structure of the Manual of Job Descriptions is appropriate and does not require change.

Quality Assurance and Supervision of Direct Services

A limited analysis of documented and verbally expressed objectives for 1983 reveals an unusually large number of responsibilities will fall to the medical director; while routine quality assurance and supervision activities, already intensive and time-consuming, are not reflected yet in 1983 programming. The new medical director is certainly knowledgeable about the field and realistic about the limited personnel available for rather voluminous supervision tasks. Also, the new executive secretary was formerly the medical director and is equally familiar with the resources required for adequate quality assurance activities.

Nevertheless, as planning proceeds (see below), the resources available to the medical director should be sufficient for carrying out his responsibilities, to delegate some to other personnel if appropriate and convenient, or to secure additional support. The recent proposal to FPIA does in fact request such support. While the proposal is appropriate, it should be backed by a more detailed description of 1983 objectives for quality assurance and supervision.

Training and Education

Little analysis was done of the training and education function. The new director is both capable and enthusiastic about the future, and

CONAPOFA's plans include reinforcing training resources, which have been substantially reduced over the past year and a half.

Future technical assistance to CONAPOFA should examine needs of this department in view of the demand for both ongoing basic orientation and training required by staff turnover or staff rotation within public health facilities, and specialized training needs at all levels. Again, additional support should be preceded by a more detailed description of 1983 training objectives and activities. In many cases, these have been assumed as part of other objectives (e.g., expansion of services to new clinics) and not adequately developed to demonstrate the amount of training resources required.

Logistical Support

Continued CDC monitoring and support is certainly warranted as CONAPOFA continues to negotiate a more permanent, secure source of supplies. As operations become more routine and internally monitored (see below), the quarterly reporting recommended by CDC should be studied to determine if, in fact, it meets management needs, is timely, and is accurate. The team did not attempt to track current reporting, which appeared to have some difficulties, because the major problem at the time of the visit was an external supplier.

Since the supply problem has been going on for some time, and Neosampon tablets may not be available at all, the impact of these and related problems should be the subject of some research into dropout during 1982.

Operations at Central Office

The nature of CONAPOFA is quite different from a direct service provider agency, and many of its functions relate to planning, monitoring, evaluation, and negotiation of long-term support for continued survival of family planning services. These functions entail a considerable amount of progress reporting within and between departments, yet no single staff person is responsible for daily operations management apart from the executive secretary. Internal organization, communications, and information flow should at least be visible to staff to facilitate informed decisionmaking.

The team specifically recommended that each December a Calendar of Planning Activities be developed and carefully monitored to ensure a continuous flow of management information as well as identification and resolution of bottlenecks (see Appendices). The calendar was discussed in very rough draft with Dr. Portes, the medical administration assistant, and the technical assistant, all of whom felt that it should be finalized by the team before they left as an illustration of such an operations management tool.

Planning

The team provided a rough outline of 1983 objectives culled from all documents and staff interviews, to illustrate the far-reaching program apparently underway at CONAPOFA. The team pointed out that, when pulled into one document, it was ambitious and very possibly a strain to existing resources. Again, Dr. Portes and appropriate staff reviewed the draft outline and suggested that the team develop a final copy before they left, as an illustration of a planning tool.

Whatever form it finally takes, it is highly recommended that CONAPOFA maintain its own short and long-range planning documents that identify which components of the total program are supported by the various funding sources. With such a comprehensive plan, CONAPOFA can furnish stronger justification for budget requests.

Accounting and Financial Management

It was determined that the greatest benefit that the ALPHA team could provide in the accounting/financial management area was to develop a comprehensive organizational financial management reporting system (FMRS) which would allow CONAPOFA to track its overall financial situation throughout the year. The need for such a system was cited by numerous persons, including CONAPOFA's internal staff and a UNFPA representative, as being a high priority administrative goal for the agency. The recommendations are presented here in great detail since it is assumed by the team that the report will be read by many who are unfamiliar with accounting and financial management concepts.

Existing Accounting and Financial Reporting Procedures

The first step in producing a practical FMRS was to develop a flow chart of CONAPOFA's existing accounting and financial reporting procedures (see Appendices for flow chart). This flow chart (the original of which was left with CONAPOFA) incorporates the key variables that must be dealt with in designing an FMRS, including funding sources, charts of account, budgets of funding sources, internal accounting records, and financial reports to funding sources. The flow chart was reviewed with CONAPOFA staff to assure that it indeed represented the actual situation at CONAPOFA.

To more fully understand how the flow chart conveys the existing situation, the following example of the Population Council/UNFPA grant is provided. The second circle under the first column on the flow chart (Fuente de Financiamiento) indicates that the Population Council/UNFPA is the funding agency. When dealing with the Pop Council/UNFPA grant, for both budget and financial reporting purposes CONAPOFA must use UNFPA's chart of accounts. Thus, the third circle under the second column (Codigo de Cuentas) indicates the UNFPA chart of accounts must be utilized.

A core element in any financial management system is the funding agency's budget(s). Therefore, in the third column (Presupuesto de Fuente) the second circle indicates that CONAPOFA has a 4-year budget cycle with Pop Council/UNFPA. The fourth column on the flow chart indicates the core accounting records which CONAPOFA uses in its accounting system, namely worksheets (Hojas de Trabajo) and general ledgers (Folders). There is a separate general ledger for Pop Council/UNFPA. From this general ledger, CONAPOFA prepares the following three financial reports on a quarterly basis:

- o Financial report for Pop Council subcontract (appearing in second circle of fifth column).
- o Interim statement for project operations - UNFPA (appearing in third circle of fifth column).
- o Request for advance (appearing in fourth circle of fifth column).

The flow chart demonstrates that CONAPOFA's existing system is geared to deal with the financial reporting requirements of individual funding sources. The thrust of the APHA team's effort was to develop an FMRS which would have the following characteristics:

- o That it be comprehensive, meaning that it would pull together all the individual funding pieces into a global system. Thus the FMRS would encompass all sources of funds.
- o That it be useful for internal decisionmaking, meaning that while continuing to generate the existing financial reports to funders, the FMRS would also present data to CONAPOFA in a format which would assist decisionmakers.
- o That it be relatively easy to implement and maintain. To assure that the proposed FMRS could be put into place, it was decided to use CONAPOFA's existing accounting system rather than to suggest major modifications to the accounting books and records.

