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GUATEMALA:
LOGISTICS MANAGEMENT WORKSHOP
and
PRELIMINARY CONDOM NEEDS ASSESSMENT

Foreign Trip Report

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ACRONYMS

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| AGPCS | Guatemalan Association for the Prevention and Control of AIDS (Asociación Guatemalteca de Prevención y Control del SIDA) |
| AID | Agency for International Development |
| AIDS | Acquired Immune Deficiency Syndrome |
| APAES | Association for the Prevention and Support of Those Suffering with AIDS (Asociación de Prevención y Apoyo a Enfermos con el SIDA) NOTE: This organization is commonly referred to as the "Solidarity Association" ("Asociación Solidaridad") |
| APROFAM | The Association for the Well-Being of the Family in Guatemala (Asociación Pro Bienestar de la Familia de Guatemala) |
| AVSC | Association for Voluntary Surgical Contraception |
| CCMIS | Contraceptive Commodities Management Information System |
| CDC | Centers for Disease Control and Prevention |
| CODETS | Center for the Orientation, Diagnosis, and Treatment of Sexually Transmitted Diseases (Centro de Orientación, Diagnóstico y Tratamiento de Enfermedades de Transmisión Sexual) |
| CPT | Contraceptive Procurement Table(s) |
| CSW | Commercial Sex Workers |
| CTS | Contraceptive Tracking System |
| DWB | Doctors Without Borders (Médecins Sans Frontières) |
| IGSS | Guatemalan Social Security Institute (Instituto Guatemalteco de Seguridad Social) |
| IPPF/WHR | International Planned Parenthood Federation/Western Hemisphere Region |
| I PROFASA | Importadora de Productos Farmaceuticos S.A. (Pharmaceutical Product Importer) |
| LMIS | Logistics Management Information System |
| MIS | Management Information System |
| MOH | Ministry of Health and Social Welfare (Ministerio de Salud y Asistencia Social) |
| PAHO | Pan American Health Organization |
| PNS | National Program for AIDS Prevention and Control (Programa Nacional de Prevención y Control del SIDA) |
| RHU | Reproductive Health Unit (Unidad de Salud Reproductiva) |
| SDP | Service Delivery Point |
| USAID | United States Agency for International Development |

I. SUMMARY

Marion D. Aldrich, Public Health Advisor, and Lori de Ravello, Visiting Fellow, Centers for Disease Control and Prevention, travelled to Guatemala by request of the United States Agency for International Development (A.I.D.) Mission to conduct a Contraceptive Logistics Management Workshop for the Ministry of Health and Social Assistance's Reproductive Health Unit (RHU) and condoms needs assessment for the Acquired Immune Deficiency (AIDS) programs supported by USAID/Guatemala. They conducted the four and a half day workshop for fifteen participants from the RHU and the National AIDS Program of the Ministry of Health. Following the workshop, they assisted the Director of the RHU to develop a preliminary strategy for the logistics management information and distribution systems for the RHU. They also met with various officials and staff from the Guatemalan Association for the Prevention and Control of AIDS/Asociación Guatemalteca de Prevención y Control del SIDA (AGPCS), the Solidarity Association/Asociación Solidaridad, the National Program for the Prevention and Control of AIDS/Programa Nacional de Prevención y Control del SIDA, the National Program for the Prevention and Control of Sexually Transmitted Diseases/Programa Nacional de Prevención y Control de Enfermedades de Transmisión Sexual, the Association for the Well-Being of the Family in Guatemala/Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), the Center for the Orientation, Diagnosis, and Treatment of Sexually Transmitted Diseases/Centro de Orientación, Diagnóstico y Tratamiento de Enfermedades de Transmisión Sexual (CODETS), APROFAM's program for AIDS, and Clapp & Mayne, an USAID/Guatemala subcontractor.

The consultants worked closely with Carlos Andrino, Program Specialist and person in charge of contraceptives logistics management at the USAID/Guatemala mission.

II. PLACES, DATES, AND PURPOSE OF TRAVEL

Guatemala City: June 15 - 30, 1994. At the request of USAID/Guatemala, CDC consultants conducted a (1) contraceptive logistics management workshop for fifteen participants of the Ministry of Health and Social Assistance (MOH), Reproductive Health Unit (RHU), and (2) preliminary condom needs assessment for AID/Guatemala.

III. PRINCIPAL CONTACTS

A. USAID/Guatemala

Gary Cook, Chief of Office of Health and Education
Carlos Andrino, Program Specialist
Dr. Baudilio López, Project Officer, Family Health Services

B. Reproductive Health Unit (RHU)

Dr. Mario García, Director
Dr. Carlos Dario Rivas Reyes, Medical Chief of the Technical Department
Dr. Julio Daniel González, Medical Adviser
Vivian de Paz, Management Information System Manager

C. Guatemalan Association for the Prevention and Control of AIDS (AGPCS)

Lic. Annelisse de Salazar, Coordinator
Dr. Rubín Mayorga Linea, Coordinator of the Telephone Hotline
Dr. Eduardo Arathoon, President of the Directing Board/Council

D. APAES or Solidarity Association

Mario Andrade, Administrative Director

E. National Program for the Prevention and Control of AIDS (PNS)

Dr. Elma Villatoro de Arají, Coordinator

F. National Program for the Prevention and Control of Sexually Transmitted Diseases

Dr. Francisco Ardon Palencia, Epidemiologist

G. APROFAM

Lic. Victor Hugo Hernández, Director
Julio Camara, Systems Analyst

H. Center for the Orientation, Diagnosis, and Treatment of Sexually Transmitted Diseases (CODETS)

Dr. Erwin Solorzano, Clinical Physician
Rosario Alemán, Secretary
Meliné Caal, University Outreach Project

I. Clapp & Mayne, Inc.

Ing. Ramón Ríos Yambó, Subdirector of Child Survival Project

IV. BACKGROUND

CDC has provided technical assistance to Guatemala since 1984 in the areas of program evaluation, population projections, contraceptive prevalence surveys, patient flow analysis, contraceptive forecasting, contraceptive procurement and logistics management information systems. For the past five years, CDC has been responsible for forecasting national contraceptive supply requirements and completing Contraceptive Procurement Tables (CPTs) for the Mission. In 1991, CDC began training the Mission in contraceptive logistics management to enable the Mission to assume direct logistics responsibilities in contraceptive forecasting, CPT preparation, and the managing of logistics in family planning programs.

This trip was an outcome of the preliminary training needs assessment done in December 1992 (see Aldrich, December 1992). During that visit, it was determined that the medical advisors or supervisory physicians of the RHU could benefit from training in contraceptive logistics management, particularly in the areas of information, distribution, inventory management, and storage systems. Later this year (1994), the supervisory physicians will assume responsibility for eight regions, each of which encompasses two to three health areas containing from 150 to 200 health centers and posts. Because the supervisory physicians were formerly based in the capital city, they will be taking on new responsibilities, one of which will be coordinating the family planning program at the regional level.

