

MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

TO : William H. Foege, M.D.
Director, Center for Disease Control (CDC)
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE) *PSB*

DATE: July 11, 1980

FROM : Leo Morris, Ph.D., M.P.H.; Richard S. Monteith, M.P.H.; Anthony Hudgins, M.A.S.,
Program Evaluation Branch, Family Planning Evaluation Division (FPED), BE

SUBJECT: Foreign Trip Report (AID/RSSA): Central America and Caribbean Spanish Language
Workshop on the Analysis of Contraceptive Prevalence Survey Data, Guatemala,
May 25-30, 1980

SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
 - II. PRINCIPAL CONTACTS
 - III. CENTRAL AMERICAN AND CARIBBEAN SPANISH LANGUAGE WORKSHOP ON THE ANALYSIS OF CONTRACEPTIVE PREVALENCE SURVEY DATA
 - IV. DEFINITION OF PROBLEM AND ALTERNATIVE SOLUTIONS
- APPENDIX A: List of Workshop Participants
APPENDIX B: Workshop Schedule

SUMMARY

During the period, May 25-30, 1980, FPED/CDC consultants presented a workshop in Antigua, Guatemala, on the analysis and use of contraceptive prevalence survey data for program evaluation and planning and policy development. The workshop was developed and conducted in collaboration with the Center for Population Activities (CEPPA) and the International Planned Parenthood Affiliate in Guatemala (APROFAM). Twenty-eight participants, representing 6 different Central American and Caribbean countries, attended the workshop. The principal purpose of the workshop was to examine survey data available for each country and, through the application of a problem-solving process, identify problem areas and their alternative solutions. The 5 steps in the problem-solving process included: (1) definition of the problem, (2) hypothesize the cause of the problem, (3) develop a solution, (4) implement the solution, and (5) evaluate the solution. The 4 high fertility countries represented at the workshop, Guatemala, Honduras, El Salvador, and Dominican Republic, defined high fertility in rural areas as their problem and worked on a plan for extension and improvement of services in rural areas. Costa Rica defined adolescent fertility as their principal problem, and Panama identified logistics coordination as well as adolescent fertility as problems.

During the workshop, we were impressed with the enthusiasm of the participants in working with survey data. We also feel that the workshop had a positive influence on the Costa Rican and Honduran delegations in that they identified important program evaluation variables to include in their

contraceptive prevalence survey (CPS) scheduled for this year. In addition, the Dominican Republic delegation expressed interest in technical assistance in the planning and conducting of a CPS late in 1981 or in early 1982. Costa Rica and Guatemala expressed interest in using our Patient Flow Analysis system to improve clinic efficiency. A joint FPED/CDC-CEFPA report on the workshop will be submitted to AID/W by August 1980.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Guatemala, May 25-30, 1980, at the request of AID/DS/POP/LA and AID/DS/POP/FPED, and with the concurrence of USAID/Guatemala, to present a workshop in collaboration with the Centre for Population Activities (CEFPA) and the International Planned Parenthood Affiliate in Guatemala (APROFAM), on the analysis and use of contraceptive prevalence survey data for program planning and policy development. Leo Morris, Ph.D., M.P.H., Richard S. Monteith, M.P.H., and Anthony A. Hudgins, M.A.S., of the Program Evaluation Branch, FPED/BE/CDC, participated as workshop faculty. This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/BE/FPED.

II. PRINCIPAL CONTACTS

A. USAID/Guatemala

1. Mr. Eliseo Carrasco, Mission Director
2. Mr. Scott Edmonds, Health and Population Officer

B. The Centre for Population Activities (CEFPA), 1717 Massachusetts Avenue, Suite 202, Washington, D.C. 20036

1. Ms. Mary Worstell, Coordinator of Central American Project
2. Ms. Margaret Neuse, Operations Officer for Training

C. Asociacion Pro-Bienestar de la Familia de Guatemala (APROFAM)

1. Dr. Roberto Santiso, Executive Director
2. Sr. Eduardo Imery, Trainer
3. Ms. Vilma Cardona, Administrative Assistant

D. Workshop Participants

A list of workshop participants is presented in Appendix A to this report.

III. CENTRAL AMERICAN AND CARIBBEAN SPANISH LANGUAGE WORKSHOP ON THE ANALYSIS OF CONTRACEPTIVE PREVALENCE SURVEY DATA

The workshop was conducted in Antigua, Guatemala, during May 25-30, 1980. Twenty-eight participants, representing 6 different countries, attended the workshop. Nicaragua was the only Central American country that was not represented at the workshop. Participants were principally directors of programs, either in the private or public sector, and for several countries also included key personnel from the Ministry of Planning.