Financial Report Formats

The second step in providing an FMRS for CONAPOFA was to develop a series of standard financial reports on the individual funding sources (ISFR) (see Appendices for examples of ISFR's). Each ISFR provides columns for the cash budget amount, the cash costs to date, and the remaining cash balance. Where appropriate, additional columns were added to deal with contributed goods or contributed services. Where the funding source required financial reporting using its unique chart of accounts, the ISFR translated that chart into CONAPOFA's chart of accounts. As an aid to more fully understand how these ISFR's function, a more detailed narrative description of the ISFR on the Government's (GODR) budget is now provided (see Appendices for illustration).

In column 1 of the illustration in the Appendices, the appropriate chart of account numbers for individual line items are listed. These

numbers represent the chart of accounts that the GODR uses for budget and financial reporting purposes with its ministries and selected semi-autonomous agencies. The corresponding number for CONAPOFA's chart of accounts has been inserted in column 2. Using an analogy, the chart of accounts is essentially the language of an accounting system. If we were to consider the GODR chart of accounts to be the French language, the UNFPA chart of accounts to be the German language, and CONAPOFA's chart of accounts to be Spanish, then we must translate from French and German into Spanish. That is the reason for columns 1 and 2 -- to translate from the funding agency's accounting language to CONAPOFA's accounting language. Column 3 provides the account titles that are used in the monthly financial report (Informe Detalle de Gastos) to the GODR. Columns 4, 5 and 6 present data on the cash (en efectivo) component of GODR's involvement with CONAPOFA. Column 4 indicates by line item the annual cash award that CONAPOFA is receiving from GODR. In column 5 is inserted the amount that CONAPOFA has spent out of GODR's monies by line item. The balance remaining per line item is placed in column 6.

In addition to cash, GODR also invests noncash items into CONAPOFA, primarily in the form of contributed services from the Secretary of Health and Social Assistance (SESPAS). Examples of these contributed services include the use of community promoters (Promotoras) and medical interns (pasantes). Columns 7, 8 and 9 provide the ability to list the budgeted amounts, costs-to-date, and balances remaining for these contributed services.

In order to grasp the total financial status of GODR's involvement with CONAPOFA, columns 10 through 12 are provided. These columns combine the cash figures (columns 4 - 6) (with the contributed figures (columns 7 - 9) to yield the total financial activity with GODR.

Consolidated Financial Report Format

The third step in designing the FMRS was to prepare a format for a global financial report (GFR). Essentially this GRF (see Appendices) consolidates the information from the ISFRs. In effect, the GRF is a lead schedule into which the ISFRs feed. This GFR provides CONAPOFA with an overview of how it stands financially with each funding sources in regard to both cash costs and contributed costs. In addition, the GFR informs CONAPOFA where it stands financially as an overall organization.

In some countries, it is cumbersome to arrive at a GFR due to currency conversions. However, in CONAPOFA's case, dollar amounts paid by donor agencies are converted at the official government rate of \$1 (dollar U.S.) to \$1 (peso D.R.). Therefore the accounting and financial reporting systems do not have to contend with fluctuating currency rates. The original of the GRF was left with CONAPOFA staff.

Summary of Staff Needs

The last step in the FMRS project was to meet with key CONAPOFA staff to gain their insights, feedback, and commitment to the FMRS. Separate meetings were held with CONAPOFA's accountant and with the executive secretary. The accountant was enthusiastic about the FMRS, acknowledging that she had thought about something similar but was so involved with routine daily activities that she had lacked the time to conceptualize the system. She also gave assurance that the FMRS could be placed into service without much difficulty. The accountant also acknowledged the need to establish in the accounting books, account titles for contributed goods and services. Guidance was provided to her in how to calculate values for these types of contributions.

CONAPOFA's executive secretary was equally enthusiastic about the system because he felt that the FMRS provided him with needed information on the agency's overall financial status. The executive secretary, in conjunction with the accountant, will determine whether the FMRS should be prepared on a monthly or a quarterly basis.

The timing of the APHA team's presentation on the FMRS was very propitious. During the APHA team's stay in the Dominican Republic, an UNFPFA representative made a site visit to CONAPOFA and suggested to staff that they develop a comprehensive financial management system.

Evaluation and Research

In order to resolve the problem of input--particularly with regard to accurate counting of active users--three approaches could be considered: (1) Allocate more energy and resources to personnel supervision in the area of recordkeeping and reporting; (2) simplify recordkeeping and reporting tasks; or (3) automate some of the calculations currently made by hand. With regard to the problem of underutilization of existing data, supervisory and management personnel need to be presented with analyses and summaries of patient data and statistics, so that they can better absorb it and integrate it in decision-making. Finally regarding the current clinic history form and proposed statistical tables being fieldtested, they will not resolve either of the first two issues. In fact, they need to be developed with caution until the aforementioned problems are resolved or improved.

During the discussions surrounding input, the UNFPFA representative, Alan Keller, was present and described many of the data systems with which he is familiar. The recommended alternatives detailed below reflect many of his suggestions, and he specifically expressed preference for the second alternative of periodic handcounts of active users.

Input

Additional Supervision. The suggestion was often made that increased supervision would improve the accuracy of the data because the recordkeeping and reporting systems were straightforward and simple.

Nevertheless, it is the team's opinion that there is unlikely to be significantly more resources forthcoming to oversee recordkeeping and reporting of family planning services in over 300 clinics where personnel are also responsible for maternal health and many other health services. Many other activities related to quality control of services are also in need of reinforced supervision.

Furthermore, it seems unlikely that central office personnel would be any more confident that data had improved unless they took the time to check the information fairly routinely, expending further resources. While additional staff time to review input at the regional level would always be very helpful it would probably not bring about dramatic changes in accuracy of information, at least until other aspects of reporting and recordkeeping are modified.

Simplification of Tasks. The most economical approach and the one most likely to show improvement in manual recordkeeping and reporting would be to simplify these tasks. CONAPOFA would have to be prepared to lose a certain amount of information through routine reporting, but such information could be gathered on a sampling basis or through field studies.