A second reason for this visit was the request by USAID/Guatemala for an AIDS condom needs assessment. Up until now, the Mission has provided condoms to a handful of organizations with the primary purpose of combatting AIDS and sexually transmitted diseases (STDs) through preventive education and condom distribution to high-risk groups. These USAID-provided condoms were distributed through the RHU and APROFAM and their procurement was carried out in accordance with their respective CPTs. The CPTs for condoms for each of these two organizations combine condoms for family planning and AIDS, making it difficult, if not impossible, to separate condoms that are not destined for a specific AIDS program within an organization from condoms

destined for family planning. USAID/Guatemala is considering a separate CPT for the Ministry of Health's National AIDS Program and the other AIDS organizations serviced through APROFAM. With this objective in mind, the consultants assisted the Mission in determining the condom needs for AIDS-related use for the current and next few years.

V. CONTRACEPTIVE LOGISTICS MANAGEMENT WORKSHOP

Prior to the workshop, the consultants spoke with Clapp & Mayne Subdirector of the Child Survival Project, who was coordinating the effort to computerize the MOH's Immunization and Oral Rehydration Programs as well as the RHU's family planning programs. After a brief discussion, it was determined that the RHU was continuing to utilize forms that failed to separate consumption from inventory distribution data, and that consumption data was not readily available for use in program analysis. Thus, a session of the workshop was designed for participants to determine the level of average monthly consumption using the forms in question.

The workshop curriculum was adapted from both the Mexico (see Salomon, Papworth, Schenkel, and Aldrich, May 1993) and Chile curricula (see Aldrich, April 1994). The sessions took into account the integration of the RHU within the MOH and the particular needs of the participants and the family planning program as a result of the restructuring.

The agenda and list of participants can be seen in Appendices I and II. Two participants from the National AIDS Program (PNS) were also present during part of the workshop.

A. Goal and Objectives from the Workshop

The workshop goal and objectives from Appendix III can be stated as:

Goal: The participants will acquire the skills and knowledge necessary to develop and implement an information, inventory management, and distribution system for the health areas, centers, and posts.

Objectives: At the end of this workshop, the participants will be able to:

1. Identify the basic types of forms found in a Logistics Management Information System (LMIS) and utilize the new F10A form.
2. Analyze the LMIS and make administrative and logistical decisions based on the data from the information system.
3. Identify and utilize different methods to forecast contraceptive needs.

4. List the basic guidelines for proper contraceptive storage.
5. Assess the contraceptive supply status at different levels in terms of months of supply on hand.
6. Determine the appropriate order quantity for a health center or post using maximum-minimum inventory control procedures.
7. Establish the appropriate maximum and minimum inventory levels for the health areas, centers, and posts.
8. Revise and adapt the guidelines for the Guide to Logistics Supervision.
9. Analyze the results of a supervisory visit and make the appropriate decisions according to a case study.

B. Participants' Expectations, Goals, and Objectives

During the session on Expectations, Objectives, the Agenda, and Administrative Matters, the participants developed their own goals and objectives, some of which were:

- To understand the process of planning, organizing, implementing, evaluating, and providing feedback to the logistics system, and to clearly define its importance within the areas of reproductive health and family planning.
- To obtain the skills which are necessary and useful to proper logistics management, as well as the understanding of the importance of the information.
- To understand the conceptual framework of logistics as part of an administrative process.
- To learn the methods and their application in improving a supply system.
- To understand the process of the management of contraceptives from the moment of their manufacture until their delivery to the user.
- To acquire practical and useful knowledge of contraceptive logistics.
- To understand and apply the different methods and concepts of contraceptive control and management in order to achieve an adequate logistics system.

C. Evaluation Feedback

Overall, the participants felt that their expectations were met during the workshop. Midterm and final evaluations (see final evaluation, Appendix IV) were administered to obtain their feedback on workshop sessions and logistics. Results from the twelve final evaluations that were completed reveal that:

1. One hundred percent of the participants agreed that the five-day workshop had achieved its goal of increasing their knowledge of contraceptive logistics and providing them with the tools to evaluate and supervise a logistics system.
2. One hundred percent of the participants felt that the training techniques employed during the workshop were adequate.
3. One participant felt that the information presented in the workshop was too technical, while the remaining participants thought that it was appropriate. One participant commented that the information presented could be applied at the service delivery point level, while another pointed out that the material presented could have been complemented by more in-depth reading.
4. Ten (83%) of the participants felt that the five-day period allocated to the workshop was adequate; one (8%) felt that the workshop lasted too long, while another felt that five days was insufficient time.
5. Seven (58%) of the participants felt that the workshop had adequately prepared them to carry out their roles in contraceptive logistics management; the remainder (42%) felt that the workshop had prepared them very well.
6. Seven (58%) of the participants expressed that they could, with assistance, evaluate LMIS forms and could improve the data collection process; the remainder (42%) expressed that they could do so without assistance.
7. All but one (92%) participant felt confident in his/her ability to assess months of supply on hand of a product and to teach another person how to calculate months of supply on hand without assistance; the participant that required assistance in this task mentioned that he/she could successfully complete the task with practice.
8. All (92%) but one participant claimed to be able to establish maximum and minimum levels of stock without assistance. The remaining participant felt that he/she would require assistance in doing so.

9. Two (17%) participants claimed that with assistance, they could calculate the average quantities of contraceptives dispensed to users and the months of stock on hand of each method. The rest of the participants (83%) stated that they required no assistance in performing these tasks.
10. Seven (58%) of the participants expressed that they could, without assistance, calculate the order quantity according to maximum-minimum inventory control methods, two (17%) felt that they could do so with assistance, and one (8%) revealed that he/she could only do so with difficulty but that he/she would make an attempt to determine the order quantity.
11. Ten (83%) considered their ability to detect and resolve contraceptive storage problems to be adequate; two considered it to be excellent.
12. Ten (83%) of the participants felt that they could describe in great detail the process of forecasting contraceptive needs; the other two (17%) felt that they could somewhat describe that process.
13. Eight (67%) of the participants felt that they could, without assistance, analyze data from an LMIS form, identify problems and recommend solutions to improve the logistics system. Four (33%) claimed that they could do so with assistance.
14. Six (50%) of the participants felt very confident in his/her ability to carry out a supervisory visit aimed at evaluating a logistics system and to identify problems and recommend changes without assistance. Three (25%) expressed the ability to conduct a logistics supervisory visit, identify major problems, and with assistance, make recommendations. One (8%) participant claimed that he/she could carry out a logistics supervisory visit with some doubt but would attempt to identify major problems.