The principal purpose of the workshop was to examine survey data available for each country and, through the application of a problem-solving process, identify problem areas and their alternative solutions. The course content emphasized evaluation of data linked to program management and development. The problem-solving process included 5 steps: 1) definition of the problem, 2) hypothesize the cause of the problem, 3) develop solutions, 4) implement the solutions, and 5) evaluate the solution. Contraceptive prevalence data from surveys conducted in the Department of Boaco, Nicaragua in 1977 and in Guatemala, El Salvador, and Costa Rica in 1978, and World Fertility Survey (WFS) data for the Dominican Republic and Panama were used. Prior to the workshop, FPED/CDC processed, from the WFS data tapes, programmatic data not available in the WFS reports for the Dominican Republic and Panama for use in the workshop. Additional data was also processed for Costa Rica. No surveys have been conducted in Honduras, although a contraceptive prevalence survey is scheduled to be conducted later this year. The Honduran delegation worked with the survey data for the Department of Boaco, Nicaragua, and during the course of the workshop identified data they would like to see collected in the survey planned for later this year.

In addition to working with survey data, additional sources of data were discussed. These included census data, vital statistics, service statistics, logistics data, and financial data. An exercise on the use of logistics and financial data to estimate active users was part of the workshop content. Mini-workshops were also held on technical subjects requested by the participants. The mini-workshops included: 1) logistics, 2) improvement in clinic efficiency--Patient Flow Analysis (PFA), 3) adolescent fertility, and 4) primary health care.

During the workshop, we were impressed with the enthusiasm of the participants in working with the data, even to the extent of working with their country data in the evenings during their free time. The Dominican Republic, which has had a WFS but no contraceptive prevalence survey (CPS), expressed interest in technical assistance in planning and conducting a CPS late in 1981 or in early 1982. Census data for 1980 should be available early to mid-1981 to serve as a sampling frame. In addition, we feel that during the workshop we had a positive influence on the Costa Rican and Honduran delegations in their including important program evaluation variables in their CPS's scheduled for this year. Costa Rica and Guatemala expressed interest in using our Patient Flow Analysis system to improve clinic efficiency.

IV. DEFINITION OF PROBLEM AND ALTERNATIVE SOLUTIONS

As stated previously, the principal purpose of the workshop was to examine survey data available for each country and, through the application of a problem-solving process, identify problem areas and their alternative solutions. Once the participants defined the problem, they were to hypothesize the cause of the problem and develop solutions that could be implemented to solve the problem. To do this, the participants were divided into country groups to study available survey (and other) data from their respective countries. On the last morning of the seminar, each country group presented a country report defining their principal problem and how to implement change to resolve the problem. Future needs and resources were also discussed. This session was attended by the USAID/Guatemala Mission Director and the Health and Population Officer from USAID/Guatemala. A summary of each country's report is presented below:

A. Costa Rica

The Costa Rican delegation determined that 23,000 women of fertile age were in need of family planning services to prevent unplanned pregnancies. The majority are young women less than 25 years of age. Thus, the principal problem identified by the Costa Rican delegation was the high fertility rate for young women, principally adolescents. A secondary problem discussed by this delegation was the improvement of laws related to the legal status of sterilization.

The delivery of contraceptive services to young women was agreed upon as the solution to prevent unplanned pregnancies to women below age 25, and the delegation agreed upon a minimum goal: that women who had their first pregnancy during their teenage years should not have a second pregnancy during their teenage years. Alternative strategies through a National Plan for Adolescent Care will include an education program in the schools and a program to reach 50% of teenagers not in school (condoms would be available in high schools; referral would be made to nearby clinics for other methods of contraception, and the availability of methods to adolescents not in school would be guaranteed). The political and socioeconomic feasibility of implementing such a program was discussed. Following the scheduled 1980 contraceptive prevalence survey, it was agreed that a 1981 or 1982 survey would include only women 15 through 24 years of age to evaluate the adolescent program.

B. Dominican Republic

The Dominican Republic delegation identified high fertility in rural areas (greater than 40 per 1,000) associated with the low prevalence of contraceptive use in rural areas (23%) as their major problem. The proposed solution to this problem was to increase and improve contraceptive services in rural areas, helped by coordination between agencies. Activities identified so that unplanned pregnancies may be reduced with an associated decrease in fertility included:

1. Increase information about contraception (immediately).
2. Availability of services for all rural women (immediately).
3. Increase availability of sterilization for women who are interested (immediately).
4. Availability of Pap Smears in rural areas (immediately).
5. Train all health personnel in rural areas to deliver contraception (July-November 1980).
6. Improve vital statistics system (August 1980).
7. Update training of health promoters in rural areas (August 1980-January 1981).

Following the implementation of these activities it was proposed that a contraceptive prevalence survey be conducted in late 1981 or early 1982 to furnish program-related information to evaluate the program and plan future directions.

C. El Salvador

The El Salvador delegation identified the high fertility rate in rural areas as their major problem. To reduce the fertility rate in rural areas, they proposed the improvement of coordination between agencies (including non-health agencies)

so that a plan of action could be developed to improve rural coverage. This plan of action would be presented at the national level for approval and would not require that new acceptors travel to a clinic for their first cycle of oral contraceptives.