The focus of a more simplified system would be periodic hand counts of "actives" in the files, rather than the more cumbersome system of counting dropouts, using the chronological card file which tracks appointment dates and signals no-shows. This card file could be discontinued unless it is used to follow up the no-shows. Routine reporting on new users and their characteristics would be continued and once or twice (or more often) a year, hand counts on active users would be fed into the computer system to correct the number of active users.

Unless additional amounts of time were spent, there would be no information on dropouts by method and reason. However, current information shows that the reason most frequently cited is lost to followup (perdida de seguimiento), so that true reasons for dropout can only be determined in field studies anyway. Hand counts of dropouts by method would not be very difficult if this data were desired routinely.

If the cleaning out of the files were carried out at specified times during the year, supervision could be scheduled and planned. Under this system there would not be the accumulation of inactive clinic records that exists at the moment and the number of active users would never be far from the numbers showing up on printouts, even when a count had not been recently conducted. It seems reasonable to assume that clinic staff would be more likely to make accurate reports of activity than inactivity, as is the case now with new users and dropouts.

Further simplification of tasks should include dropping the concept of reentered users. If the grace period for remaining as an active client is appropriate, then returning users would be categorized as new. It would be far simpler to calculate a percentage of new users who may already have been in the system in prior years than to attempt to control this group separately, particularly when the information does not appear to be utilized.

It would also simplify tasks to drop reporting of method changes, since the information does not seem to be utilized. Such data could as easily be gathered on a sample basis or through field study.

Automated Data. At the same time that the current system could be simplified by dropping some of the recordkeeping and reporting, calculations for active users could be made by reporting all family planning service activities by client number and programming a grace period so that the computer automatically would drop inactive users from the system. During the visit, a programmer was called in and consulted with CONAPOFA staff, the APHA team, and the UNFPA representative. Such an approach would remove the task of calculations from the clinic staff but would require additional reporting on clinic activity, although again it seems reasonable to assume that reporting would be more accurate for activity than inactivity.

Use of a unique client numbering system for each site would not be a problem since they are already assigned such numbers for internal recordkeeping purposes. This approach would also resolve part of the problem of duplication of services between promoters distributing supplies in the field and clinics providing medical contraceptive services to the same clients. If this approach is worthy of further study then it is highly recommended that Silvio Gomez, Fernando Gomez, and Alan Keller (Pop Council/UNFPA) be consulted. There would be an initial cost as well as increased annual costs, but they would have to be weighed against the benefit of accurate information and needs of both CONAPOFA as well as donor agencies. It should also be kept in mind, however, that if the overall system is costlier, the obligation to supervise and ensure the quality of input becomes that much greater.

Analysis and Use of Information

Whatever the system for input, there is another separate problem of effective use of the data. It should be mentioned nevertheless that, if the number of active users is known to be more accurate, there is a much greater likelihood that the data will become more desirable. Some of the recommendations regarding data use which were discussed with Dr. Portes include:

- o If monthly tables are necessary, then they should be simple tabulations of numbers of new users as well as the number accumulated since the beginning of the year so that annual estimates can be more easily made at any point during the year.
- o Quarterly tables, as proposed in the new system undergoing field-testing, may be appropriate, but it is strongly recommended that central office and regional supervision staff examine the first two quarters carefully, since many of the proposed cross-tabulations may only be of use on a one-time basis. It is unlikely that trends will vary for several of the tables, such as recruitment rates.
- o Computer printouts should not be held up for reports from the other institutions; rather, CONAPOFA data should be separately programmed.

- o Annual tables should have an accumulation of new users and characteristics as well as total volume of active users.
- o Raw data should be synthesized and presented in charts and graphs which show historical trends as well as an analysis of current user characteristics.

Sample tables and charts are contained in the Appendices and, along with copies of Maine family planning tables, were provided to Dr. Portes.

New System Undergoing Field Testing

The new clinic history form may be meeting needs expressed by medical practitioners concerned with client care, but the team examined it only from the point of view of client data. It is highly recommended that the medical director, Dr. Dinsey, and supervisory staff examine the utility of the new tables to determine whether the information is required on a quarterly or less frequent basis. It is also recommended that data processing of CONAPOFA information not be held up by reporting from the other institutions, and that tables be printed out separately. The proposed system would have tables of data from all institutions displayed on the same printouts.

In conclusion, problems with the client data system used in CONAPOFA are centered on input from personnel at the clinic level and, to some extent, on the effective use of the data to improve the program. Resolutions to these problems must include discussions which transcend sophisticated computer capability and take into account the realities of service delivery at the clinic level. Furthermore, data collection must complement--and not conflict or interfere with--medical recordkeeping designed to serve clients.

Effective use of the data will come about only if supervisory staff are included in any proposed modifications to the system and such modifications are carefully monitored to determine whether anyone is making use of them. A resolution of input problems will also enhance use of the data.

APPENDICES

LIST OF PERSONS INTERVIEWED

Mr. Dave Denman, USAID, Population Office, Washington, D.C., November 18, 1982
Dr. Oscar Rivera, Ms. Deborah DeWitt and Ms. Dulce Jimenez, USAID Mission,
Santo Domingo
Dr. Ramon Portes Carrasco, Executive Secretary, CONAPOFA
Dr. Elias Dinsey, Medical Director, CONAPOFA
Dr. Jose A. Martin Vasquez, Medical Administration Assistant, CONAPOFA
Lic. Leovigildo Baez, Director of Department of Research and Evaluation, CONAPOFA
Licenciada Ana Teresa Oliver, Director of Department of Training, Information
and Education, CONAPOFA
Lic. Manual Varona, Chief, Services Section, CONAPOFA
Lic. Quintina Reyes, Technical Assistant, CONAPOFA
Lic. Magaly Diaz y Diaz, Director of Department of Administration, CONAPOFA
Lic. Olga Adames, Evaluation Assistant, CONAPOFA

Staff of the following health centers and clinics:

La Vega
Mao
Cruce Guayacanes
Cabral y Baez Hospital
Ensanches Libertad
Catalina
Guananico
La Isabela
Maimon
Imbert
Puerto Plata