VI. THE NEW LOGISTICS MANAGEMENT INFORMATION SYSTEM

In December 1993, the RHU was still utilizing the original F10 form which can be seen in Appendix V. This form is filled out by the auxiliary nurse at the health post and sent to the health center, where it is aggregated by the nurse in charge of administration. The information on all F10 forms is consolidated and sent to the health area for further aggregation by the person in charge of computation and then is supposedly sent to the Department of Statistics at the Ministry of Health in the capital.

The first table of this form, titled "Active Users in the Establishment," shows a column for each method dispensed, one for "new users," one for "revisits," and a final column for "active users by method." There was some confusion as to what to put into the final column as the heading implies multiplying the active number of users by the method. A modified F10 form was developed as a response to these inadequacies (see Appendix VI). The modified F10 form has four columns in addition to the contraceptive method column under the first section, which are titled as follows: "New Users," "Revisits," "Active Users," and "Total."* This table overcomes the problem of how to account for users which are active but do not need to visit a clinic or post during a particular month, such as those users with IUDS, those who have been sterilized, or those who have received sufficient quantities of condoms or pills to carry them over into the next month or more. The final "Total" column specifies that the person filling out the form is to add the previous three columns.

The second table of this form, titled "Inventory Control of the Contraceptives in the Establishment," with columns for "Contraceptive Method," "Beginning Balance," "Quantity Received," "Distributed," and "Ending Balance," remained the same when the F10 form was revised. One problem with this form is that there is no way to determine what portion of the "Distributed" column is actually dispensed-to-user (consumption data) and what portion is due to contraceptive losses or transfers. The actual ending balance could be lower than the number in the F10 form's "Ending Balance" column (which is the "Beginning Balance" plus the "Quantity Received" minus the "Distributed"), because "Distributed" refers to consumption only, and there are also losses and transfers. In December 1993, a CDC consultant advised the director of the RHU that this problem could be overcome by adding another column to the F10 form titled "Adjustments." This column would allow any non-user distribution of contraceptives to be recorded separately from actual consumption. During the current visit, the RHU had agreed to add an "Adjustments" column to the second table of the F10 as again recommended by the two CDC consultants. Once this change occurs, the final "Ending Balance" column will reflect contraceptive losses and transfers. Furthermore, the columns of this table will correspond with those of the inventory management form as seen in Appendix VII.

The inventory management form in Appendix VII, titled "Monthly Balance of Stock" will be computerized along with the most recent version of the F10 form. The columns of this form are titled as follows: "Code Number," "Description," "Previous Balance," "Quantity Received," "Quantity Consumed," "Adjustments," and "Ending Balance." This form will be part of the MOH's MIS and will be managed in a parallel fashion to

* "Revisits" refers to established clients who return that month for resupply. "Active users" refers to established clients who do not return that month because they received sufficient contraceptives at their last visit to last them several months. For example, a woman who receives three packets of oral contraceptives in January (as a revisit) does not return to the clinic until April or May, but she is considered an "active user" of oral contraceptives for the months of February, March, and April.

the F10 and F10A (see below and Appendix VIII) forms which will be part of the RHU's logistics management information system. The information from the inventory management form will be recorded by the health care provider and transferred to the second table of the F10 form. Once the new "adjustments" column is added to the second table of the F10 form, its last five columns will correspond to the last five columns of the inventory management form. Both of these forms will thus be a source of distribution and consumption information.

Nevertheless, the terminology of the F10 form requires modification to correspond with that of the inventory management form. The F10 column labeled "Distributed" can be replaced with "Quantity Consumed" or "Quantity Delivered to the User." This term would correspond to the "Quantity Consumed" of the inventory management form. The change in terminology could be accompanied by instructions informing the health care providers of the meaning and use of the new terms and their corresponding columns. Emphasis should be placed on explaining to health care providers that the new "Quantity Consumed" column of the F10 continues to be the quantity distributed to users without losses, theft, or transfers to other facilities included.

Along with the F10, the RHU developed the F10A during 1994 (see Appendix VIII). This form attempts to clarify the status of active users by assigning them a letter which corresponds to the type of visit. The first four columns (excluding the "No." column) are for background data on each client. Three columns then record the client's Tetanus Toxoid status. The remaining columns contain the months of the year. Under each month, one column specifies the contraceptive method dispensed while the other specifies the type of visit (see footnote on page 10 for a clarification of these terms). The three code letters for the type of visit are defined as follows:

a = admission/new client

r = revisit

u = active user

For the first visit or admission, one cycle of pills or 12 condoms are given. For each revisit, a three months supply of pills or condoms is given. Injectable hormones are administered every three months. Thus, each letter corresponds to an ideal quantity of contraceptives dispensed to the user.

The difficulty with such an idealized system lies in its interpretation. It is unknown how many units of each contraceptive method are *actually* given to each user. For example, in the case of low stock on hand, fewer condoms may temporarily be administered to each user. Another possible source of confusion can occur if the user changes methods during the year, or if a user uses more than one contraceptive method at the same time. It is unclear how any of these situations would be accurately reflected on the F10A. The CDC consultants suggested that the *actual* quantities distributed be reflected on the

F10A, as well as a more efficient usage of column space. For example, it may not be necessary to duplicate the coding for contraceptive method for each month of the year.

These issues were illustrated to the physicians and personnel attending the workshop during the session which assesses months of supply on hand. The participants utilized the modified F10 (see Appendix VI) and newly created F10A (see Appendix VIII) forms during the practical exercise. They found that the F10A presented an idealized situation and would not clearly reflect any situation to the contrary. The participants also saw that the F10A did not efficiently nor effectively use limited column space. The F10 was found to lack essential information necessary to compile a complete and accurate picture of contraceptive supplies, namely an "Adjustments" column to account for losses.

This practical exercise led to a discussion of the forms as valid instruments for the collection of reliable dispensed-to-user or consumption data and distribution data from the warehouse or storeroom. The findings from the discussions and overall evaluation of the forms by the consultants led to recommendations for the modification of the F10 and F10A as discussed above. Further discussion will ensue between the RHU and Clapp & Mayne on modifying the F10A and adding the additional column to the F10.

VII. CONDOM NEEDS ASSESSMENT FOR AIDS PROGRAM

A. POPULATION AND DEMOGRAPHICS

The Republic of Guatemala is a Central American nation with a population estimated at 9,745,000, 61.9% of which lives in rural areas. Seventy-two percent of Guatemalans live in poverty, with 39.6% living in "extreme" poverty. Fifty-two percent of Guatemalans are illiterate, with 20% of the adult population having received no more than one to three years of formal education. Males are more likely to receive formal education than females.

Demographic data and health indicators for Guatemala attest to the importance of continued support for meaningful health programs. For example, 45.7% of the Guatemalan population is under the age of 14 (with 17.7% under the age of five, and 28.01% between the ages of five and 14). Women of child-bearing age make up 20.4% of the population, and the birth rate for Guatemala is 36.5 per 1000. The leading causes of death in Guatemala have their biggest impact on those who make up the largest proportion of the population, its women and children. The three main causes of death in Guatemala are: diarrhea (14.4/100,000 population), acute respiratory infections (11.2/100,000 population), and malnutrition (5.2/100,000/population).