D. Guatemala

The contraceptive prevalence survey conducted in 1978 identified 3 major problem areas--high fertility rates in rural areas with corresponding low prevalence of contraceptive use, lack of availability of services, and lack of information about family planning among the Indian population. Hospitalization following abortion was also documented as a public health problem. The Guatemala delegation identified the improvement and extension of services to rural areas as an important activity to resolve the problems identified above. There would have to be better coordination between agencies to provide family planning information/education services and improve the availability and use of contraceptive methods to prevent unplanned pregnancies.

The representative from the Social Security Institute expressed interest in implementing a family planning program for all women insured by the Institute. Currently, provision of services is restricted to women who are hospitalized following abortion.

E. Honduras

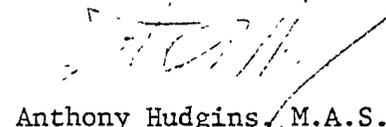
The participants from the Honduran Ministry of Planning identified high fertility in rural areas and a high rate of unplanned pregnancies in all areas as a problem. The improvement and extension of services into rural areas was deemed an important priority, and they felt that the exclusion of family planning in economic development planning has hindered the delivery of services in past years. They also indicated that the current draft questionnaire for the CPS to be conducted in Honduras this year, should be improved to obtain better program planning information.

F. Panama

The Panama delegation identified 5 interrelated problem areas: 1) 46% of births in rural areas were without medical assistance, 2) 36% of women that were at risk of an unplanned pregnancy were not using contraception, 3) 20% of all births were to teenagers, 4) 14% of abortions in the metropolitan area were induced, and 5) the logistics system for contraceptive supplies needed better coordination. They indicated that basic to all these problems was the need to centralize the logistics system for contraceptive supplies as had been done for other medical supplies. To implement this change they recommended a contraceptive inventory in all agencies followed by a meeting of technical staff to make recommendations to the National Council for Family Planning (NCFP). The plan calls for a report to the President of the Republic and the centralization of the logistics system. Obstacles to these changes were discussed by the Panama delegation so they could be anticipated by the technical staff making recommendations to the NCFP.


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APPENDIX A

PARTICIPANTES SEMINARIO/TALLER REGIONAL
CENTROAMERICANO, 25-30 MAYO, 1980
ANTIGUA, GUATEMALA

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Ministerio de Salud Pública

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Supervisora del Prog. de Planificación Familiar
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Secretaría del Estado de Salud Pública
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Encargada Unidad Estadística
ASOCIACION DOMINICANA PRO BIENESTAR
DE LA FAMILIA

DOMINGO Mayo 25	LUNES Mayo 26	MARTES Mayo 27	MIERCOLES Mayo 28	JUEVES Mayo 29	VIERNES Mayo 30	SABADO Mayo 31
	<p>Ceremonia de Apertura</p> <p>Repaso del Contenido y Logística del Programa</p> <p>Las expectativas de los instructores y de los participantes sobre el seminario</p> <p>¿Proyección de la planificación familiar? Prácticas sobre las metas/objetivos del programa</p>	<p>Práctica del Caso Segunda Parte:</p> <p>Implicaciones de CPS: identificación de las necesidades no atendidas</p> <p>Práctica del Caso Tercera Parte:</p> <p>Investigación de las causas motivadas por las necesidades no atendidas</p> <p>Sesión en Grupo</p> <p>Informes de los Grupos y Discusiones</p>	<p>Análisis del programa sobre planificación familiar, e identificación de los problemas en los países participantes</p> <p>Sesión en Grupo</p> <p>Resumen</p>	<p>Identificación de las nuevas direcciones y actividades de la planificación familiar en los países participantes</p> <p>¿Cómo Implementar un Cambio?</p> <p>Sesión en Grupo</p>	<p>Presentaciones de los países participantes</p> <p>Sus futuras necesidades y recursos</p> <p>Ceremonia de Clausura</p>	<p>Retorno a su país</p>
<p>Llegada a la ciudad de Antigua</p>	<p>Presentación de la encuesta sobre la prevalencia del uso de anticonceptivos - CPS</p> <ul style="list-style-type: none"> . cómo se desarrolla . información que se obtiene . su aplicación a los programas sobre planificación familiar en cada país <p>Práctica de un Caso Primera Parte:</p> <p>El CPS como instrumento para definir las prácticas del uso de anticonceptivos en el país</p> <p>Sesión en Grupo</p>	<p>Fuentes adicionales de informació. para uso de los directores/jefes de programa</p> <ul style="list-style-type: none"> . censo . estadísticas vitales . estadísticas de servicio . logísticas/finanzas <p>Sesión en Grupo</p> <p>Resumen</p>	<p>Mini-talleres sobre la administración, prestación de servicios y sus alternativas en la planificación familiar</p> <ul style="list-style-type: none"> . orientación sobre logística . mejoras en la atención clínica . atención primaria de salud y planificación familiar . fertilidad en los adolescentes . esterilización voluntaria 		<p>Retorno a Guatemala/su país</p>	