Mr. Alan Keller, Population Council/UNFPA Project (in Santo Domingo)
Ms. Phyllis Butta, Association for Voluntary Sterilization (in Santo Domingo)
Mr. Steve Douglas, UNFPA (by telephone prior to departure)
Ms. Peggy McEvoy, Population Council (by telephone prior to departure)
Mr. Anthony Hudgins (by telephone from Santo Domingo)

RESOURCE DOCUMENTS

- Programa Nacional de Planificación Familiar - República Dominicana, 1983 - 1986
(Proposal to UNFPA)
- Programa Nacional de Planificación Familiar - República Dominicana, 1979 - 1982
(Proposal to UNFPA)
- Informe Sobre el Desarrollo de las Actividades en el Consejo Nacional de Población y Familia Durante el Año 1981 (Ref: UNFPA Project DOM/73/P01), March 1982
- Informe Anual de Actividades del Programa Nacional de Planificación Familiar - Período Julio 1981 - Junio 1982 (Tripartite Meeting Report)
- Informe Del Departamento de Investigación y Evaluación, Diciembre 1979 - Junio 1980
Reunión Tripartita (Department's Report for Tripartite Meeting)
- CONAPOFA Accounting Documents:-
Manual de Clasificaciones Presupuestarias - Gobierno de la República Dominicana (Budget Account Manual)
Hojas de Trabajo - CONAPOFA (Accounting Books of Original Entry)
Folders - CONAPOFA (Accounting General Ledgers)
Codigo de Cuentas - CONAPOFA (Accounting Chart of Accounts)
Reporte Financiero del Contratista - Development Associates (Financial Status Report)
Informe Financiero - Subcontrato con Population Council (Quarterly Financial Status Report)
Request for Advance - UNFPA
Detalle de Gastos - Gobierno de la República Dominicana (Monthly Financial Status Report - GODR)
- Other CONAPOFA Internal Management Documents:-
Manual de Descripción de Puestos y Modelos de Organización - CONAPOFA (Job Descriptions and Organizational Charts)
Guía de Supervisión and Instructivo Para la Guía de Supervisión: (Supervision Guide and Instructions for use of Guide)
- Trip Report of Dave Denman, June 21-27, 1982, AID, Washington D.C.
- Trip Report of Maura Brackett, October 29, 1982, AID, Washington D.C.
- Report on Technical Assistance in Logistics System Management, prepared by Anthony Hudgins, Center for Disease Control, Atlanta, Georgia, April, 1982.
- Trip Report of Battelle staff in conjunction with analysis of Profamilia's Research Institute
- An Assessment of the Potential for Management Development Activities with CONAPOFA prepared by Michael Bloom, October 1979.
- Population Policy Compendium on Dominican Republic, prepared by United Nations.

CONAPOFA
CALENDARIO DE ACTIVIDADES PARA LA PROGRAMACION

- 1983 -

<u>MES:</u>	<u>RESPONSABLE</u>
ENERO	<ul style="list-style-type: none"> * INICIO DEL PERIODO PROGRAMATICO (1983) * Informes Trimestrales de oct-dic 1982 <ul style="list-style-type: none"> - Informe Narrativo Departamental - Informe de Suministros - Informes Financieros: Interno y Externo. * Datos crudos de mes de noviembre 1982
FEBRERO	<ul style="list-style-type: none"> * Informe Narrativo Departamental de mes de enero * Datos crudos de mes de dic. 1982 y del Trim. oct-dic. 1982 * PEDIDA DE SUMINISTROS A LAS AGENCIAS EXTRANJERAS PARA AÑO 1984
MARZO	<ul style="list-style-type: none"> * Informe Narrativo Departamental de mes de febrero * Datos crudos de mes de enero * Informe Analítico Trim. de Estadísticas de Serv. de oct-dic. 1982 * INFORME ANUAL DEL AÑO 1982
ABRIL	<ul style="list-style-type: none"> * Informes Trimestrales de enero-marzo <ul style="list-style-type: none"> - Informe Narrativo Departamental - Informe de Suministros - Informes Financieros: Interno y Externo * Datos crudos de mes de febrero
MAYO	<ul style="list-style-type: none"> * Informe Narrativo Departamental de mes de abril * Datos crudos de mes de marzo y del Trim. enero-marzo
JUNIO	<ul style="list-style-type: none"> * Informe Narrativo Departamental de mes de mayo * Datos crudos de mes de abril * Informe Analítico Trim. de Estadísticas de Serv. de enero-marzo
JULIO	<ul style="list-style-type: none"> * Informes Trimestrales de abril-junio <ul style="list-style-type: none"> - Informe Narrativo Departamental, etc. * Datos crudos de mes de mayo * EVALUACION SEMESTRAL DEL UNFFA
AGOSTO	<ul style="list-style-type: none"> * Informe Narrativo Departamental de mes de julio * Datos crudos de mes de junio y del Trim. abril-junio
SEPTIEMBRE	<ul style="list-style-type: none"> * Informe Narrativo Departamental de mes de agosto * Datos crudos de mes de julio * Informe Analítico Trim. de Estadísticas de Serv. de abril-junio * PROPUESTA Y PRESUPUESTO PRELIMINAR DE PROGRAMACION PARA 1984
OCTUBRE	<ul style="list-style-type: none"> * Informes Trimestrales de julio-sept. <ul style="list-style-type: none"> - Informe Narrativo Departamental, etc. * Datos crudos de mes de agosto * REUNION TRIPARTITA
NOVIEMBRE	<ul style="list-style-type: none"> * Informe Narrativo Departamental de mes de octubre * Datos crudos de mes de sept. y del Trim. julio-sept. * REVISION DE PROPUESTA Y PRESUPUESTO PRELIMINAR DE PROGRAM. 1984 * MEMORIA ANUAL
DICIEMBRE	<ul style="list-style-type: none"> * Informe Narrativo Departamental de mes de noviembre * Datos crudos de mes de octubre * Informe Analítico Trim. de Estadísticas de Serv. de julio-sept. * PROPUESTA Y PRESUPUESTO FINAL DE PROGRAMACION PARA 1984 * PREPARACION DEL <u>CALENDARIO DE ACTIVIDADES PARA PROGRAMACION 1984</u>

ANEXO AL CALENDARIO DE ACTIVIDADES DE PROGRAMACION

LISTA DE INFORMES

I. INFORME NARRATIVO DEPARTAMENTAL (Mensual y Trimestral)

Departamento: _____

Período: _____

- A. Resumen de Objetivos Programados para el año
- B. Descripción de actividades realizadas durante el período
- C. Comentarios (modificaciones importantes en los Objetivos Programados, retrasos, inovaciones en actividades, problemas, etc.)