B. HIV AND AIDS IN GUATEMALA

Another cause of morbidity and mortality which is an ever increasing concern for Guatemala, Central America, and the world is Acquired Immune Deficiency Syndrome (AIDS). Although Guatemala has had 1,132 *confirmed* positives (500 with AIDS and 632 asymptomatic carriers of HIV), the Ministry of Health and Public Assistance estimates that there are currently 35,000 people infected with HIV in Guatemala. Furthermore, the most recently reported cases of HIV infection in Guatemala are among an increasingly younger population and the male:female ratio is equalizing.

Additional significant statistics provided by the MOH include:

- Fifty-six percent of Guatemala's confirmed HIV cases are asymptomatic carriers, and 68% of these carriers are women.
- Of the asymptomatic carriers, 60% are heterosexual and 31% are homosexual or bisexual.
- Of the AIDS cases, 54% are heterosexual and 37% are homosexual or bisexual.
- One percent of the AIDS cases and carriers contracted HIV via intravenous drug use and 4% infection occurred via blood transfusion.

Geographically, HIV and AIDS have the greatest prevalence in the following areas of Guatemala:

- The greater metropolitan area of Guatemala City.
- Quetzaltenango
- Matzaltenango
- Esquintla
- Izabal (Puerto Barrios)
- Retalhuleu
- The departments along the borders with Honduras, El Salvador, and Mexico (Chiquimula, Jutiapa, and San Marcos, respectively).

C. CURRENT CONDOM DISTRIBUTION IN GUATEMALA

USAID provides condoms to four Guatemalan agencies: the Association for the Well-Being of the Family in Guatemala (APROFAM), the Guatemalan Social Security Institute (IGSS), Importer of Pharmaceutical Products (IPROFASA), and the Guatemalan Ministry of Health and Social Welfare's Reproductive Health Unit (RHU). Given existing data, it is impossible to determine what proportion of these organizations' condom distribution is for the prevention of *pregnancy* vs. the prevention of *STDs* or *AIDS*.

1. **IGSS** No visits were made to IGSS during this condom needs assessment. According to a previous investigation (see PATH/JSI, "Model Country Proposal, Country Profile: Guatemala," January 1993), IGSS has mainly promoted IUD insertions and sterilizations, giving little attention to condom distribution.
2. **IPROFASA** IPROFASA is the social marketing firm which markets USAID-supplied condoms in Guatemala. No visits were made to IPROFASA as part of this condom needs assessment.
3. **RHU** The RHU distributes condoms directly to health centers and posts throughout the country, as well as to the MOH's National AIDS Program (PNS).

National AIDS Program (PNS)

The National Program for the Monitoring and Control of Sexually Transmissible Diseases Including AIDS (CONAVISIDA) began distributing condoms in 1992. Now referred to as the National Program for the Prevention and Control of AIDS (PNS), this organization relies on three promoters who distribute condoms directly to PNS AIDS programs throughout the country as well as directly to other high-risk groups (such as to commercial sex workers (CSWs)).

By law, CSWs in Guatemala are required to be registered, in part so they can receive free weekly check-ups from the MOH. However, in some areas of the country the percentage of sexual workers actually registered has been estimated to be as low as 0.1%. Ninety-eight percent of the CSWs who use condoms receive all their condoms from the MOH, and 2% supplement what the MOH gives them with their own purchases. Of the sexual workers who receive condoms from the MOH, it is estimated that only one in four of them use the condoms (the rest are sold, traded, lost, stolen). Some of the basic obstacles to program success that were

cited include a lack of basic materials, a lack of personnel, and an apparent misuse of distributed condoms.

4. **APROFAM** APROFAM is an International Planned Parenthood Federation (IPPF) Affiliate that provides USAID-supplied condoms to approximately 30 Guatemalan organizations and individuals working

| | 1992 | | 1993 | |
|------------------|-------------|---------|-------------|---------|
| | Total | Percent | Total | Percent |
| APROFAM | 2,471,900 | 40.7 | 1,974,200 | 34.7 |
| IGSS | 156,000 | 2.6 | 70,000 | 1.2 |
| I PROFASA | 2,642,300 | 43.5 | 2,501,300 | 43.9 |
| RHU (MOH) | 801,400 | 13.2 | 1,160,400 | 20.3 |
| TOTAL | 6,071,600 | 100.0 | 5,705,900 | 100.0 |

directly and indirectly in the area of reproductive health. The largest of these organizations specifically interested in HIV/AIDS prevention are:

The Guatemalan Association for the Prevention and Control of AIDS (AGPCS)

AGPCS was founded in 1988 by a group of concerned doctors who were alarmed by the mistreatment of HIV positive patients in the private and public hospitals of Guatemala. Working out of San Juan de Dios Clinic and Roosevelt Hospital, AGPCS' doctors and other health professionals offer HIV testing, treatment, and preventive education.

AGPCS' two clinics currently see approximately 10 patients a day, with an ever-increasing new patient load. In order to understand to what extent one clinic's new patient load is increasing, one must consider that in 1993 both clinics saw a total of 160 new patients. In the first six months of 1994, 66 new patients have been seen in *one clinic alone*. This figure represents a 33% increase over 1993's new patient load.

AGPCS performed 1200 HIV tests in 1993, 75 (16%) of which were positive, a figure very high for the general population. AGPCS' patients have a 3:1 male:female ratio, with 63% of the HIV positives having contracted the virus via heterosexual contact. According to the women patients, 30% have only one source of contracting the virus: an unfaithful spouse or lover.

To help women deal with the AIDS dilemma, AGPCS conducts integrated workshops for women that combine AIDS education with other important components of their daily lives (such as self-esteem, self-empowerment, drug and alcohol abuse, physical abuse, and machismo). AGPCS works with and through established groups already working with women by conducting Training of Trainer (TOT) workshops.

In January 1994, AGPCS began operating an information hotline dealing with AIDS and other issues related to sexuality. They currently have nine paid operators and several volunteers who work shifts answering the single telephone line. All operators have received training in the use of the telephone in this setting, as well as training in AIDS and sexual counseling. There are heterosexual and homosexual, male and female operators available at various times during the day. Currently the single telephone hotline is in operation during business hours only. AGPCS has plans to expand their operations throughout the country, and to coordinate and integrate with other Central American organizations that provide similar services.

AGPCS plays an important role in distributing condoms to other smaller organizations that give talks to various interested organizations. Also, AGPCS celebrates International AIDS Day by participating in a two week-long AIDS exposition. Last year during the exposition, AGPCS distributed one condom to each of 39,720 visitors who stopped by to listen to AIDS education and prevention talks at the AGPCS booth.

