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DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service  
Centers for Disease Control

## Memorandum

Date April 20, 1982

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Subject Foreign Trip Report (AID/RSSA): Guatemala, March 17-31, 1982. Review of Contraceptive Prevalence Survey Questionnaire and Assistance to Ministry of Health

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Director, Centers for Disease Control  
Through: Horace G. Ogden  
Director, CHPE OOY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. BACKGROUND
- IV. 1982 CONTRACEPTIVE PREVALENCE SURVEY
- V. MINISTRY OF HEALTH
- VI. RECOMMENDATIONS

## I. PLACES, DATES, AND PURPOSE OF TRAVEL

Guatemala, March 17-31, 1982, at the request of AID/S&T/POP/FPSP, and the USAID Mission/Guatemala, Mark W. Oberle, M.D., M.P.H., traveled to Guatemala to: (1) provide technical assistance to the Asociacion Pro-Bienestar de la Familia de Guatemala (APROFAM), in the planning of a 1982 Guatemala Contraceptive Prevalence Survey, and (2) review the status of the Ministry of Health contraceptive distribution system. Travel was performed in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID/W and CDC/CHPE/FPED.

## II. PRINCIPAL CONTACTS

A. USAID/Guatemala

1. Mr. Paul Cohn, Chief, Public Health Division
2. Mr. Neil Woodruff, Health and Population Officer
3. Mr. Carlos Andrino, Health and Population Assistant

B. Asociacion Pro-Bienestar de la Familia (APROFAM)

1. Dr. Roberto Santiso, Executive Director
2. Mr. Victor Hugo Fernandez, Administrator
3. Lic. Antonieta Pineda, Chief, Department of Studies and Evaluation
4. Mr. Rolando Sanchez, Chief, Direct Distribution Program

C. Ministry of Economics

1. Lic. Mario Isaacs, Direccion General de Estadistica

D. Ministry of Health

1. Dr. Francisco Zambrone, Director General
2. Dr. Leonel Barrios, Assistant Director General
3. Dr. Jorge Chang Quan, Medical Supervisor
4. Sr. Armando Ruiz Paniagua, Director, National Pharmacy
5. Sra. Irma de Palma, Administrator, National Pharmacy

III. BACKGROUND

Guatemala's coup on March 23 has introduced some uncertainty into Guatemala's immediate future. The outcome of a number of family planning activities depends on the attitude of the new government. For example, the timing of the contraceptive prevalence survey will depend on when and whether the new government is able to resolve the guerrilla conflict in the highlands. The policies of the new Minister of Health toward family planning services will determine whether the Ministry's contraceptive logistics system succeeds. Thus, much of the information in this trip report is subject to change.

IV. 1982 CONTRACEPTIVE PREVALENCE SURVEY (CPS)

During this consultation, I reviewed the draft CPS questionnaire with USAID and APROFAM personnel. In addition, I left copies with Drs. Chang and Barrios for their consideration. CDC will incorporate these comments into a revised questionnaire to be field-tested in May.

The Ministry of Economics had promised to provide a 1981 census tract line listing for the CPS sample selection by late January (see CDC/AID RSSA trip report: Guatemala, dated February 25, 1982). Unfortunately, this document was not available as of March 31. Lic. Isaacs promised to provide APROFAM the listing by the second week in April. Thus, the first stage sample selection of census tracts will be delayed at least until late April. Although this delay will not affect the proposed dates for field work, further delays in obtaining the census sampling frame could result in a delay in scheduling field work.

V. MINISTRY OF HEALTH (MOH)

As a result of effective prodding by AID's Health and Population Officer during the first quarter of the year, the National Pharmacy distributed contraceptives to all health centers and posts in the 11 departments for which the MOH has contraceptive distribution responsibility. Unfortunately, the election campaign and coup caused delays in medicine and contraceptive deliveries to area (departmental) headquarters. Only three departments received their shipment on the scheduled delivery date. Delays in the remaining departments ranged from 13-18 days.