NO MAS DE UNA PAGINA!!

El Propósito de este informe es informar a la Dirección de CONAPOFA las actividades realizadas en el mes anterior y del trimestre, con respecto a los Objetivos del año. El tercer mes de cada trimestre (o sea marzo, junio, septiembre y diciembre) está incorporado en el Informe Trimestral.

II. INFORME DE SUMINISTROS (Trimestral)

Utilizar el formato recomendado por CDC/Atlanta

III. INFORME FINANCIERO (Mensual y Trimestral)

- A. Informes Externos: según requisitos
- B. Informe Interno: Utilizar el formato diseñado por La Directora de Administración y el Consultor Bernard Fiskén. Se recomienda que se rinde al menos trimestralmente, algunos datos se puede producir con mas frecuencia. VEA INFORME SOBRE CONTABILIDAD

IV. DATOS CRUDOS (Mensual y Trimestral)

- A. Mensual: VEA RECOMENDACIONES EN EL INFORME SOBRE SISTEMA DE COLECCION DE DATOS. Se recomienda datos muy sencillos de cantidad de Nuevas Usuarías, Acumuladas de Enero, y Usuarías Activas por Clínica, Región y País, de CONAPOFA solamente.
- B. Trimestral: VER RECOMENDACIONES EN EL INFORME SOBRE SISTEM DE COLECCION DE DATOS. Se recomienda tablas ya en Prueba y que las modifican según los resultados.

V. INFORME ANALITICO TRIMESTRAL DE ESTADISTICAS DE SERVICIOS

VEA RECOMENDACIONES EN EL INFORME SOBRE SISTEMA DE COLECCION DE DATOS. Se recomienda un analisis histórico y del presente, y compridos tendencias en la utilización de servicios, características de Nuevas Usuarías, etc.

OBJETIVO	ACTIVIDADES	RESPONSABLE	Refer.
3. IMPLEMENTAR SISTEMA LOGISTICO QUE ASEGURE EFICIENCIA DE SUMINISTROS	3.1. Estimar necesidades de suministros para programa SM/PF 1983-86 2. Programar y realizar adquisiciones de anticonceptivos y otros suministros para 1983 3. Implementar sistema de distribución de suministros 4. Hacer la supervisión trimestral	Dir. Médico y Encargado Secc. de Servicios	UNFPA #5
4. PERFECCIONAR SISTEMA DE ESTADISTICA DE SERVICIO DE SM/PF	4.1. Revisar e identificar fallas existentes 2. Contratar experto para asesoría a corto plazo 3. Contratar experto en Sto. Dgo. para proponer sistema 4. Prueba inicial 5. Correcciones del sistema 6. Adiestramiento en nuevo sistema de los supervisores 7. Instalación paulatina del nuevo sistema 8. Iniciar supervisión de la corrección de la ejecución del nuevo sistema	Dir. Depto. de Inv. y Eval. y el Dir. Médico	UNFPA #6
5. CAPACITAR RECURSOS HUMANOS PARA CUMPLIMIENTO DE NUEVAS NORMAS DE SM/PF	5.1. Iniciar refuerza de la Unidad de Adiestramiento asegurando adecuada asesoría médica en programación de cursos 2. Iniciar análisis de informaciones sobre necesidades de adiestramiento originadas de las actividades 2.1, 2.2, 2.3 y 3 3. Recoger infor. sobre normas procedentes del Grupo Normativo N.S.M. y preparar material didáctico corresp. 4. Preparar calendario de cursos por regiones distinguiendo cursos de inf. y de adiestr. práctico de personal 5. Para el calendario de 1983 identificar lugares y docentes según necesidades identificadas 6. Para 1983 realizar cursos y coordinar adiestramiento práctico de personal en coordinación y con asist. del Jefe SM/PF y supervisores regionales	Dir. Depto. Adies. y Dir. Médico y Supervisores Regionales	UNFPA #7
6. PROMOVER LACTANCIA MATERNA	6.1. Contratar experto en Am. Latina 2. Contratar experto en Sto. Dgo. 3. Preparación de programa nacional 4. Implementación paulatina incluyendo sistema de eval. (Se va a iniciar la Evaluación Enero 1984)	Dir. Médico y Dir. Dpto. Adiest. Inf. y Ed.	UNFPA #8

CONAPOFA

PROGRAMACION GLOBAL PARA 1983

OBJETIVO	ACTIVIDADES	RESPONSABLE	Refer.
1. INTEGRAR ACTIVIDADES DE SERV. MEDICOS DEL CONAPOFA CON LA DSMI	1.1. Crear Grupo Norm. de Salud de la Mujer 2. Reorganización administr. - cargo de Jefe de S.de S. de Mujer pasará a ser Dir. Med. del CONAPOFA 3. Reorganización Administrat. de Div. de Estad., la Unidad de Eval. de CONAPOFA pasa a integrarse a la Div. de Estad. 4. Iniciar Util.por DSMI de Adiestramiento de CONAPOFA 5. Iniciar Util.del sistema logístico de CONAPOFA	Secretario Ejec. Dir. Médico Dir. Eval. Dir. Adiestr. Dir. Admin.	UNFPA #1
2. ASEGURAR QUE ESTABLICIMIENTOS PUBLICOS ALCANCEN CONDICIONES NECESARIAS PARA RELIZAR SERVICIOS DE SM/PF - (y compridos inserción del DIU y esterilización fem. en establecimientos púb. ya ofreciendo otros servicios de PF)	2.1 Levantar Diagnóstico de 93 hospitales a. Diagnosticar necesidades b. Establecer prioridades c. Iniciar adquisición equipos y instrumentos d. Establecer prioridades/adiestramiento e. Iniciar programación actividades de adiestramiento f. Inicio/ampliación progresiva de SM/PF g. Supervisión de cumplimiento de Normas donde han iniciados actividades de SM/PF 2.2 Incrementar Cobertura/Calidad de SM/PF en Areas Rurales a. Identificar Promotoras en áreas geográficas que corresponden a cada clínica rural b. Iniciar reuniones para implementar coordinación con Dir. Nac. de Salud Rural (robustecer vínculos) c. Iniciar identificación necesidades de equipo, etc. d. Iniciar adquisición y distribución de equipos, etc. e. Iniciar programación adiestramiento f. Inicio implementación/ampliación de actividades SM/PF g. Supervisión de cumplimiento de Normas donde han iniciados actividades de SM/PF 2.3 Identificar necesidades de Comunidades Marginales en 4 ciudades con mayor migración - INICIAR LO SIGUIENTE:- a. identificación de núcleos de población sin acceso b. programa experimental en colaboración con la DNPM para instalación de puestos de SM-I c. identificación/adaptación de locales d. identificación de necesidades mínimas para estos puestos e. selección y adiestramiento de individuos como asistentes SM-I f. adquisición e instalación de equipos, etc.	Dir. Médico y Supervisores Regionales Asistente Médico Adm	UNFPA #2
			UNFPA #3
			UNFPA #4