Solidarity or The Association for the Prevention and Support of Those Suffering from AIDS (APAES)

Solidarity was founded in 1991 to offer HIV positive clients a level of support not otherwise available in Guatemala. While AGPCS provides the majority of *medical* care for HIV positive patients, Solidarity provides nutritional counseling, limited nutritional supplementation (such as vitamins, lactose free milk and INCAPARINA, a dried fish meal used as a protein supplement), subsidized specialty testing (such as white blood cell and t-cell count), and mental and emotional support. Solidarity also began conducting HIV testing in 1992. The first year of HIV testing, Solidarity had 20 positive patients; currently, they have 55.

Solidarity also participates in the annual AIDS Exposition for International AIDS Day. Solidarity collaborates with six other organizations working in the area of AIDS to assure the success of the exposition. These organizations are:

- Pan American Health Organization (PAHO)
- National AIDS Program (PNS)
- Casa San José (a home run by English nuns which provides hospice for terminally ill patients)
- AGPCS (see above)
- Center for the Orientation, Diagnosis, and Treatment of Sexually Transmitted Diseases (CODETS)
- COEPSIDA (an AIDS organization founded by educators)

Solidarity reports that they distributed 39,591 condoms at the 1993 AIDS Exposition.

Solidarity has recently become interested in and involved with AIDS education and self-esteem building aimed at fifth and sixth graders. They developed a guide which allows teachers to integrate AIDS education and self-esteem into their existing curricula. So far in 1994, Solidarity has conducted three Training of Trainers workshops for teachers in the northern Guatemala Department of Izabal. These workshops were attended by teachers from 25 schools, which have over 10,000 students between them. Solidarity will perform ongoing evaluations of the students and teachers to measure the impact the training has had on their outlook and behavior as related to AIDS and self-esteem issues.

Solidarity plays an important role in AIDS education and the distribution of condoms to high-risk groups in the metropolitan area. Solidarity outreach workers have an established schedule for visiting specific areas frequented by male and female sexual workers, and promiscuous transvestites and homosexual/bisexual men. The outreach workers talk to these high-risk people about high-risk behavior and prevention of HIV/AIDS, and they distribute condoms. The condoms provided to these high-risk groups do not fully cover their needs, but at least supplement what Solidarity hopes are their own purchases of condoms. According to Solidarity, many female sexual workers now better understand the need to protect themselves from unsafe sexual relations, and are more likely to turn away a customer who offers to pay more if the sexual worker will not insist that a condom be used. Solidarity's condom distribution program

includes AIDS education and condom distribution to several of the metropolitan area prisons.

Solidarity is currently unable to expand its AIDS program services given its existing resources, although it sees a great need and demand to do so.

Doctors Without Borders (DWB)

APROFAM began condom distribution to DWB in 1994. Because of a lack of distribution data at the time of this visit, a visit to DWB was not deemed productive.

Center for the Orientation, Diagnosis, and Treatment of Sexually Transmitted Diseases (CODETS)

CODETS is a sub-unit of APROFAM created to treat sexually transmitted diseases (STDs). In addition to its main function of treating STDs, CODETS distributes condoms through its educational and university-based outreach programs, and conducts ELISA and subsidized Western Blot tests. CODETS is the only entity in Guatemala that conducts the Western Blot test, and so receives many referrals from the MOH.

CODETS is a small, single clinic located in Guatemala City. It has one doctor, one nurse, one psychologist, and one or two administrative staff. The clinic is only open Monday through Friday from 8:00 until 5:00. CODETS estimates that 1% of all their clients use condoms, and the majority of these use condoms for the prevention of pregnancy rather than for the prevention of STDs. Approximately 30% of CODETS patients are revisits (60% are new patients). CODETS sees approximately the same number of male and female patients. Their most recent data shows that 5.7% of their HIV tests are positive.

In 1993 (see table below), CODETS appears to have distributed less condoms than in 1992 due to an oversupply of condoms from 1992. Because the stock levels for condoms were high in the beginning of 1993, the condom requirements for that year were met largely with the stock-on-hand from 1992.

The Army and National Security Forces (Police)

APROFAM supplies the Army and the National Security Forces (the Police) with condoms.

APROFAM Condom Distribution - 1992 & 1993

| | 1992 | 1993 |
|--------------|----------------|----------------|
| AGPCS | 0 | 59,000 |
| SOLIDARIDAD | 20,000 | 70,000 |
| DWB* | 0 | 0 |
| CODETS | 129,600 | 2,900 |
| ARMY | 204,000 | 176,500 |
| POLICE | 10,100 | 0 |
| TOTAL | 363,700 | 308,400 |

*APROFAM began condom distribution to DWB in 1994.

Historical and Future Trends in Condom Distribution - 1989 to 1996 (USAID/Guatemala to All Programs According to CPTs)

| YEAR | 1992 | 1993 | 1994 | 1995 | 1996 |
|-----------------|-----------|-----------|-----------|-----------|-----------|
| TOTAL | 6,071,600 | 5,705,900 | 6,324,300 | 7,010,300 | 6,509,000 |
| % CHANGE | | -6.0% | +10.8% | +10.8% | -7.2% |

D. BARRIERS TO EFFECTIVE CONDOM DISTRIBUTION IN GUATEMALA FOR AIDS PROGRAMS

1. Lack of staff and resources in all programs.

Without an adequate number of staff to provide education and to distribute condoms to the high-risk and HIV-infected population, no program can meet its full potential. Increasing the number of condoms allocated to these programs will not result in greater condom distribution among the target population because of insufficient staff to carry out the distribution.

2. Limited service delivery points.

Most AIDS programs have one or two clinics which cover a limited radius of the population at risk.

3. Centralized service delivery points.

Most STD/AIDS clinics are concentrated within the capital city, which means that these services are not available to those residing outside the capital are not covered by these services.

4. Lack of active campaigns.

Other than the annual AIDS exposition, the AGPCS workshops and AIDS Hotline, and Solidarity workshops, there is little evidence of media and other promotion of AIDS prevention activities. Recently, a theatrical presentation with an AIDS theme sponsored by the PNS with PAHO funding drew criticism from other AIDS organizations.

5. Lack of coordination between organizations working in AIDS.

In spite of the coordination that takes place among AIDS organizations during the AIDS exposition mentioned above, there is little evidence of formal cooperation among the AIDS organizations. Coordination among them appears to occur in an ad hoc and informal manner.

6. Lack of coordination/support between PNS and the Department of Infectious Disease.

The PNS and Department of Infectious Disease, under which the PNS appears to be indirectly connected by a dotted line on the organigram, appear to have little communication between them. This is especially noteworthy as both of these programs/departments are located within the

same building within the MOH. Moreover, the information presented to the CDC consultants by the respective directors of each area appeared to differ significantly.