In January, I had recommended that the Direccion General conduct a simple survey of all clinics to determine the availability of family planning services. The preliminary results, based on reports from 18 of 22 departments, are not encouraging. Of 374 health posts reporting, 42 percent said they did not offer family planning services. Of 147 health centers reporting, 17 percent said they did not offer family planning services. However, the two principal reasons for the lack of services are amenable to change, as shown in the table below. Some 34 percent of clinics that did not offer family planning services stated that the Minister's 1979 order barring family planning was the reason (Table 1). Although the Minister's order was countered by the Director General's (DG) subsequent circular, the original ministerial order was never rescinded. Many clinic personnel believe the order is still in effect. The new government could eliminate this obstacle with the stroke of a pen. The second most frequently cited reason was the lack of materials. This should not be a significant problem now; the survey was conducted primarily in February, but contraceptive deliveries in the Ministry's 11-department area took place in March and April. It is noteworthy that 15 percent of clinics cited a lack of training as a reason for not offering family planning. The Ministry should investigate the need for training, especially in newer clinics.

TABLE 1  
Reasons for Not Offering Contraceptive Services  
Health Centers and Posts  
Guatemala, February 1982\*

	<u>Total</u>	<u>Health Centers</u>	<u>Health Posts</u>
Ministerial order	34.1%	48.0%	31.8%
Lack of materials	29.7	44.0	27.4
Personnel not trained	15.4	8.0	16.6
No demand in community	12.6	20.0	11.5
Personnel not oriented	12.1	4.0	13.4
Recently established clinic	9.3	4.0	10.2
Have never offered family planning	7.7	4.0	8.3
Number without family planning services	(182)	(25)	(157)

\*As of March 25, 374 posts and 147 centers in 18 departments had returned the questionnaire. The question was open-ended, and some facilities offered more than one reason. Thus, the percentages do not add to 100 percent.

During this consultation, I visited the National Pharmacy's medicine warehouse and made a number of recommendations to improve storage and management of contraceptives. These recommendations are summarized at the end of this report.

Also, during the latter half of this assignment, I assisted Mr. Anthony Boni of FPSD/POP/AID in preparing contraceptive prevalence projections for use in the upcoming family planning project paper. Based on the projections for 1982-87, we estimated requirements for AID procured commodities during this period. These tables will appear in the project paper.

## VI. RECOMMENDATIONS

### Ministry of Health, Direccion General

- 1) The new Director General should discuss with the new Minister a clear authorization for health centers and health posts to offer family planning services.
- 2) The need for training clinic personnel in family planning service delivery should be investigated.

### USAID

- 1) Weekly visits to the National Pharmacy will be required to insure appropriate implementation of contraceptive distribution recommendations.
- 2) The evaluation of the Ministry of Health's logistics system and the transfer of logistics responsibilities between APROFAM and the MOH should be delayed until the new government clarifies its policies toward family planning.

### APROFAM

- 1) Barring a major political change in the country, a pretest of the CPS questionnaire should be planned for May.

### Ministry of Health, National Pharmacy

- 1) Contraceptives should be stored in the warehouse on pallets and separated from walls to reduce humidity exposure.
- 2) Lippes Loops of different sizes should be inventoried separately, as should Noriday and Microgynon.
- 3) When Lippes Loops are distributed to clinics, they should be packaged with a clear label indicating that they are not sterile. A sterilizing solution should be ordered through AID and distributed to health centers along with instructions on IUD preparation and insertion.

- 4) However, APROFAM should continue to store contraceptives for the MOH and ship them to the MOH as needed. In order to relieve the lack of storage space at the MOH warehouse, the MOH should maintain no more than a 3-month supply of contraceptives at its warehouse.
- 5) A new contraceptive request form, including Microgynon, should be printed for distribution in the second quarter. Clinics would use this form for third quarter requests.
- 6) The National Pharmacy should continue to provide the Direccion General with a quarterly list of those health centers and health posts that fail to send in their contraceptive or medicine requisitions on time.



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