OBJETIVO	ACTIVIDADES	RESPONSABLE	Refer.
7. ESTABLECER SISTEMA DE CONTROL Y SEGUIMIENTO DE LOS CASOS CON CITOLOGIA CERVICAL CLASE <u>III A V</u>	7.1. Iniciar creación de centro de control de patología cervical responsable de asegurar proceso diag/tratam. 2. Establecer rutina de detección/seguimiento 3. Iniciar implementación de tales rutinas en Reg. Este (Evaluación en 1984 y extensión en 1984-5-6)	Dir. Médico	UNFPA #9
8. LLEVAR A CABO ESTUDIO DE CASO EN LA MATERNIDAD N.S.A. DE PREVENCIÓN DEL EMBARAZO DE ALTO RIESGO	8.1. Identificar y revisar todas fichas clínicas precodif. correspondientes a partos 1977-1981 2. Preparación de programa de computación 3. Definición de los análisis necesarios 4. Contratar experto en análisis de sistemas, en Am.Latina 5. Contratar experto en Sto. Dgo. 6. Procesamiento de los datos 7. Análisis de resultados (Publicación en 1984)	Dir. Médico y Supervisor Méd. de Región	UNFPA #10
9. LLEVAR A CABO PROGRAMA DE MOTIVACION DIU - DE FPIA	Según Actividades en la Propuesta al FPIA	Dir. Médico	FPIA
10. LLEVAR A CABO PROGRAMA DE SUPERVISION REGIONAL - FPIA	Según Actividades en la Propuesta al FPIA	Dir. Médico y Supervisores de Región	FPIA
11. EVALUACION DE PROGRAMA - PROYECTO FPIA	Según Actividades en la Propuesta al FPIA y del Banco Mundial	Dir. Médico, Dir. Eval., y Supervisores de Reg.	FPIA y B.M.
12. PROVEER INFORMACION FINANCIERA PARA LA TOMA DE DECISIONES INTERNAS DE CONAPOFA	12.1. Revisar sistema actual de contabilidad para asegurar que sea adecuado para control financiero 2. Diseñar formato para la presentación global del presupuesto, ingresos y gastos, por fuente de financiamiento, y que distingue entre "efectivo" y "donación" 3. Diseñar formato para informes periódicos para el manejo financiero 4. Desarrollar sistema para asignar valores a las donaciones (servicios y suministros)	Dir. Administración	Pers. de CONAPOFA y Consul.

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OBJETIVO	ACTIVIDADES	RESPONSABLE	Refer.
13. MODIFICAR EL MANUAL DE DESCRIPCION DE PUESTOS Y ORGANIGRAMOS DE ACUERDO A LA PROGRAMACION DEL AÑO Y AL PERSONAL DISPONIBLE	13.1. Revision y sugerencias para ajustes, por cada Dir. de Departamento, según necesidades de su programación 2. Revision, por el Asist. Méd. Adm. de los ajustes sugeridos, y modificación final del Manual según necesidades de la Prog. Global y los recursos disponibles 3. Revision y aprobación del Sec. Ejec. de Organigramas, reubicación de personal y delegación de funciones	Asistente Médico Administrativo y Dir. de Depto.	Personal CONAPOFA y Consultores
14. PROPONER SISTEMA SENCILLO DE SUPERVISION RUTINARIA DE TODOS ESTABLECIEMIENTOS QUE YA OFRECEN SERVICIOS EN SM/PF	14.1. Establecer normas con respecto al número mínimo de visitas que se debe hacer el equipo de supervision del nivel regional 2. Seleccionar aspectos del programa SM/PF que se debe revisar durante la visita (cumplimiento de normas médicas, movilidad de personal, conteo de Usuarías Activas) 3. Hacer Guía complementaria a la que ya existe, que permite visitas de breve duración a los centros y clín.	Dir. Médico	Personal CONAPOFA y Consultores
15. HACER LA SUPERVISION RUTINARIA DE LOS ESTABLECIMIENTOS PUBLICOS PARA ASEGURAR CUMPLIMIENTO DE NORMAS Y PANORAMA CORRIENTE DE SERVICIOS Y NECESIDADES	15.1. Hacer una cantidad fijada de visitas de supervision a cada región 2. Recibir informes de los 8 equipos de supervisión, haciendo una compilación de información sobre las necesidades en asistencia técnica y otra, problemas, fallas, y los éxitos 3. Programar asistencia a los regiones según necesid. 4. Asegurar la buena marcha del sistema de Suministros 5. Revisar datos estadísticos periódicos con equipos de supervision y la Sección de Evaluación	Dir. Médico	Personal CONAPOFA y Consultores
16. HACER EL ADIESTRAMIENTO RUTINARIO EN ESTABLECIEMIENTOS YA OFRECIENDO SERVICIOS	16.1. Solicitar información de los equipos de super. en coordinación con el Dir. Médico sobre movilidad de personal y ofrecer Orientación básica al nuevo pers. 2. Solicitar información sobre otras necesidades de adiestramiento del personal en SM/PF y ofrecer cursos dentro de los cursos disponibles 3. Participar en la formación de personal médico al nivel de las instituciones profesionales	Dir. Adiestram., Dir. Médico y Supervisores Reg.	Personal CONAPOFA y Consultores
17. ADIESTRAR PERSONAL TECNICO EN SM/PF AL EXTRANJERO	Hacer encuesta de necesidades para entrenamiento, identificar recursos, programar	Asist. Méd. Adm. Dir. Méd., y Dir.	Personal CONAPOFA