7. Prevalence of mislabeled Korean black market condoms.

Korean condoms that are not thought to meet international quality control standards have flooded the Guatemalan market mainly due to a lack of regulation. Many of these Korean condoms are not meant for vaginal or anal sexual intercourse, but are intended for *oral* sex only. These condoms have been distributed to sexual workers for use with their clients with no explanation of their intended use. This situation was brought to the attention of outreach workers by sexual workers' complaints of breakage following improper usage.

A telephone call to the supposed manufacturer of the oral sex condoms, the Hankook Company, revealed that only tires and other vehicle parts were being manufactured by the company. The Hankook representative claimed that this company did not manufacture condoms either in the United States or in Korea.

VIII. RECOMMENDATIONS

A. Reproductive Health Unit

The RHU has begun to reorganize its LMIS, storage, and distribution systems. As has been discussed above, the following activities would improve the logistical framework of the newly reorganized RHU:

1. Adding an "Adjustments" column to the second table of the F10.
2. Including the quantities dispensed to each user in the F10A and totals for these quantities.
3. Establishing communication channels between the RHU medical advisors who are to be based in the regions and the chiefs of the health areas.
4. Developing the medical advisor's role as a "troubleshooter" as opposed to a physician supervisor who visits every health center and post under his/her jurisdiction. This would allow for a more efficient use of the medical advisor's time.
5. Establishing an LMIS and integrating it with that of the Ministry as soon as possible.

No recommendations on the contraceptive distribution system will be made at this time due to insufficient knowledge of the current status of the MOH's essential drug distribution system and the lack of a decision on the regional or health area storage facilities.

B. Condom Needs Assessment for AIDS Programs

1. Complementing this preliminary condom needs assessment with a more thorough country-wide assessment.
2. Strengthening communications and collaboration between the various AIDS organizations in Guatemala.
3. Improving coordination and communication between the National AIDS Program and the Department of Infectious Disease.
4. Continuing the emphasis of AIDS education and condom distribution to critical and high-risk groups and areas.
5. Continuing efforts to acquire funding and support for AIDS related activities.

NOTE: AIDS organizations in Guatemala have very limited resources and support, and are currently unable to expand their services and outreach programs despite unanimous agreement that HIV and AIDS rates will continue to rise sharply there. Additional funds made available to the AIDS organizations in Guatemala could mean essential training for existing and additional human resources, improved and expanded AIDS education and prevention activities, more service delivery points capital- and country-wide, and subsidized laboratory fees for clients. Scant operating budgets could be supplemented with donated or subsidized material resources, including: condoms, nutritional supplements, lactose-free milk products, HIV- and AIDS-related medicines and treatments, educational materials, and laboratory equipment.

C. Non-Governmental Organizations (NGOs) and/or Technical Advisors

There are a number of NGOs working with the MOH and RHU in a number of areas. The Population Council and Association for Voluntary Surgical Contraception (AVSC) are two NGOs currently working with the RHU. The week before the current CDC logistics workshop took place, the Population Council conducted a workshop for the RHU that included sessions on data collection and use (MIS) and logistics. AVSC plans to conduct a Training of Trainers workshop later this year in patient counseling. Each organization should inform the others about its activities in order that efforts are not duplicated.

1. There should be communication and coordination among NGOs and other organizations to avoid the duplication of efforts.

IX. FUTURE ACTIVITIES

A. Reproductive Health Unit

Follow-up for the contraceptive logistics workshop will include the monitoring of the RHU LMIS, distribution, supervision, and other logistics-related activities. Although the RHU claims that they require no assistance in training health care providers in logistics at the service delivery point (SDP) levels, it may be desirable to take a closer look at SDP staff who could benefit from training once the new RHU system is in place. The Association for Voluntary Surgical Contraception is providing some TOT training in the area of counseling, not logistics. It may be possible that a formal TOT workshop for the supervisory physicians in contraceptive logistics management could assist them in training the staff at the health centers, who in turn could train staff at the health posts.

The RHU still does not have an inventory management software package. The director of the Unit purchased the software TecApro for the accounting and administrative staff of the RHU. He is considering purchasing the inventory management module of TecApro as well. The CDC consultants suggested to him that he consider examining the Contraceptive Tracking System (CTS), the new inventory management software developed by the CDC. CTS could perform the basic inventory management functions required by the RHU and should be considered before additional funds are spent.

B. Condom Needs Assessment for AIDS Program

A more extensive survey is required to determine actual condom use for AIDS prevention. This survey should target border and other areas with a high concentration of commercial sex workers. For example, the PNS claims that Puerto Barrios, a port on the Atlantic coast, has an estimated 3000 commercial sex workers (CSWs) and the total estimated need for AIDS condoms in this town is 3 million units per year. Statistics such as these need to be verified and, if necessary, adjusted for use in the calculation for the entire country's AIDS condom requirements.

SOURCES

The Association for the Prevention and Support of Those Suffering from AIDS (APAES), Interview with Mario Andrade, June 27, 1994.

Center for the Orientation, Diagnosis, and Treatment of Sexually Transmitted Diseases (CODETS), Interview with Dr. Erwin Solórzano, June 28, 1994.

Center for the Orientation, Diagnosis, and Treatment of Sexually Transmitted Diseases (CODETS), *Presentación de Logros Alcanzados 3er Año*, 1994.

The Association for the Well-Being of the Family in Guatemala (APROFAM), Interview with Victor Hugo Fernández, June 28, 1994.

The Guatemalan Association for the Prevention and Control of AIDS (AGPCS), Interview with Anelisse de Salazar, June 16, 1994.

Ministerio de Salud Pública y Asistencia Social de Guatemala, *II Plan Nacional a Mediano Plazo Para La Prevención y Control del SIDA de la República de Guatemala 1993-1995*, October 1992.

National Program for AIDS Prevention and Control (PNS), Interview with Dr. Elma Villatoro de Arají and Dr. Francisco Ardon Palencia, June 27, 1994.