OBJETIVO	ACTIVIDADES	RESPONSABLE	Refer.
18. EDUCACION A LA COMUNIDAD, INFORMACION PUBLICA	18.1. Establecer servicio de Hombrea en el sector civil (zonas industr., etc.) 2. Motivar otras empresas de las zonas francas para que participen del Prog. de distribución de mét. de PF	Dir. Adiestr/Ed.	INFORME TRIPART.
19. LLEVAR A CABO ESTUDIO DE FLUJO DE PACIENTES - CDC	19.1. Estudiar resultados del analisis de CDC 2. Propner modificaciones en el sistema según result.	Dir. Médico, Supervisores Reg.	CDC
20. SUPERVISAR CENTRO DE REPARACION Y MANTENIMIENTO DE EQUIPO DE LAPAROSCOPIA	Según Acuerdo de RAM	Dir. Médico or Asist. Méd.Adm.	AVS (International Project)
21. IMPLEMENTAR NUEVA FICHA CLINICA INTEGRADA AL NIVEL DE LA CLINICA	21.1. Diseñar Ficha y hacer Prueba inicial Reg. II 2. Recibir y hacer analisis de Fichas 3. Hacer reuniones en coordinación con Dir. Eval., Dir. Médico, equipo de Supervisión y personal de centros y clínicas para finalizar Ficha apropiada a las Normas Méd.	Dir. Eval., Dir. Méd. y Supervis. Reg.	Personal CONAPOFA y Consult.
22. MODIFICAR COLECCION DE DATOS ESTADISTICOS SEGUN RESULTADOS DE LA NUEVA FICHA CLINICA	22.1. Preparar programa de computación 2. Preparar tablas finales para analisis 3. Estudiar tablas y analisis al nivel central y regional y hacer modificaciones necesarias	Dir. Eval.	Personal CONAPOFA y Consult.
23. FINALIZAR ENCUESTA MUNDIAL DE FECUNDID.1980 Y INICIAR ENCUESTA DE 1983	Según Proyectos de Encuestas	Dir. Eval.	Documentos

**FINANCIAL FLOW CHARTS
AND REPORT FORMATS**

I.

INFORME FINANCIERO - GOBIERNO DOMINICANO
 PERIODO 1ro DE ENERO al 30 de SEPT 192x

Estado de los recursos y de los gastos
 del presupuesto por el Poder Ejecutivo del Gobierno

Presupuesto de	
Presupuesto de	

Código	Número	Título	PRESUPUESTO		PRESUPUESTO DE GASTOS		Presupuesto	Ejecutado	Porcentaje
			Presupuesto	Actualizado	Presupuesto	Realizado			
01	700-1	SERVICIOS PERSONALES							
11	701-1	SUEDAS PERMANENTES	X	2,962,360					
12	702-1	SUEDAS PERMANENTES TEMPORARIAS		95,211					
23	703-1	HONORARIOS PERMANENTES	X	1,655,550					
51	703-1	HONORARIOS ADICIONALES Y SUPLEMENTOS	X	2,111,100					
71	704-1	GASTOS DE VIAJES PERMANENTES	X	7,994,119					
81	705-1	ALIMENTOS	X	250,000					
		SUB-TOTAL		14,772,340					
02	900-1	SERVICIOS DE PERSONALES							
215	925-1	TELEFONOS Y CORRESPONDENCIA	X	4,221,500					
22	926-1	ALUGAR, ARRENDOS, ETC.	X	2,830,000					
23	927-1	COMUNICACION	X	515,700					
24	928-1	IMPRESION Y REPRODUCCIONES	X	5,222,400					
25	905-1	VIAJES EN FERROCARRIL	X	1,000,000					
26	906-1	VIAJES EN AUTOMOVIL	X	2,111,100					
27	929-1	ALUGAR	X	7,000,000					
28	929-1	SEGUROS	X	1,000,000					
29	930-1	OTROS GASTOS DE PERSONAL	X	1,655,550					
		SUB-TOTAL		27,316,250	X				
03	910-1	MANTENIMIENTO Y REPARACIONES							
31	941-1	MANTENIMIENTO Y REPARACIONES DE BIENES	X	9,500,000					
32	942-1	COMUNICACIONES, PUBLICIDAD Y GASTOS	X	2,111,100					
33	943-1	MANTENIMIENTO DE BIENES	X	2,111,100					
34	902-1	RENTAS	X	1,000,000					
35	961-1	RENTAS	X	2,111,100					
36	902-1	DONACIONES	X	2,111,100					
		SUB-TOTAL		17,934,300	X				
04		MANTENIMIENTO DE BIENES							
41	404-1	EQUIPO EDUCATIVO	X	1,000,000					
42	405-1	EQUIPO TRASCURSO	X	1,000,000					
43	406-1	MANTENIMIENTO DE EQUIPO EDUCATIVO	X	1,000,000					
		SUB-TOTAL		3,000,000	X				

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II.a. COMAPOEA
 INFORME FINANCIERO - UNFPA / POP COUNCIL - EN EFECTIVO
 PERIODO

Prepared By	Initials	Date
Approved By		

Numero UNFPA	Numero GRU	Numero Cuenta	TITULO	UNFPA			POP COUNCIL			TOTAL		
				PRECIADO	GASTO	SALDO	PRECIADO	GASTO	SALDO	PRECIADO	GASTO	SALDO
			SALDO	31474-			178377-			513469-		
41-78			MATERIAL GASTABLE				25000-			21121-		
42			EQUIPO NO SUJETABLE									
42.01	421	423-Y	EQUIPO MEDICO				7000-			7000-		
42.02	C	424-Y	EQUIPO ADMINISTRATIVO				500-			500-		
			CONTADOR				75000-			75000-		
53.0	C	C	MILEAJEROS				7000-			7000-		

III.