APPENDICES

APPENDIX I: Workshop Agenda

AGENDA

TALLER SOBRE LOGISTICA DE ANTICONCEPTIVOS

**MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL
UNIDAD DE SALUD REPRODUCTIVA**

**JUNIO 20 - 24, 1994
CIUDAD DE GUATEMALA, GUATEMALA**

LUNES 20

- | | |
|-------------|--|
| 8:30-9:00 | Inauguración - Introducción |
| 9:00-9:45 | Rompehielos |
| 9:45-10:30 | Expectativas, Objetivos, Agenda, Asuntos Administrativos |
| 10:30-10:45 | Descanso |
| 10:45-12:15 | Introducción a la Logística |
| 12:15-16:00 | Almuerzo y Tarde Libre |

MARTES 21

- | | |
|-------------|---|
| 8:30-12:00 | Caso Práctico Sobre el Sistema Logístico de Anticonceptivos |
| 12:00-1:00 | Almuerzo |
| 13:00-15:00 | Sistemas de Información en la Administración Logística |
| 15:00-15:15 | Descanso |
| 15:15-17:30 | Sistemas de Información en la Administración Logística (continuación) |

MIERCOLES 22

| | |
|-------------|---|
| 8:30-11:30 | Disponibilidad de Anticonceptivos en Meses de Existencia |
| 11:30-12:30 | Almuerzo |
| 12:30-13:00 | Evaluación Intermedio |
| 13:00-15:00 | Condiciones de Almacenamiento |
| 15:00-15:15 | Descanso |
| 15:15-16:15 | Sistema de Control de Existencias Máximos y Mínimos y Determinación de Solicitudes Futuras de Anticonceptivos |

JUEVES 23

| | |
|-------------|--|
| 8:30-11:00 | Sistema de Control de Existencias Máximos y Mínimos y Determinación de Solicitudes Futuras de Anticonceptivos (continuación) |
| 11:00-11:15 | Descanso |
| 11:15-12:15 | Programación de Necesidades de Material Anticonceptivo |
| 12:15-13:15 | Almuerzo |
| 13:15-15:00 | Programación de Necesidades de Material Anticonceptivo (continuación) |
| 15:00-15:15 | Descanso |
| 15:15-16:30 | Presentación de TecaPro por Lic. Julio Camara, APROFAM |
| 16:30-17:30 | Uso del Sistema de Información en la Administración Logística |

VIERNES 24

| | |
|-------------|-----------------------------|
| 8:30-11:15 | Supervisión Logística |
| 11:15-11:30 | Evaluación Final del Taller |
| 11:30-12:00 | Clausura del Evento |

APPENDIX II: List of Participants

**República de Guatemala
Ministerio de Salud Pública y Asistencia Social
Unidad de Salud Reproductiva**

Taller Sobre Logística de Suministros de Anticonceptivos

Lista de Participantes

- Dr. Mario Roberto García Maldonado, Jefe de la Unidad de Salud Reproductiva
- Dr. Carlos Dario Rivas Reyes, Jefe del Departamento Técnico, U.S.R.
- Dr. Carlos Artemio Ockelmann Girón, Asesor Medico
- Dr. Carlos Humberto González López, Asesor Medico
- Dr. Marco Antonio Porras Paredes, Asesor Medico
- Dra. Clara Noelia Cumes Salazar, Asesor Medico
- Dr. Mario René Martínez Alvarez, Asesor Medico
- Dr. Manuel Lou Chuy, Asesor Medico Encargado del Programa A.Q.V.
- Dr. Julio Daniel González Díaz, Asesor Medico
- Lic. José Francisco Puaó Tumax, Encargado de Educación
- Enf. María Adolfiná Jovel Aparicio, Enfermera Profesional
- Sra. Vivian Lopez de Paz, Encargada del Departamento de Computo
- Sr. Juan José Franco Cuevas, Encargado de Bodega
- Dra. Elma Villatoro de Aranjé, Coordinadora, Programa Nacional de Prevención y Control del SIDA
- Dra. Teyda Villate, Programa Nacional de Prevención y Control del SIDA

APPENDIX III: Workshop Goal and Objectives

**MINISTERIO DE SALUD
UNIDAD DE SALUD REPRODUCTIVA
TALLER SOBRE LOGISTICA DE ANTICONCEPTIVOS
JUNIO 20 - 24, 1994
CIUDAD DE GUATEMALA**

META

Los participantes adquirirán las aptitudes y conocimientos necesarios para implementar un sistema de información y control de inventarios, incluyendo una estrategia para capacitar al personal de área, centros y puestos de salud.

OBJETIVOS

Al finalizar el taller, los participantes podrán:

1. Completar los nuevos formatos del sistema de información o SIAL.
2. Analizar el SIAL y tomar decisiones administrativas y logísticas basadas en los datos del sistema de información.
3. Identificar las diferentes metodologías para programar anticonceptivos, usar 2 metodologías para estimar las necesidades de anticonceptivos de su área de salud y completar una proyección, utilizando una metodología.
4. Enumerar las normas de almacenamiento más importantes.
5. Determinar la disponibilidad de anticonceptivos en los diferentes niveles, en número de meses de existencia.
6. Determinar cómo solicitar cantidades de suministros, utilizando el sistema de máximos y mínimos, y calcular el próximo pedido para su área de salud.
7. Establecer los niveles máximos y mínimos apropiados para su área de salud, centros y puestos de salud.
8. Revisar y aprobar la pauta de Supervisión Logística.
9. Analizar los resultados de una visita de Supervisión y tomar las decisiones adecuadas para el estudio de caso.

APPENDIX IV: FINAL EVALUATION

TALLER DE LOGISTICA DE ANTICONCEPTIVOS

EVALUACION DEL TALLER

Su respuesta a las preguntas que se formular a continuación ayudarán a nosotros a mejorar futuros talleres de entrenamiento en administración logística. Por favor, tómese el tiempo que sea necesario para leer el cuestionario y con cuidado seleccione la respuesta que refleje con mayor exactitud sus impresiones del taller de entrenamiento en administración logística. Si necesita más espacio para escribir, por favor use el reverso de la página.

1. El propósito de los cinco días de entrenamiento ha sido dar la oportunidad a los participantes de ampliar sus conocimientos sobre la logística de los anticonceptivos y dar herramientas para evaluar y supervisar sistemas logísticos. En su opinión, ¿ha logrado el taller su propósito general?

_____ NO _____ EN CIERTO MODO _____ SI

Si su respuesta es "NO" o "EN CIERTO MODO", por favor explique porqué.

2. En general, ¿fueron adecuadas las metodologías de entrenamiento y las técnicas utilizadas durante el taller?

_____ SI _____ NO Si su respuesta es "NO", por favor especifique porqué.

3. En términos del contenido, la información presentada en este taller fue:

_____ demasiado básica _____ apropiada _____ muy técnica

Comentarios:

4. El período de cinco días dedicado al taller fue:

_____ muy corto _____ adecuado _____ muy largo

5. En su opinión, ¿en qué medida este taller lo ha preparado para desempeñar su trabajo con respecto a la logística de anticonceptivos?

| | | | |
|---------------------|------|---------------|----------|
| 1 | 2 | 3 | 4 |
| en ninguna forma | poco | adecuadamente | muy bien |

Comentarios:

6. Ahora que ha finalizado el taller, ¿en qué medida se siente seguro y confiado en su habilidad para evaluar formularios del SIAL y para mejorar la recolección de datos esenciales para un sistema logístico de anticonceptivos?

- _____ 1. ninguna confianza en absoluto
- _____ 2. inseguro, pero intentaría
- _____ 3. podría identificar problemas mayores en los formularios y, con asesoría, hacer recomendaciones
- _____ 4. podría evaluar formularios del SIAL con facilidad y hacer recomendaciones sin asesoría alguna

7. ¿Cuánta confianza tiene en sus habilidades para determinar los meses de existencias disponibles de un producto?

- _____ no puedo calcular los meses de existencias disponibles
- _____ puedo estimar los meses de existencias disponibles con ayuda
- _____ puedo hacer los cálculos para determinar los meses de existencias disponibles sin ayuda, pero no puedo enseñar a otro cómo hacerlo
- _____ puedo enseñar a otra persona a calcular los meses de existencias disponibles

8. ¿Considera que sabe cómo determinar los niveles máximos y mínimos de existencias relativos a un sistema de inventario de anticonceptivos?

- _____ No
_____ Sí, con ayuda podría determinar los niveles máximos y mínimos de existencias
_____ Sí, sin ayuda puedo calcular los niveles máximos y mínimos de existencias

9. ¿Cuánta confianza tiene en su habilidad para calcular los promedios de las cantidades distribuidas a usuarios y los meses de existencias disponibles respecto a cada método anticonceptivo?

- _____ 1. ninguna confianza
_____ 2. con dificultad, pero intentaría calcularlos
_____ 3. con asesoría puedo calcular el promedio distribuido a los usuarios y los meses de existencias disponibles
_____ 4. puedo hacer los cálculos fácilmente sin asesoría

10. ¿Qué grado de confianza tiene en su habilidad para calcular las cantidades a ser ordenadas mediante los procedimientos de control de inventario máximo-mínimo?

- _____ 1. ningún grado de confianza
_____ 2. con dificultad, pero intentaría determinar las cantidades a ordenar
_____ 3. puedo calcular, con ayuda, las cantidades correctas a ordenar
_____ 4. puedo calcular con facilidad y sin ayuda las cantidades correctas a ordenar

11. ¿Cómo evalúa su habilidad para detectar y resolver problemas en el almacenamiento de los anticonceptivos?

| | | | |
|-------|-------------|---------------|-----------|
| 1 | 2 | 3 | 4 |
| pobre | más o menos | satisfactoria | excelente |

12. En cuanto a la proyección de las necesidades, ahora que ha terminado el taller en administración logística, ¿podría exponer a grandes rasgos el proceso de estimar las necesidades de anticonceptivos?

_____ NO _____ EN CIERTO MODO _____ SI

13. ¿Cómo evalúa su habilidad para analizar los datos del SIAL?
- no estoy seguro qué es lo que debo buscar en los datos del SIAL
 - puedo identificar algunos indicadores claves que los gerentes pueden utilizar y puedo reconocer algunos problemas importantes en los datos del SIAL
 - puedo, con ayuda, analizar un formulario del SIAL utilizando los datos contenidos en el formulario para identificar problemas en el sistema logístico y hacer recomendaciones
 - puedo analizar un formulario del SIAL sin ayuda utilizando los datos contenidos en el formulario para identificar con facilidad problemas y hacer recomendaciones para mejorar la operación del sistema logístico
14. ¿Qué grado de confianza tiene en su habilidad para llevar a cabo una visita de supervisión de un sistema logístico de anticonceptivos?
- 1. ninguno
 - 2. con dudas, pero intentaría identificar problemas mayores
 - 3. podría identificar problemas mayores y, con ayuda, hacer recomendaciones relativas al sistema
 - 4. muy seguro, podría identificar problemas con facilidad y recomendar cambios sin ayuda
15. Por último, por favor díganos como, en su opinión, podríamos mejorar este taller de administración logística. Le agradeceremos ser específico en su respuesta.

¡GRACIAS POR LLENAR EL FORMULARIO DE EVALUACION DEL TALLER!

INFORME MENSUAL DEL PROGRAMA DE RIESGO REPRODUCTIVO Y PLANIFICACION FAMILIAR

RESPONSABLE DE LA INFORMACION: _____

| | |
|-----|-----|
| MES | AÑO |
| | |

FECHA:

ESTABLECIMIENTO: _____

CODIGO: _____

DISTRITO: _____

AREA DE SALUD: _____

USUARIO ACTIVOS EN EL ESTABLECIMIENTO

| METODO ANTICONCEPTIVO | ADMISIONES | RECONSULTAS | TOTAL USUARIOS ACTIVOS x METODO |
|-----------------------|------------|-------------|---------------------------------|
| PILDORA | | | |
| CONDONES | | | |
| "T" DE COBRE | | | |
| HORM. INYECTABLES | | | |
| OTROS | | | |
| TOTAL | | | |

CONTROL DE EXISTENCIA DE ANTICONCEPTIVOS EN EL ESTABLECIMIENTO

| METODO ANTICONCEPTIVO | SALDO INICIAL | RECIBIDO | DISTRIBUIDO | EXISTENCIA EN SERVICIO |
|-----------------------|---------------|----------|-------------|------------------------|
| PILDORA | | | | |
| CONDONES | | | | |
| "T" DE COBRE | | | | |
| HORM. INYECTABLES | | | | |
| TOTAL | | | | |

FECHA DE ENVIO: _____

FIRMA Y SELLO DEL DIRECTOR

APPENDIX VI

F-10

INFORME MENSUAL DEL PROGRAMA DE RIESGO REPRODUCTIVO
Y PLANIFICACION FAMILIAR

RESPONSABLE DE LA INFORMACION: _____

FECHA:

| | |
|-----|-----|
| MES | AÑO |
| | |

ESTABLECIMIENTO: _____

CODIGO: _____

DISTRITO: _____

AREA DE SALUD: _____

USUARIOS ACTIVOS EN EL ESTABLECIMIENTO

| METODO ANTICONCEPTIVO | ADMISIONES (a) | RECONSULTAS (r) | USUARIOS (u) | TOTAL (a+r+u) |
|---------------------------|-------------------|--------------------|-----------------|------------------|
| PILDORA | | | | |
| CONDONES | | | | |
| TABLETAS VAGINALES | | | | |
| " T " DE COBRE | | | | |
| HORMONALES INYECTABLES | | | | |
| METODOS NATURALES | | | | |
| O.T.B. | | | | |
| VASECTOMIA | | | | |
| TOTAL | | | | |

CONTROL DE EXISTENCIA DE ANTICONCEPTIVOS EN EL
ESTABLECIMIENTO

| METODO ANTICONCEPTIVO | SALDO INICIAL | RECIBIDO | DISTRIBUIDO | EXISTENCIA EN SERVICIO |
|--------------------------|------------------|----------|-------------|---------------------------|
| PILDORA | | | | |
| CONDONES | | | | |
| " T " DE COBRE | | | | |
| HORM. INYECTABLES | | | | |
| TOTAL | | | | |

FECHA DE ENVIO: _____

FIRMA Y SELLO DEL DIRECTOR