COMPROBA

INFORME FINANCIERO-UNIDA (POR CUENTA) CENITRADA

PERIODO

CUENTA	PLANILLO INICIAL R d 1	GASTOS REALIZADOS	SALDO	PRESUUESTO DE DONACIONES R d 5	GASTOS REALIZADOS	SALDO	PRESUUESTO EN TOTAL R d 5	GASTOS EN TOTAL	SALDO EN TOTAL
16 PERSONAS									
16-05									
16-07									
16-08									
16-09									
16-10									
16-11									
16-12									
16-13									
16-14									
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16-98									
16-99									
16-100									

Funcional

45-006 L. 1. 1. 1.
45-006 23. 1. 1. 1.
Made in USA

III a. CONAPASA
DETALLE DE INFORME FINANCIERO- UNIPA/POP CONCEL GAT
PRESUPUESTO EN EFECTIVO
PERIODO

CUENTA				PRESUPUESTO	GASTOS
Numero	Num.	Ann.	TITULO	EN EFECTIVO	EFECTIVO
Ad	CONAPASA	UNIPA			
01	900-1	16.	PERSONAL NACIONAL		
11	901-1	16.	SUEDIOS PERSONAL FIJO		
12	902-1	16.	SUEDIOS PERSONAL TEMPORAL		
33	903-1	16.	HORAS EXTRAORDINARIAS		
51	904-1	16.	HONORARIOS PROF. Y TECNICOS		
71	904-1	16.	GASTOS REPRESENTACION - PAS		
81	0-1	16.	Abundado		
			Totl - PERSONAL NACIONAL -	232000 -	

Prepared By	Month	Year
Approved By		

45-004 Rev. 5-66
45-004 2070 Dist
Made in USA

IV

CUNAPOFA

INFORME FINANCIERO - DEVELOPMENT ASSOCIATES (AID)
ARRIDO

Numero	TITULO	Proyecto en US Dollars	Costos	Saldo
1				
2	I. Costos Administrativos			
3	9223 a. Honorarios - A CONSULTOR	700 -	106 -	594
4	9223 b. TRANSPORTE	350 -	350 -	0
5	c. MATERIALES DE ALIMENTACION	400 -	400 -	0
6				
7	SUBTOTAL	1450 -	856 -	594
8				
9	II. Costos de PARTICIPACION			
10	9225 a) DIETAS	6325 -	6542 -	2167
11	9225 b) TRANSPORTE	2325 -	2561.90	344
12				
13	SUBTOTAL	8650 -	10903.90	2511
14				
15	GRAN TOTAL	10100 -	12189.80	2028
16				
17				
18				
19				
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21				
22				
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24				
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42				

CONAPOFA
 INFORME FINANCIERO GLOBAL
 PERIODO

1990-1991
 1990-1991
 1990-1991
 1990-1991

1990-1991	1990-1991
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Numero CNEFA	Numero GRJ	Numero CONAPOFA	Fuente del Ingreso	TITULO	EFECTIVO			DONACIONES			TOTAL						
					PROYECTOS	GASTOS	Saldo	PROYECTOS	GASTOS	Saldo	PROYECTOS	GASTOS	Saldo				
-	21	900-1	-	12000	33200												
-	12	900-1	-	12000	117000												
-	13	900-1	-	12000	61300												
-	04	400-1	-	12000	20500												
-	-	-	-	12000	110000												
16	-	900-2	X	UNION	21200			-0-	-0-	-0-			21200				
11	-	900-2	X	ADMINISTRACION	50500	X		-0-	-0-	-0-			50500				
11	-	900-2	X	ADMINISTRACION	50500	X		-0-	-0-	-0-			50500				
11	-	900-2	X	ADMINISTRACION	25000	X		-0-	-0-	-0-			25000				
30	-	900-2	X	ADMINISTRACION	61500	X		-0-	-0-	-0-			61500				
41	-	900-2	X	ADMINISTRACION	25000	X		-0-	-0-	-0-			25000				
42	-	400-2	X	ADMINISTRACION	9000	X		-0-	-0-	-0-			9000				
53	-	900-2	X	ADMINISTRACION	20000	X		-0-	-0-	-0-			20000				
-	-	900-3	X	ADMINISTRACION	1000	X		-0-	-0-	-0-			1000				
-	-	900-3	X	ADMINISTRACION	1000	X		-0-	-0-	-0-			1000				
-	-	900-3	X	ADMINISTRACION	1000	X		-0-	-0-	-0-			1000				
-	-	900-3	X	ADMINISTRACION	1000	X		-0-	-0-	-0-			1000				
-	-	900-3	X	ADMINISTRACION	1000	X		-0-	-0-	-0-			1000				
-	-	900-3	X	ADMINISTRACION	1000	X		-0-	-0-	-0-			1000				
-	-	900-3	X	ADMINISTRACION	1000	X		-0-	-0-	-0-			1000				
-	-	900-4	X	ADMINISTRACION	1000	X		-0-	-0-	-0-			1000				
-	-	900-4	X	ADMINISTRACION	1000	X		-0-	-0-	-0-			1000				

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**SAMPLE TABLES FOR
PRESENTATION OF CLIENT DATA**

INFORME ANUAL: Características de Nuevas Usuarías / ⁰ Todas las

Total del País (o/ y Por Región)									
Método	- Edad -								Total
	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-	
Pastilla									
DIU									
Espuma									
Tableta									
Condón									
Steril. (?)									
Otro (?)									
Total									124,000

La única diferencia entre este y la Tabla mensual de datos crudos del Sistema Actual - este da la edad actual de la usuaria - y el informe se podría ser por Año. No se recomienda por Clínicas frecuentemente porque ① las características no cambian mucho a través el año ② ni cambian de una zona a otra.

INFORME ANALITICO TRIMESTRAL - Nuevas Usarias) Con

Region	1981				1982			
	Ene-feb-mar	Abr-jun	Jul-sept	Oct-dic	Ene-feb-mar	Abr-jun	Jul-sep	Oct
Region I								
II								
III								
IV								
V								
VI								
VII								
VIII								
PAIS								

INFORME ANALITICO TRIMESTRAL Y/o Anual - Todas Instituciones

Region	Poblacion Fem.	(Periodo)									
		Usarias Act.	% Cob.								
I											
II											
III											
IV											
V											
VI											
VII											
VIII											
PAIS											